

[Report 1966] / Medical Officer of Health, Bournemouth County Borough.

Contributors

Bournemouth (England). County Borough Council. nb2004301338

Publication/Creation

1966

Persistent URL

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

License and attribution

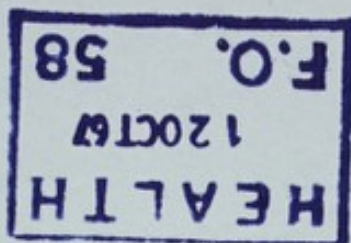
You have permission to make copies of this work under a Creative Commons, Attribution license.

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

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



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



ACKD
A

COUNTY BOROUGH OF BOURNEMOUTH

Annual Report

of the

Medical Officer of Health

and

Principal
School Medical Officer

For the Year 1966

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

Telephone Bournemouth 22066.







COUNTY BOROUGH OF BOURNEMOUTH

Annual Report

of the

Medical Officer of Health

and

Principal
School Medical Officer

For the Year 1966

PUBLIC HEALTH DEPARTMENT,
17 ST. STEPHEN'S ROAD,
BOURNEMOUTH.
Telephone Bournemouth 22066.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b28943259>

COUNTY BOROUGH OF BOURNEMOUTH

ANNUAL REPORT

OF THE

Medical Officer of Health
for the Year 1966

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 my Annual Report on the health and sanitary conditions of the County Borough of Bournemouth for the year 1966, the eighty-eighth of the series.

Vital Statistics

The Registrar-General's mid-year estimate of population again showed a small decline from 151,050 to 150,730, and this latter figure forms the basis for the vital statistics that follow.

A total of 1,846 live births were registered, representing a birth rate of 12.25 per 1,000 population, compared with 1,995 live births and a birth rate of 13.21 per 1,000 population in 1965. This is a low birth rate compared with the rate for England and Wales of 17.7 per 1,000 population for 1966, but it is worth noting that the national birth rate has also declined, having been 18.1 per 1,000 population in 1965. Included in the Bournemouth total were 263 illegitimate births, or 14 per cent of the whole.

Stillbirths numbered 25, giving a stillbirth rate of 13.36 per 1,000 births, lower than the national average.

Twenty-eight infants died before their first birthday compared with thirty-nine in 1965, giving an infant mortality rate of 15.17 per

1,000 live births, which is well below the national average of 19.0 per 1,000 live births. Over half the deaths were due to prematurity, most of these small babies dying before they were a week old.

There were 2,564 registered deaths, compared with 2,529 in 1965, and this gave an adjusted death rate (adjusted according to the Registrar-General's formula to take into account the composition of the population) of 10.38 per 1,000 population, compared with 10.21 per 1,000 population in 1965.

There were no maternal deaths during the year.

Notifiable Infectious Diseases

There were no epidemics of major notifiable disease, and no cases of poliomyelitis, enteric fever or diphtheria. Three small outbreaks of food poisoning occurred, involving 14 persons, and there were 12 cases of Sonne dysentery, all except one being in children. Once again there was an increase in scabies from 43 to 44 cases, and experience of the last two years suggests that there is a recrudescence of this somewhat intractable skin disease after a period of comparative inactivity since the end of the Second World War.

Tuberculosis

The number of new cases of pulmonary tuberculosis (40) was higher than in 1965 (34) and at the end of the year there were 1,644 cases of pulmonary tuberculosis under treatment or supervision at the Royal National Hospital. It is clear that while as a result of modern diagnosis and methods of treatment much of the sting has been drawn from this disease, it still presents a formidable problem and that the best hope for its eradication lies in the increased uptake of vaccination during school life with B.C.G.

During the year 27 persons known to be suffering from pulmonary tuberculosis came to reside in the Borough and to benefit from its natural climatic advantages. Such "inward transfers" are automatically referred to the Chest Clinic for supervision.

Maternity and Child Welfare

The pattern of maternity and child welfare arrangements remained unchanged and there was a slight falling off in attendances at Infant Welfare Centres, from 54,999 to 53,553. Welfare foods, and a

variety of proprietary foods continued to be available at all clinics, and vaccination and immunisation against any type of infectious disease listed in the Ministry of Health's Schedule P (Modified) was available without special appointment at each and every infant welfare clinic throughout the week.

Financial support was continued to the Free Church Council's Mother and Baby Home at 11 St. Alban's Avenue, and to St. Thomas' Lodge, Charminster Road, and in addition the Health Committee made individual grants to a number of unmarried mothers who were confined in Homes outside the Borough.

The Corporation Day Nursery at 10 Wellington Road continued to restrict admissions to "priority" cases, and the extensive alterations and improvements made to the premises during 1966 kept the attendances down to a lower level than usual while work was in progress.

There was a reduction from 16 to 14 in the number of premises registered under the Nurseries and Child Minders (Regulation) Act, 1948, and frequent visits of inspection were made to all premises.

The Domiciliary Services of the Corporation

Domiciliary Midwifery
Health Visiting
Home Nursing
Domestic Help

With the possible exception of mental social workers, the officers providing the domiciliary nursing services of the Corporation were probably more affected by the national shortage of professionally trained workers than any other group. "Dilution" has been attempted where possible and practicable, by the employment of officers of slightly lower professional standing to undertake work commensurate with their qualifications and experience, leaving the most difficult work for the highly qualified and experienced officers. Even when such new recruits can be obtained, there is a limit beyond which dilution cannot be carried without the whole quality of the service suffering. In addition, it is by its very nature a mere "holding operation" to maintain existing services and if it cannot be improved upon new services and extensions of existing services tend to be shelved indefinitely.

The earlier detection of abnormalities in childhood, the better supervision of the handicapped schoolchild, together with the medico

social oversight of problem families, the mentally disordered, the chronic sick and the aged, whether in association with a general practitioner attachment or not, are all matters requiring a high degree of skill, experience and devotion to duty. The development of these services, which are of inestimable value to both hospitals and family doctors, will be very seriously impeded unless the Corporation's domiciliary services can be strengthened.

The Ambulance Service

An opportunity was taken in 1966 to reorganise the Ambulance Service, and while it has not proved possible to proceed with a scheme to build a new ambulance station, substantial improvements to the existing depot at Portchester Road have been made.

There was a small increase in the number of patients carried and the mileage covered.

Vaccination and Immunisation

Once again the acceptance rate for the various immunising procedures available to pre-school and school children in Bournemouth surpassed the national average, but there is still room for improvement, particularly in "booster" doses. There should be no reduction of effort until as high a proportion as possible of school leavers is fully protected against the whole range of preventable diseases.

Mental Health Services

For the first time since 1961 a substantial increase occurred in the number of people admitted to mental hospitals, and at the same time there was an increase in the readmission rate. In all probability these two facts are related and indicate what a vast amount of care and aftercare needs to be expended on patients suffering from mental disorder. Some patients exhibit a curious tendency to stop taking their tablets when they feel a little better (tablets that are as essential to their continued well being as insulin is to the diabetic) with disastrous results. It is therefore a great advance that a special long-acting drug is now being used for some cases of schizophrenia in the Wessex area, and the effect of this drug on the readmission rate will be watched with interest.

The problem of drug addiction has received attention in this area as in the rest of the country, and while there is no evidence of any large number of heroin or cocaine addicts in the Wessex area, the Regional Hospital Board has been prompt to make facilities available for the supervision and treatment of such addicts as recommended by the Brain Committee. The problem of the "soft" drugs, actual and potential, is far more difficult to assess, and while at present there is no real evidence of any problem locally, it would be folly to assume that such things cannot happen here and it must be accepted that our young people are just as susceptible to the influences leading to alcoholism, promiscuity, illegitimacy and drug addiction as any other group of young people. While it is primarily parents' responsibility to safeguard the health and welfare of their children, and while parents have never been so well-informed on the dangers inherent in our modern way of life, it is often difficult to know just how far the community should or can go in these matters without infringing individual liberty.

The two mental hostels were full throughout the year, and in spite of staffing difficulties the results achieved in the rehabilitation of patients were very encouraging. Unfortunately, little progress was made in the development of further hostels beyond acquiring one site, and in view of the waiting list it is regrettable that no further beds are likely to be available before 1968.

Cooperation with the Wessex Regional Hospital Board has been excellent and a very close liaison has existed between the staff of the Mental Health Service and the staff of Herrison and St. Ann's Hospitals.

Sanitary Circumstances, Housing and Inspection of Food

Mr. J. Randall, your Chief Public Health Inspector, has reported in detail on these aspects of environmental hygiene, which can have the most important bearing on public health. His inspectors have concentrated their activities on the supervision of food and catering establishments, the survey of flatlet houses, the inspection of shops, offices and factories and the investigation of cases of infectious disease, and in this work, for the first time for many years, they were assisted by a student public health inspector.

In retrospect, the year 1966 stands out as a year of solid achievement but for reasons completely beyond the control of the Council, certain important projects had to be halted or deferred.

It remains for me to thank the Chairman and members of the Health Committee for their help and encouragement during the year.

My thanks are also due to my Deputy, Dr. J. Beasley, to Mr. J. W. Roberts, my Chief Administrative Assistant, and to all my staff for their loyal co-operation.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

WILLIAM FIELDING.

Health Committee and Staff

as at 31st December, 1966

HEALTH COMMITTEE

The Mayor (Alderman P. G. Whitelegg, F.V.I., J.P.)

Alderman Mrs. M. C. Wall (*Chairman*)

Councillor F. H. Beale, M.A. (*Vice-Chairman*)

Council Members

Alderman F. A. W. Purdy

Councillor T. Ashworth

„ H. Bostock

„ H. W. Cutler

„ B. G. Dillon (Major)

„ G. Knops

Councillor W. P. Mooney

„ E. H. Moore

„ R. C. Moore

„ Mrs. G. Rees

„ C. H. Roberson

Other Members

L. J. J. Morgan, Esq., LL.B.

A. A. F. Shepherd, Esq., L.R.C.P., L.R.C.S.

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

I. Howard Jenkins, Esq., M.B., B.S., D.P.M.

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, 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 ..

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

Senior Assistant Medical Officer of Health, School Medical Officer

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

Assistant Medical Officers of Health, School Medical Officers

R. B. Killoh, M.B., Ch.B., D.P.H.
Annette S. Raikes, L.R.C.P., M.R.C.S.

Principal Dental Officer

Mrs. M. B. Redfern, L.D.S.

Dental Officers

F. E. Lockwood, B.D.S.
R. B. Mouatt, B.D.S.
Mrs. C. Pugh, L.D.S., R.C.S.

Dental Surgery Assistants

Miss H. Allen Miss F. R. Hickmott
Miss D. M. Cox Mrs. B. D. M. Read

Chief Public Health Inspector ..

Jack Randall, M.R.S.H.

Deputy Chief Public Health Inspector

G. A. Morgan

District Public Health Inspectors

G. R. Allenby A. J. Mortimer
H. R. Ambrose J. D. Nickells
H. B. Frost S. M. Payne
A. J. Heslop S. Tweedie
B. W. Kirkton A. R. Woollard
W. V. Morris

Superintendent of Public Conveniences and Mortuary ..	W. C. R. Jewell
Rodent Officer	P. L. J. Sibley
Superintendent Health Visitor and Non-Medical Supervisor of Midwives	Miss L. E. Roberts
Deputy Superintendent, Health Visitor	Miss M. J. Butcher
Health Visitors	Mrs. M. A. G. Ballam, Miss K. H. Beaumont, Miss D. E. Blundstone, Mrs. E. R. Bond, Miss F. Darlington, Miss M. E. Davies, Miss A. C. Duffy, Miss M. H. Dutton, Mrs. B. Geach, Miss A. Johnson, Miss A. D. Lane, Mrs. L. M. McKeown, Miss J. Mulligan, Miss M. Peakman, Miss R. C. Richter, Miss M. R. Y. Smith, Miss C. M. Sorton, Miss G. N. Suckamore, Miss S. K. Turunen, Miss J. Venn, Mrs. E. Wall, Miss E. M. P. Ward, Mrs. J. Wilkinson.
Municipal Midwives	Mrs. E. Atha, Mrs. D. Hoare, Miss B. McBride, Miss C. D. Reid, Miss E. M. Schoch, Mrs. D. M. A. Sharp.
Superintendent, Home Nursing Service	Miss F. Grindrod
Senior Nurse, Home Nursing Service	Miss E. Lane
Home Nurses	Mrs. J. F. Bilton, Miss D. G. Collier, Mrs. C. D. Crumpton, Miss M. DaCosta, Miss E. P. Gilbert, Mrs. E. R. Guscott, Miss M. M. L. Hemmi, Miss M. Higgins, Miss B. Jackson, Miss M. Jones, Miss T. M. Jones, Miss P. G. Lacey, Mrs. C. Langley, Miss B. McAuley, Mrs. M. S. McKenney, Mrs. E. Marsland, Miss J. I. Neagle, Mrs. R. J. K. Nicholls, Miss B. M. Rendle, Mrs. F. Russell, Miss E. E. Souter, Mrs. G. H. Sutton, Mrs. G. Tedeschi, Miss J. K. Tolley, Miss D. E. Welch.
Matron, Day Nursery	Miss D. M. Hine
Home Help Organiser	Mrs. R. Watts
Assistant Home Help Organisers ..	Miss I. M. Clements, Mrs. N. Ullithorne
Head Social Worker	H. S. Lovejoy
Social Workers	H. J. R. Lambert, Miss E. A. Walker
Mental Welfare Officers	<i>Full-time</i> F. H. Lewis, R. Smith <i>Part-time</i> W. V. Morris, P. N. Loweth <i>Supervisors</i>
Training Centre	C. R. Ashley, Mrs. K. M. Reeves

Assistant Supervisors

Mrs. E. M. Barker, W. E. Fisher,
Mrs. B. Mawson, Mrs. G. M. Nott,
S. Nott, Mrs. E. Robson, Mrs.
R. J. Shorto, Miss B. Usher.

Chief Administrative Assistant ..	J. W. Roberts
Senior Administrative Assistant ..	H. V. Humberston
Administrative Assistants	F. J. Goode, E. M. Goodman, D. W. T. Hall, C. Lockett, P. N. Loweth, S. Murphy.
Secretary to Medical Officer of Health	Miss B. Tyrer
Clerks	Miss S. Boxall, H. R. Bryan, K. F. Clarke, A. Collins, C. L. Crossland, W. A. Hamer, Mrs. P. Hawke, Mrs. S. M. King, Miss M. McGovern, Mrs. M. E. Mead, Mrs. I. Murphy, J. W. Peake, Mrs. M. A. Reeve, R. W. Rowe, S. G. Tarrant, W. R. Vaulters, C. D. Watts.
Ambulance Officer	D. M. Cook
Health Education Officer	C. N. Gumbley
Chiropodist	D. Moylan, M.Ch.S.

PART-TIME OFFICERS

Senior Medical Officer for Mental Health	G. J. Bell, L.D.S., R.C.S., L.R.C.P.S., M.B., B.S., D.P.M.
=Chest Physicians	W. H. Tattersall, M.A., M.D. A. C. Craig, B.Sc., M.B., Ch.B. A. T. Hendry, M.B., Ch.B., F.R.F.P.S.
=Consultant Children's Psychiatrist	Jeannie E. Stirrat, M.B., Ch.B., D.P.M.
Public Analyst	H. Dedicat, F.R.I.C.
Meteorological Registrar	A. J. Mortimer
Deputy Meteorological Registrars	C. L. Crossland, C. Lockett.

=Employed by Wessex Regional Hospital Board.

General Statistics

Area of the County Borough	11,627 acres
Estimated Civilian Population—Mid Year 1966	150,730
Census Population, 1961	154,296
Rateable Value at 1.4.66	£10,047,233
Product of 1d. rate, 1966/67	£40,528

Vital Statistics

Live Births { Male Legitimate 766, Illegitimate 120 Female " 817, " 143 " 86% " 14% }	 1846
Birth rate (per 1,000 population)	12.25
Stillbirths { Male Legitimate 12, Illegitimate 3 Female " 10, " Nil }	 25
Stillbirth rate (per 1,000 total live and still births)	13.36
Total Deaths (Males 1195, Females 1369)	2564
Death Rate (per 1,000 population)	17.01
Adjusted Death Rate (per 1,000 population)	10.38
Maternal Deaths	Nil
Maternal Mortality Rate (per 1,000 total births)	Nil
Number of deaths of infants (under 1 year of age) :— Legitimate 24, Illegitimate 4	28
Infant Mortality Rate (per 1,000 live births) (Legitimate 15.16, Illegitimate 15.21)	15.17
Number of Neo-natal Deaths (under 4 weeks of age)	22
Neo-natal Mortality Rate (per 1,000 live births)	11.92
Number of Early Neo-natal Deaths (under 1 week of age)	18
Early Neo-natal Mortality Rate (per 1,000 live births)	9.75
Number of Perinatal Deaths (Stillbirths and deaths under 1 week of age)	43
Perinatal Mortality Rate (per 1,000 live and still births)	22.98
Deaths from Whooping Cough, all ages	Nil
Deaths from Measles, all ages	1
Deaths from Diarrhoea, under 1 year of age	Nil
Deaths from Pulmonary Tuberculosis (Males 5, Females 2)	7
Death rate from Pulmonary Tuberculosis (per 1,000 population)	0.05
Deaths from Non-Pulmonary Tuberculosis	3
Death rate from Non-Pulmonary Tuberculosis (per 1,000 population)	0.02
Deaths from Cancer (Males 238, Females 249)	487
Death rate from Cancer (per 1,000 population)	3.23

Births

The number of live births allocated to the area after adjustment for inward and outward transfers was 1,846, a decrease of 149 on the total for 1965 but nearly 5 per cent higher than the average births in the ten year period 1956-65.

Average number of births, 1956-1965 ..	1,761
Births in 1966 ..	1,846
Average birth rate, 1956-1965 ..	11.95 per 1,000 population
Birth rate, 1966 ..	12.25 per 1,000 population
Birth rate, England and Wales, 1966 ..	17.7 per 1,000 population

Stillbirths

There were 25 stillbirths in 1966 compared with 22 in 1965, the majority of them occurring in hospital practice. The rate for 1966 was 13.36 compared with 10.91 in 1965.

Average number of stillbirths 1956-1965	29
Stillbirths in 1966 ..	25
Average stillbirth rate, 1956-1965 ..	16.33 per 1,000 total births
Stillbirth rate, 1966 ..	13.36 per 1,000 total births
Stillbirth rate, England and Wales, 1966	15.4 per 1,000 total births

Illegitimate Births

Illegitimate births accounted for 14.2 per cent of the total births compared with 13.0 per cent in 1965.

Prematurity

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

During the year 161 premature births were notified, 8.6 per cent of the total births, and 5 more than in 1965. The great majority of these babies (150) were born in hospital, and 16 of them were stillborn.

	<i>Live</i>	<i>Stillborn</i>	<i>Total</i>
Born at home or in Nursing			
Homes	10	1	11
Born in Hospital	135	15	150
	<u>145</u>	<u>16</u>	<u>161</u>

Infant Mortality

Twenty-eight infants died before their first birthday, eleven less than in 1965, and the infant mortality rate was 15.17 per 1,000 live births compared with the national average of 19.0 per 1,000 live births.

Eighteen of the twenty-eight infants died before they were a week old, thirteen from prematurity, three from congenital abnormalities, one from birth injury and one from pneumonia.

Of the remaining ten babies who survived the neonatal period, three died from congenital abnormalities, two from asphyxia, four from pneumonia and one from infanticide.

Maternal Mortality

There was no death during the year associated with pregnancy,

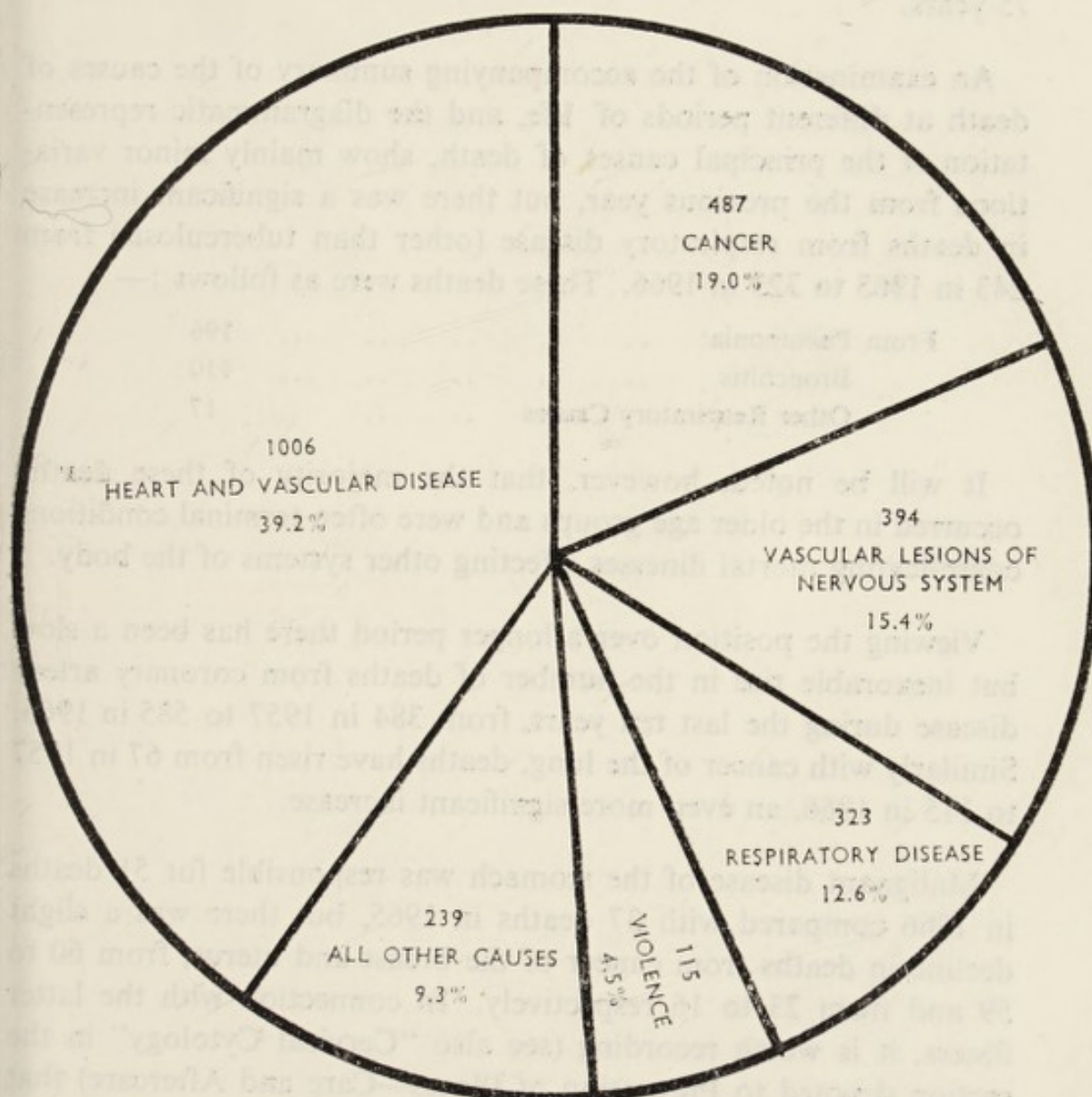
Weight at birth	PREMATURE LIVE BIRTHS													PREMATURE STILLBIRTHS	
	Born in hospital				Born at home or in a nursing home										
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day						
Total births	with- in 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	with- in 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	with- in 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Born in hos- pital	Born at home or in a nurs- ing home		
2 lb. 3 oz. or less ..	4	3	1	—	—	—	—	—	—	—	—	—	3	—	
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	3	—	—	—	—	—	—	—	—	—	—	—	2	—	
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	26	2	1	—	—	—	—	—	1	—	—	—	4	1	
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	27	2	—	—	3	—	—	—	—	—	—	—	2	—	
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	75	3	2	—	7	—	—	—	1	—	—	—	4	—	
Total	135	10	4	—	10	—	—	—	2	—	—	—	15	1	

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING THE YEAR 1966

[illegible]

Proportion of Deaths from Principal Causes, 1966

TOTAL DEATHS 2,564



DEATHS FROM PRINCIPAL CAUSES, 1966

Deaths during 1966 totalled 2,564, an increase of 35 on the number recorded in 1965, and the adjusted death rate rose from 10.21 to 10.38 per 1,000 population. The age at death continued to rise and over 80 per cent of all deaths were in persons over the age of 65 years, and over 55 per cent in persons over the age of 75 years.

An examination of the accompanying summary of the causes of death at different periods of life, and the diagrammatic representation of the principal causes of death, show mainly minor variations from the previous year, but there was a significant increase in deaths from respiratory disease (other than tuberculosis) from 243 in 1965 to 323 in 1966. These deaths were as follows :—

From Pneumonia	..	..	..	..	..	196
Bronchitis	..	..	..	..	..	110
Other Respiratory Causes	..	..	..	..	..	17

It will be noted, however, that the majority of these deaths occurred in the older age groups and were often terminal conditions complicating mortal illnesses affecting other systems of the body.

Viewing the position over a longer period there has been a slow but inexorable rise in the number of deaths from coronary artery disease during the last ten years, from 384 in 1957 to 585 in 1966. Similarly with cancer of the lung, deaths have risen from 67 in 1957 to 115 in 1966, an even more significant increase.

Malignant disease of the stomach was responsible for 51 deaths in 1966 compared with 37 deaths in 1965, but there was a slight decline in deaths from cancer of the breast and uterus, from 60 to 59 and from 23 to 16 respectively. In connection with the latter illness, it is worth recording (see also "Cervical Cytology" in the section devoted to Prevention of Illness—Care and Aftercare) that although many of the women attending the Cervical Cytology Clinic since August 1965 have been of a class not especially susceptible to this illness, five cases of cervical cancer have been discovered (3 in 1966) and referred through their own doctors to the gynaecological surgeons, but a variety of other conditions have been detected for which treatment was recommended.

Deaths from "violence" decreased slightly from 118 to 115.

	1965	1966
Motor vehicle accidents	27	24
All other accidents	52	61
Suicide	39	29
Homicide and operations of war ..	—	1
	<u>118</u>	<u>115</u>

Notifiable Infectious Diseases, 1966

There were no cases of enteric fever, poliomyelitis or diphtheria during 1966, but in a year when the Borough was relatively free from serious infectious disease a three year old child died from measles encephalitis.

There were 14 notifications of food poisoning, 7 less than in 1965, and these were spread over three separate outbreaks. Two of the outbreaks were caused by *S. typhimurium*, the third being caused by *Staph. aureus*. None of the outbreaks were associated with hotels or boarding houses.

Sonne dysentery was notified in 12 cases, mainly in children, and as so frequently occurs in these intestinal disorders the symptoms were mild and rapidly cleared with treatment, but the carrier state might persist for many weeks.

Scabies is notifiable locally though not nationally, and the 44 cases notified (compared with 43 in 1965) confirmed the recrudescence of this disease which has been largely dormant since the end of the Second World War. Notifications during the last five years have been 5, 8, 8, 43, and 44 cases, and the majority of cases in 1966 were in children and young adults.

CASES OF INFECTIOUS DISEASE WHICH OCCURRED DURING 1966

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	28	—	9	17	2	—	—	—
Whooping Cough	17	1	10	6	—	—	—	—
Acute Poliomyelitis—Paralytic	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—
Measles	463	11	247	198	5	2	—	—
Diphtheria	—	—	—	—	—	—	—	—
Acute Pneumonia	4	1	2	—	—	—	—	1
Dysentery	12	1	4	6	—	1	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—
Erysipelas	2	—	—	—	—	1	—	1
Meningococcal Infection	—	—	—	—	—	—	—	—
Food Poisoning	14	1	2	1	1	6	3	—
Puerperal Pyrexia	4	—	—	—	2	2	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—
Scabies	44	—	3	7	17	9	7	1
Malaria	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—

Tuberculosis in Bournemouth

During the year 40 new cases of pulmonary tuberculosis and six cases of non-pulmonary tuberculosis were discovered and notified in the Borough.

New notifications of pulmonary tuberculosis comprised 26 males and 14 females, the majority in middle-aged and elderly people, and there were also 27 inward transfers of patients diagnosed and notified elsewhere. The new patients included seven persons connected with the catering industry, three shopkeepers or shop assistants, and three students.

The general arrangements for the diagnosis, treatment and follow-up of cases of tuberculosis continued as in 1965 under the supervision of Dr. W. H. Tattersall, Senior Chest Physician, and one full-time health visitor is permanently seconded to the Chest Clinic.

The notifications of new cases and deaths from tuberculosis since 1948 are shown in the accompanying table :—

			New cases		Deaths	
			Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
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	—
1955	..	..	117	9	12	2
1956	..	..	107	9	14	4
1957	..	..	114	11	10	4
1958	..	..	110	10	11	1
1959	..	..	81	4	7	3
1960	..	..	66	9	5	1
1961	..	..	37	5	6	1
1962	..	..	50	4	7	2
1963	..	..	37	10	5	1
1964	..	..	40	5	12	2
1965	..	..	34	7	3	—
1966	..	..	40	6	7	3

Notifications of pulmonary tuberculosis were 26 in males and 14 in females.

Cases of non-pulmonary tuberculosis (4 males and 2 females) occurred as follows :—

Genito-urinary system	..	..	..	..	1
Glands	..	..	..	..	3
Miliary	..	..	..	..	2

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	4	5	5	6	1	26
Females ..	—	—	—	—	—	1	2	1	2	2	2	1	3	14
Non-Respiratory —														
Males ..	—	—	—	—	—	—	1	1	—	1	1	—	—	4
Females ..	—	—	—	—	—	—	—	1	—	—	—	—	1	2

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 ..	—	—	—	—	—	—	—	—
1-4 years ..	—	—	—	—	—	—	—	—
5-14 „ ..	—	—	—	—	—	—	—	—
15-24 „ ..	2	3	1	—	—	—	—	—
25-44 „ ..	7	3	1	1	—	—	—	—
45-64 „ ..	10	4	2	—	2	1	2	—
65-74 „ ..	6	1	—	—	3	—	1	—
75 and upwards ..	1	3	—	1	—	1	—	—
Totals ..	26	14	4	2	5	2	3	—

At a later stage in the report, reference has been made to the prevention of tuberculosis under Section 28 of the National Health Service Act, and in addition 2,258 children attending the local education authority's schools were Heaf tested and 1,861 children received B.C.G. vaccination.

SECTION 172 OF THE PUBLIC HEALTH ACT, 1936

Although no action was taken during the year to compulsorily effect the removal to hospital of any "infectious persons suffering from tuberculosis of the respiratory tract", this action was contemplated in at least one case. There are from time to time a number of people within the Borough, some resident, some wanderers, who

suffer from chronic infectious tuberculosis and whose way of life is sometimes inimical to the public health. In a very few cases treatment is refused and if the circumstances justify it the local health authority may apply to a court of Summary Jurisdiction for an order detaining such a person in an appropriate hospital for a period not exceeding three months.

Dr. J. Stuart Robertson, Medical Director of the Mass Radiography Unit, has provided the following information of the work carried out in Bournemouth.

Report by Dr. J. Stuart Robertson, Medical Director.

MASS RADIOGRAPHY, 1966

Our two units have continued to provide a service throughout Hampshire, Dorset and Wiltshire. In the Borough two general public surveys were carried out in the course of the year and in addition visits were made to the premises of large organisations, hotels etc., for the examination of staff as part of our general routine arrangements or at the request of the Chest Physician when and where an infectious case of pulmonary tuberculosis had been found. As in the past over 500 staff or prospective employees of your authority have attended for a chest X-Ray as part of their general medical examination.

It was mentioned in my report of last year that the fluoroscopy sessions carried out by the Bournemouth Chest Clinic were being replaced by our general practitioner referral unit and this service started at the beginning of April. Sites were arranged at Pokesdown, Boscombe, East Howe, Winton, Westbourne, Wallisdown and Ensbury Park with weekly visits to each place.

A total of 12,998 attended during the year and from this number 81 were referred to the appropriate chest clinic for further investigation and 50 to their own doctor. There were 12 active cases of pulmonary tuberculosis giving an incidence of 0.92 per thousand examinations and 20 patients with lung cancer. At the time of preparing this report 24 patients have so far not yet been classified.

It is gratifying to note that the general incidence of pulmonary tuberculosis is declining but unhappily the reverse is the case with lung cancer. No doubt one day, and we can only hope in the near future, the aetiology of this complaint will be more fully understood and as in the former disease specific and satisfactory forms of therapy become available.

15H, 15J and 15K Units

MASS RADIOGRAPHY SURVEYS CARRIED OUT IN
BOURNEMOUTH DURING 1966

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Mass Radiography Centre (1.1.66 — 31.12.66) ..	2084	1874	3958
Bowmaker Ltd., Bournemouth	108	206	314
Avenue Road, Bournemouth	1900	2749	4649
Weston's Bakery, Bournemouth	123	59	182
European Language Centre, Bournemouth ..	170	183	353
C.B.B. Transport Dept., Bournemouth	92	16	108
Chemists Supply Co., Boscombe	13	62	75
Anglo-Continental School of English, Bournemouth	281	165	446
Bobby & Co. Ltd., Bournemouth	70	167	237
Bassett & Co. Ltd., Boscombe	19	57	76
Broglia Press Ltd., Winton	46	18	64
Embassy Hotel, Bournemouth	7	18	25
Dean's Stores, Charminster	12	17	29
Cumberland Hotel, Bournemouth	50	43	93
Church Army Hostel, Boscombe	21	4	25
Pokesdown, (General Practitioner Sessions) ..	179	145	324
East Howe	81	79	160
Winton	177	217	394
Westbourne	120	116	236
Wallisdown	96	105	201
Boscombe	369	273	642
Ensburry Park	214	193	407
	6232	6766	12998

A brief analysis of the results is as follows :—

Number X-rayed	12998
Number referred to Chest Clinic ..	81

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis, requiring hospital treatment ..	3	3	6
Tuberculosis, requiring domiciliary treatment	4	2	6
Tuberculosis, requiring supervision only ..	3	3	6
Carcinoma of lung	18	2	20
Other non-tuberculous conditions	15	11	26
Not yet classified	13	4	17
	56	25	81

Number referred to Doctor	50
---------------------------------	----

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cardiovascular Lesions	11	14	25
Other non-tuberculous conditions	9	9	18
Not yet classified	4	3	7
	24	26	50

Maternity and Child Welfare

At the end of 1966 there were 15 Infant Welfare Centres in the Borough, providing 23 sessions weekly. Attendances totalled 53,553 compared with 54,999 in 1965, and more than half the attendances were in infants below the age of one year. All clinics were supervised by a medical officer, one or two health visitors and a number of voluntary helpers who continue to give excellent service.

The future of infant welfare clinics in their present form is extremely difficult to define. They formed one of the very earliest personal services provided by voluntary bodies and subsequently developed by local authorities and have played an outstanding part in the improvement in child health during the last fifty years, but since the end of the Second World War, and particularly since the National Health Service Act came into operation in 1948 many very able and enthusiastic general practitioners have developed a keen interest in paediatrics and in preventive medicine generally and the difficulty lies in knowing at what stage the general practitioner can undertake full responsibility for infant welfare, as undoubtedly he will at some time in the future. The chronic shortage of doctors throughout the country, which affects general practice as well as the hospital service, suggests that except in a few favoured areas, the time has not yet come although the development of vocational training for general practice in the Wessex area aims to provide the trainee practitioner with an insight into the local health authority services.

As has been mentioned in earlier reports, the interests of economy and efficiency can best be served by the exclusion of wasteful duplication not only among Departmental services provided by the Corporation, but between elements of the National Health Service. Health Centres and large group practices appear to be the obvious methods by which the local health authority and general practitioners can join to provide complementary services for patients towards whom both have statutory obligations and whose interest should be paramount.

ATTENDANCES AT INFANT WELFARE CENTRES, 1966

Clinic	Infants under 1 year	Pre- school Children	Total	Sessional Average
Avebury	1267	1128	2395	47
Bear Cross	1231	1219	2450	48
Boscombe	1672	1072	2744	53
Castle Lane	1053	1137	2190	43
East Howe (p.m.) ..	1465	1907	3372	66
East Howe (a.m.) ..	841	1259	2100	40
East Way	1461	803	2264	44
Iford	1293	1237	2530	49
Pelhams (a.m.) ..	1346	1246	2592	51
Pelhams (p.m.) ..	1232	1228	2460	47
Pokesdown (a.m.) ..	862	539	1401	27
Pokesdown (p.m.) ..	1163	714	1877	37
Stewart Road (a.m.)	1076	1008	2084	40
Stewart Road (p.m.)	1740	1158	2898	58
Strouden	641	802	1443	28
Tuckton	1032	1168	2200	46
West Cliff	1485	864	2349	49
West Howe (a.m.) ..	698	823	1521	30
West Howe (p.m.) ..	1122	1371	2493	48
Winton (Mon. p.m.)	1477	1498	2975	62
Winton (Wed. a.m.)	1171	1060	2231	43
Winton (Fri. a.m.) ..	1275	968	2243	44
Winton (Fri. p.m.) ..	1542	1199	2741	54
	28145	25408	53553	46

Ultra Violet Light Clinics

A very small number of children, three in all, made ten attendances at Stewart Road Clinic for ultra violet light therapy. In these cases, the results are probably largely psychological.

Welfare Foods

The sale of welfare foods, which was transferred to local authorities from the Ministry of Food in 1954, has continued at all infant welfare centres, and while the demand has been much the same as in 1965 it represents only about a quarter of the sales in 1955. The reason is undoubtedly the preference most mothers show for the branded article, and although the cost may be a little more, a very wide selection now exists from which to choose.

	1960	1961	1962	1963	1964	1965	1966
National Dried Milk (tins)	20,584	15,801	13,789	11,475	9,865	10,476	10,165
Cod Liver Oil (bottles)	7,312	5,086	2,478	2,256	2,056	2,177	2,087
Vitamin A and D Tablets (packets) ..	7,270	5,275	3,430	3,168	2,792	2,543	2,285
Orange Juice (bottles)	55,599	35,083	22,265	26,037	28,744	31,266	32,275

Antenatal Clinics

The local authority does not now conduct any antenatal clinics, all antenatal supervision being in the hands of general practitioners, hospital maternity units and midwives.

BIRTHS OCCURRING IN BOURNEMOUTH, 1966

	1960		1961		1962		1963		1964		1965		1966	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Domiciliary Births	616	29.3	601	28.3	499	20.9	365	14	348	12.1	290	10.1	239	8.4
Institutional Births	1484	70.7	1525	71.7	1894	79.1	2247	86	2523	87.9	2576	89.9	2605	91.6
Totals	2100	100	2126	100	2393	100	2612	100	2871	100	2866	100	2844	100

During 1966 the following births were notified as occurring in the Borough :

Domiciliary births	239 (290)	
Institutional births	2605 (2576)	
Royal Victoria Hospital	1217 (1172)	
Aston Grays Maternity Home	391 (435)	
Firs Maternity Home	945 (881)	
Free Church Council Maternity Home	52 (47)	
Private Nursing Homes	— (41)	
	<u>2605 (2576)</u>	

TOTAL 2844 (2866)

Figures in brackets indicate corresponding numbers for 1965.

This total is therefore 22 less than in 1965, but while the institutional births increased by 29 the number of domiciliary births declined by 51 to what is the lowest number recorded in Bournemouth in recent years. The wide availability of maternity beds in the local hospitals and general practitioner maternity homes is largely responsible for this trend, but as in many cases the mothers are discharged soon after confinement, a period of domiciliary maternity nursing is necessary afterwards.

In addition, 34 Bournemouth patients were delivered in the Hospital Management Committee's maternity home at Barton-on-Sea, and 88 at Poole General Hospital.

Infectious Diseases associated with Childbirth

Four cases of puerperal pyrexia were notified during the year, but there were no cases of ophthalmia neonatorum.

Nurseries and Child Minders (Regulation) Act, 1948

Fourteen premises were registered at the end of 1966 compared with sixteen premises twelve months previously, and the accommodation provided declined from 195 places to 160 places for children between the ages of two and five years.

As far as possible the standards for private day nurseries should compare with those in the Corporation Day Nursery, which is maintained strictly in accordance with the recommendations of the Ministry of Health, but there have been two main difficulties in attaining this ideal, that some of the premises used are rented church premises and that "qualified" staff is difficult to obtain. In a number of cases a sensible compromise has been effected, where a limitation has been placed on numbers or where expansion has been halted until the staffing position has been made good, and all potential child minders are informed at the time of their first enquiry of the requirements of the Health Committee.

Registered child minders' premises are regularly inspected by the health visitors.

Address	No. of children accepted	Hours of opening
172 Seafield Road	4	9.0 a.m. to 4.0 p.m.
2 Snowdon Road	24	8.30 a.m. to 5.30 p.m.
195 Pine Road	6	9.30 a.m. to 12.30 p.m.
8 Warren Edge Road	12	9.15 a.m. to 12.15 p.m.
22 Rosemount Road	10	9.30 a.m. to 12.30 p.m.
42 Grosvenor Gardens	6	8.0 a.m. to 4.0 p.m.
28 St. Alban's Crescent	10	8.30 a.m. to 5.0 p.m.
149 Parkwood Road	8	8.30 a.m. to 4.30 p.m.
23 Bryanstone Road	25	8.30 a.m. to 4.30 p.m.
Methodist Church Hall, Heron Court Road	14	9.0 a.m. to 12.00 noon
90 Stewart Road	8	8.30 a.m. to 4.30 p.m.
6 Beaufort Road	5	8.30 a.m. to 4.30 p.m.
Sutton Road Congrega- tional Church Hall	20	9.0 a.m. to 12.00 noon
St. Thomas More Church Hall, Exton Road	8	9.0 a.m. to 12 noon

Family Planning

The Family Planning Association held three clinic sessions per week at Gloucester Road Hospital and the local authority made a grant in respect of cases referred on medical grounds.

During the year Ministry of Health Circular 5/66 was received approving arrangements by local authorities for family planning advice and treatment (including supplies) to women for whom pregnancy would be detrimental to health, and negotiations are taking place with the Family Planning Association regarding the possibility of these functions being carried out on behalf of the Council on an agency basis.

A pilot scheme was introduced in 1966 whereby certain "problem family" mothers were offered free family planning advice, a lady doctor visiting patients in their own homes with the approval of the family doctor. A number of the cases visited were already using some form of contraception but required further education in its use.

Patients recommended for I.U.D. or sterilisation were referred to Mr. N. Alders, Consultant Obstetrician and Gynaecologist at the Royal Victoria Hospital, who has been most helpful and cooperative in this venture.

Number of patients visited during 1966	..	..	25
Number of visits made	..	..	66
Number of patients recommended for I.U.D.	..	..	8
Number of patients recommended for sterilisation	..	..	1

Mother and Baby Homes

Financial grants were continued by the local authority to the two mother and baby homes maintained by voluntary organisations within the Borough. Five local girls were admitted to the Free Church Council Home at 11 St. Alban's Avenue compared with 13 in 1965. Three local girls were admitted to St. Thomas' Lodge as maternity cases.

In addition, three Bournemouth girls were provided with accommodation outside the Borough at the expense of the local authority, compared with four in 1965, and although the illegitimacy rate in the Borough is regrettably high, only 4 per cent of such expectant mothers appealed to the local authority for financial help during 1966.

Day Nursery

The Corporation Day Nursery at 10 Wellington Road had an average daily attendance of 21 compared with 29 in 1965, this reduction in attendance being mainly due to the restrictions imposed by fairly extensive internal reconstruction and improvement, including the installation of central heating. In addition, sporadic outbreaks of infectious disease have restricted new admissions, as have temporary staff shortages. Throughout the year, admissions have been limited to "priority" cases, usually where the mother was the sole breadwinner of the family, together with a few admissions for extreme medical or social reasons.

Regular medical and dental supervision of the children has continued as before.

Dental Treatment for Mothers and Young Children, 1966

Report by Mrs. M. B. Redfern, L.D.S., Principal Dental Officer

During 1966, because of improved staffing, it was possible to expand the provision of dental treatment for mothers and pre-school children.

Many more visits were made to Infant Welfare Clinics so that the total number of children examined was more than twice that of the previous year. With the close co-operation of the Health Visitors at each Clinic, all children attending an Infant Welfare Clinic on the occasion of a visit by a dental officer were examined, even if no teeth had as yet erupted. Valuable contact is thus made, advice on diet and teething problems is given and many mothers then make a point of being present at the Clinic for future dental inspections. It is hoped in this way to reach as large a number of mothers and toddlers as possible because pressure of work does not yet permit us to start a third birthday dental inspection of every pre-school child.

There was a considerable increase in the number of milk teeth filled and an appreciable drop in the number of young children requiring an anaesthetic. Twice as many expectant and nursing mothers were seen during the year, although as the number seen remains small, this may have no significance.

Routine dental inspections were made at the Day Nursery in Wellington Road and the Residential Nursery in Branksome Wood Road. No table of findings is included this year because of the small number of children seen. Of the sixteen children seen at the Day Nursery, 3 carious teeth were found, 2 teeth were filled and 306 teeth were caries free.

Films on Dental Health were shown to expectant mothers at Relaxation Classes but much more propaganda on the prevention of dental disease should be carried out with these groups when pressure of clinical work permits.

I am grateful to all members of the Dental Staff for their help and enthusiasm during the year, and also to the Health Visiting staff and Health Education Officer for their unfailing help and co-operation.

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Attendances and Treatment		
First visits	158	24
Subsequent visits	238	51
Total visits	396	75
Number of additional courses of treatment other than the first course commenced during year ..	33	2
Number of fillings	371	51
Teeth filled	351	47
Teeth extracted	61	18
General anaesthetics given	25	1
Emergency visits by patients	13	3
Patients X-rayed	—	5
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	30	9
Teeth otherwise conserved	120	—
Crowns	—	2
Number of courses of treatment completed during the year	137	18
Patients supplied with full upper or full lower dentures (first time)		2
Patients supplied with other dentures		3
Number of dentures supplied		7
General anaesthetics administered by Dental Officers		3
Inspections		
Number of patients given first inspections during the year	1149	34
Number of patients who required treatment ..	245	30
Number of patients who were offered treatment ..	212	29
Sessions		
Number of Dental Officer sessions devoted to Maternity and Child Welfare patients		132

The Domiciliary Services Provided by the Corporation

Domiciliary Midwifery Service

Six full-time midwives were directly employed by the Council and attended 236 confinements, compared with 281 confinements in 1965.

There has been a marked decline in the number of domiciliary confinements in Bournemouth over the last six years :—

1961	..	..	..	595
1962	..	..	..	498
1963	..	..	..	357
1964	..	..	..	347
1965	..	..	..	281
1966	..	..	..	236

which can be directly related to the opening of "The Firs" Maternity Home in September, 1961.

There is no doubt that mothers find hospital confinement less burdensome than home confinement, and in many cases it is strongly to be recommended on both medical and social grounds, but in those cases where no priority exists there is a body of opinion that considers that the mother/child/family relationship can on occasion be quite adversely affected by hospitalisation even for a short period.

During 1966, 944 admissions were made to "The Firs" Maternity Home compared with 881 in 1965, and the confinements in all general practitioner maternity homes increased from 1,316 to 1,336.

Domiciliary births now only represent 8.4 per cent of total births, a very low proportion compared with the national average of about 24.6.

During the year 736 "early discharges" from maternity hospitals were taken over by the domiciliary midwives, compared with 329 in 1965 and 160 in 1964, and so it is clear that the reduction in home confinements is largely offset by the increase in early hospital discharges and that so far as the midwife is concerned she spends a higher proportion of her time than before as a maternity nurse.

Details of domiciliary confinements attended were :—

Total No. of confine- ments	Primi- para	Multi- para	NO. OF PREVIOUS PREGNANCIES										
			1	2	3	4	5	6	7	8	8	10	11
236	20	216	91	77	34	8	3	1	1	—	—	—	1

AGE GROUPS						
15-20	20-25	25-30	30-35	35-40	40-45	
21	76	70	53	14	2	

Gas and air analgesia was given in 181 cases and pethidine in 144 cases.

MATERNITY CASES ATTENDED

	Number of Deliveries attended by Midwives in the area during 1966			
	Domiciliary Cases			Cases in Institu- tions
	Dr. not Booked	Dr. Booked	Totals	
(i) Midwives employed by the Authority	—	236	236	—
(ii) Midwives employed by Voluntary Organisations :—				
(a) Under arrangements with the L.H.A. in pursuance of Section 23 of the National Health Service Act	—	—	—	—
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	52
(iii) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	2527
(iv) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—
TOTALS	—	236	236	2579

MEDICAL AID UNDER SECTION 14 (1) OF THE MIDWIVES ACT, 1951

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, 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.. .. .									
									27
(ii) Others									
									—
Total									27
(b) For cases in Institutions									
									8

Health Visiting

At the end of 1966 the health visiting establishment consisted of a Superintendent, Deputy Superintendent and 30 health visitors, but there were seven vacancies on the establishment, although five of the vacancies have been filled temporarily by state registered nurses. This constant inability to maintain full establishment is a serious matter, for it means that routine statutory duties occupy too great a proportion of the health visitor's time, and that insufficient time is available for improved liaison with general practitioners, an extension of health education, the rehabilitation of problem families and the searching out of unreported problems and difficulties. That matters such as these were not neglected is evident from the reports of the senior health visitors in charge of the four divisions of the Borough, but much more pioneering work could be accomplished if greater resources were available.

Close relationship was maintained with the Chest Clinic by the permanent secondment of one health visitor, and the full-time geriatric visiting service was augmented by the addition of a state registered nurse to the two health visitors employed.

The difficulty of appointing qualified health visitors is only equalled by the difficulty of obtaining health visitor students suitable for training, and although there is a universal shortage of nurses in all branches of the National Health Service, it is disappointing that a greater number do not seek a career in the preventive health services. As mentioned in previous reports, Bournemouth is a sponsoring authority for the health visitor training course at Southampton University and has an option on three student places annually, but it is only seldom that these places can be filled by

suitable candidates. A source of replacement for losses sustained by retirement and other reasons has therefore failed to reach expectations, as shown by the following figures :—

1960	..	..	..	1 student
1961	..	..	..	2 students
1962	..	..	..	3 students
1963	..	..	..	1 student
1964	..	..	..	2 students
1965	..	..	..	3 students
1966	..	..	..	2 students

and of these 14, six left before giving any real service.

During the year the health visitors undertook 27,442 visits and interviews, compared with 23,776 in 1965.

Liaison Arrangements

(a) with General Practitioners

During the year, a part-time health visitor attachment to a group of general practitioners in the northern part of the Borough, which was first made in 1955, was increased, and two full-time attachments made to partnerships in Headquarters and "B" Divisions. The full-time attachments were made following discussions with the Local Medical Committee acting on behalf of local members of the College of General Practitioners, and the first attachment, from March 1966, was with a volunteer group of four general practitioners comprising two closely related partnerships of two doctors each, and having a combined list of some 8,000 patients. From the beginning the attachment was a success, doubtless due in part to the fact that both the health visitor and the general practitioners had volunteered for the experiment, and the six months trial period has now been confirmed as a permanent arrangement.

In August a second full-time attachment was made to a four-doctor partnership in the central area of the Borough, with similar results, and it is interesting to note that while the number of visits made by both health visitors to infants remained much the same as during their period as independent health visitors, the number of visits to old people was approximately doubled, as was also the amount of travelling on a mileage basis. This was a most encouraging sign, for too often visits to old people are only made as a result of public complaint, when help and rehabilitation come too late, and it suggests that the attachment of a health visitor to a general practice may in many cases give a much earlier introduction to geriatric problems than would otherwise be the case.

By the end of the year active steps were being taken to arrange a third full-time attachment to a group of doctors in "C" Division, and preliminary arrangements for a fourth attachment in "A" Division, for 1967.

(b) The Hospital Services

Liaison arrangements continued with hospitals of the Bournemouth and East Dorset Hospital Management Committee. In addition to the health visitor link with the Chest Clinic and the Geriatric Unit at Christchurch Hospital, there is a health visitor liaison officer with the Paediatric Unit at Christchurch Hospital, and a similar arrangement with the Women's V.D. Clinic at the Royal Victoria Hospital.

Infant Welfare Clinics

Two health visitors attended the majority of the 23 Infant Welfare Centre sessions held each week, discussing problems with the mothers, weighing babies where necessary and referring matters requiring further advice to the clinic doctor. The majority of clinics were attended by one of the full-time Assistant Medical Officers of Health employed by the local authority, but a number of part-time medical officers, often retired from the public health service, are called upon in emergency.

Total attendances were 53,553 in 1966 compared with 54,999 the previous year.

A number of these clinics are held in very unsatisfactory rented premises, and the help of the ladies of the former Bournemouth Infant Welfare Voluntary Association has been greatly appreciated, as they have carried out a wide variety of tasks, often under very trying conditions.

Mothercraft Classes

Mothercraft classes have continued both as a senior school activity, and also for expectant mothers. The ten series of classes held at Avebury and Pelhams Clinics were attended by 239 mothers.

Relaxation Classes

Classes for expectant mothers were held at Avebury, Pelhams, East Howe, Winton, Pokesdown and East Way. There were in all, 59 courses of 10 lecture/demonstrations each, attended by 514 expectant mothers.

Fathercraft Classes

Nine classes for fathers, chiefly those embarking on parenthood for the first time, were held at Avebury, at which 63 fathers attended.

Visits to the Elderly and Aged

During 1966 a total of 2,533 elderly and aged persons received 6,255 visits, and 531 of these were seen at the request of the Hospital Management Committee regarding their application to be admitted to a chronic sick bed in hospital. Admissions to geriatric units have continued to be extremely difficult, and despite all efforts by the Consultant Geriatric Physicians to establish a priority waiting list based on both medical and social needs, delays in admission have been frequent.

The specialist geriatric health visitors have concentrated their attention on the most vulnerable groups, those living alone and those who are awaiting admission to hospital when rapid deterioration in their condition may occur, and in many cases have been able to arrange additional help ; home nursing, home help, and the advice of the public health inspector regarding insanitary living conditions. In some cases chiropody treatment or the use of the laundry service has made a big difference to the living conditions of these old people and their relatives.

Close cooperation has been maintained with the Welfare Services Department and the many statutory and voluntary organisations working among the elderly and the aged.

Special Services for Elderly and Handicapped Persons

(a) Laundry Service

The laundry service provided drawsheets, mackintosh sheets, air rings and covers to 185 cases, compared with 128 cases in 1965, mainly persons suffering from double incontinence and on the waiting list for Christchurch Hospital. These articles were delivered to the homes of the patients three times per week, and the dirty linen collected and laundered at Christchurch Hospital.

(b) Chiropody Service

The chiropody service, which is available free of charge to old people, disabled persons and expectant mothers who are unable to

make private arrangements, commenced in September 1957, on the basis of one session per week, and by the end of 1966 ten sessions per week were held, a full-time chiropodist having been employed since 1st January, 1966.

CHIROPODY CLINIC, 1966

Number of persons treated	921
Number of treatments given	3,541

(c) Problem Families

The arrangements for helping problem families continued as before, and regular monthly meetings of the Family Case Committee allowed full discussion of current problems and the diversion of assistance and enquiry into the most appropriate channels.

The results of work with problem families are almost invariably disappointing to those who expect substantial improvements. Success is more often measured by the maintenance of the status quo.

(d) Health Education

A full-time Health Education Officer was appointed in November, 1965, and Mr. Gumbley's report of the work carried out during 1966 is given below :-

HEALTH EDUCATION SERVICE

**Report by C. N. Gumbley, S.R.N., R.M.N., R.N.T.,
Health Education Officer**

During 1966, with the introduction of a new Health Education Service, efforts were directed towards developing existing health education schemes in clinics and schools, widening the range of dental health education and improving liaison with other organisations concerned with health education.

1. Clinics

- (a) *Health Visitors* continued to perform invaluable health education in their personal contacts and group discussions with mothers in Infant Welfare Clinics.
- (b) *Poster Displays* on Home Safety, the Dangers of Smoking, Immunisation and Vaccination and Summer Hazards were mounted in all clinics during the year. A wide range of leaflets was distributed to mothers.

- (c) *Mothercraft Classes* were continued at Avebury and Pelhams clinics ; ten series of classes being attended by 239 expectant mothers.
- (d) *Relaxation Classes* were held at Avebury, Pelhams, East Howe, Pokesdown, East Way and Winton clinics. Fifty-nine 10-week courses were conducted and attended by 514 mothers.
- (e) *Fathercraft Classes* were held on nine occasions at Avebury clinic and were attended by 63 'expectant' fathers.
- (f) *Parents' Evenings* were held at Avebury and East Howe clinics at which the film "To Janet — A Son ?" was shown. 407 parents attended the ten meetings.

2. Schools

- (a) *Child Care Classes.* Health Visitors conducted nine Child Care Courses in six senior girls' schools during the year. Lectures, demonstrations and film shows were presented.
- (b) *First-Aid Courses,* each consisting of seven lecture/demonstrations and films, were presented to two Newsom groups at Beaufort School.
- (c) *Road Safety Film Programmes* were shown in ten Infants' Schools in the Borough during the year to an audience of over 2000 children and teachers.
- (d) *Home Safety Christmas Serviettes.* 12,000 Christmas serviettes bearing Home Safety slogans were distributed for use at Christmas dinners and parties in schools.
- (e) *Miscellaneous.* Posters, leaflets and other information was supplied to schools on such subjects as dental health, smoking and sex education. Arrangements were made to present anti-smoking campaigns and sex education talks in selected schools during 1967.

3. Dental Health Education

- (a) *Pilot Dental Health Education Scheme.* A pilot scheme was commenced at St. Clement's C.E. School, Boscombe, to study the effects of intensive dental health education on a group of five year old children. Illustrated talks

and film shows were presented to the group during the year and will be continued into 1967.

- (b) *Dental Inspections.* Special dental health education activities were conducted at dental inspections in Infant Welfare Clinics and schools. In clinics (13) dental health poster displays were erected and in schools (10) the film "A Tooth in Time" was shown to groups of new entrants and their parents.
- (c) *Dental Health Film Programmes* were shown in eighteen Infants' Schools in the Borough to an audience of 3293 children and 108 teachers. This programme was also shown to 22 children and 2 nurses at the National Sunday School Children's Convalescent Home, Bournemouth.
- (d) *Dental Health Campaign.* Arrangements were initiated to conduct a full-scale dental health campaign in the Borough in 1967. A Steering Committee was formed to co-ordinate planning activities and a Children's Painting Competition was launched in December in connection with this Campaign.
- (e) *Miscellaneous.* Dental health films were shown to support dental health talks to two Young Wives' groups and two Parent-Teachers' Association meetings.

4. In-Service Training

- (a) *Central Council for Health Education Course.* Speakers from the C.C.H.E. visited Bournemouth in February to stage a two-day In-Service Training Course for members of the Public Health Department and representatives from schools and youth clubs. Subjects for discussion included 'Middle Age', 'Care of the Aged' and 'Sex Education'.
- (b) *Staff Meetings.* Special training sessions for Public Health staff were conducted monthly at East Way clinic. These included 4 lectures ('Resuscitation for Cardiac and Respiratory Failure', 'Cot Deaths and Myelomeningo-celes', 'Sex Education' and 'Communication'), one mini-symposium ('Mongolism') and 30 films.

- (c) *Ambulance Personnel Training Sessions.* Two lecture/demonstrations ('Emergency Resuscitation' and 'Emergency Obstetrics') and 24 film shows on advanced first-aid were presented to ambulance personnel during the year.

5. Miscellaneous

- (a) During 1966, support was given to a number of miscellaneous talks and lectures by members of the Department and to the activities of other organisations concerned with health education :—

February	Medicines with Care Exhibition. (Pharmaceutical Society).
July	Water Safety Talks and films in Schools. (Boro' Police). Outdoor Poster Exhibition. (Road Safety Organisation). Youth Carnival Water-Safety Float. (Youth Committee).
October	Health and Safety Exhibition. (St. Andrew's Youth Club).
November	Mental Health Bazaar and Exhibition. (Assoc. for Mental Health). Boating Courses for Beginners. (Marine Training Centre).
December	Distribution of 20,000 Health and Safety Bookmarks. (Boro' Libraries).

- (b) During the year, the Health Education Officer undertook the following visits for the purpose of discussions and/or study :—

June	Health Education Office, Winchester.
August	C.C.H.E. Summer School, Bangor, N. Wales.
September	Rospa Road Safety and Training Centre, London. Oral Hygiene Service, London. Fruit Producers Council, London. Deciduous Fruit Board, London. Westminster Dental Health Exhibition, London.

Year	Expectant Mothers		Children under 1 year of age		Children between the ages of 1 & 5	Other Cases	Visits to TB households inc. in "Other Cases"	Visits by tuberculous visitors	Ineffective Visits made by H.Vs.
	First	Total	First	Total	Total Visits	Total Visits			
1951	809	1,507	1,601	8,262	12,893	8,542	—	—	—
1952	858	1,457	1,598	8,357	11,350	6,190	—	—	—
1953	908	1,741	1,642	8,904	11,830	1,657	223	1,401	—
1954	1,100	1,991	1,592	9,080	11,460	1,869	190	1,607	—
1955	1,047	1,972	1,496	9,001	11,712	1,881	207	1,525	—
1956	1,117	2,166	1,483	8,615	12,136	2,705	279	1,297	3,986
1957	1,162	2,122	1,513	8,247	11,920	4,362	230	1,562	4,532
1958	1,156	1,963	1,645	8,007	11,349	4,494	221	1,532	4,488
1959	1,130	2,076	1,609	7,653	10,354	4,384	184	1,791	4,106
1960	1,114	2,070	1,609	6,823	8,307	5,635	124	1,877	3,590
1961	1,260	2,450	1,688	8,788	12,870	6,221	119	1,953	4,701
1962	1,132	2,136	1,861	8,674	11,242	6,081	179	2,026	4,701
1963	1,131	1,956	1,849	9,631	12,139	7,062	84	1,712	6,072
1964	1,156	1,840	1,934	8,428	10,150	6,312	40	1,361	5,981
1965	936	1,350	2,014	7,688	9,314	5,424	20	1,758	5,874
1966	888	1,296	1,910	8,375	10,568	7,203	17	1,545	6,827

THE HOME NURSING SERVICE

The Home Nursing Service, consisting of a Superintendent, a Senior Nurse, 25 full-time and 2 half-time nurses, made 78,138 visits during 1966 compared with 76,399 visits in the previous year.

Although the total visits made have remained relatively constant over the last few years, the increasing number of elderly and aged patients (over 70 per cent over the age of 65 years) requiring multiple nursing treatments has made each visit more time consuming and called for an augmented staff. The shortage of hospital beds in the area has affected the Home Nursing Service in two ways, in that patients (particularly elderly patients) have often had to be nursed at home for long periods until a bed became available, and an increasing number of patients are now being discharged home within a few days of operation and their subsequent treatment and convalescence supervised by the family doctor and the home nurse.

During 1966 there were 268 surgical discharges to the care of the Home Nursing Service, including 92 "early" discharges.

The preparation of a patient for hospital treatment, usually for a barium enema, or operation has similarly increased, from 211 patients in 1965 to 285 patients in 1966.

New Patients attended during 1966

In all, 3,539 patients were served during the year, of whom 2,646 were new cases, made up as follows :—

<i>Complaint</i>	<i>No. of Cases</i>
Tuberculosis	19
Respiratory system (other than T.B.)	144
Heart and Circulatory system	557
Digestive system	382
Reproductive system	68
Nervous system	146
Urinary system	78
Cancer	243
Diabetes	81
Injuries, burns, etc.	91
Senility	169
Rheumatism	125
Leg Ulcers and Skin conditions	204
Ear, Nose and Throat conditions	31
Preparation for hospital treatment	285
Miscellaneous conditions	23
	2,646

For some years a routine urine test has been carried out where possible by the home nurses and six cases of previously unrecognised glycosuria were discovered among 1,141 cases tested. These patients were referred to their own doctors for further investigation.

The age distribution of all patients treated in 1966 was :

		<i>Patients nursed</i>			
		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Percentage</i>
0- 4 years	..	13	4	17	0.48
5-14 years	..	16	4	20	0.57
15-24 years	..	31	48	79	2.23
25-44 years	..	50	127	177	5.00
45-64 years	..	228	516	744	21.02
65-74 years	..	357	659	1016	28.71
75- years	..	412	1074	1486	41.99
		1107	2432	3539	100.00

Sources of referral of new cases in 1966 were :

General Practitioners	..	..	..	..	1,781
Hospitals	..	..	..	..	693
Personal application	..	..	..	..	142
Voluntary agencies	..	..	..	..	10
Health Department and Chest Clinic	..	..	..	..	20
					2,646

During the year, 2,676 cases were removed from the register owing to :

Admission to hospital	..	..	..	..	577
Died	..	..	..	..	274
Satisfactory outcome of case	..	..	..	..	1,825
					2,676

The Nursing of Sick Children

Just over one per cent. of patients nursed during 1966 were below the age of 14 years, chiefly for complications of infectious disease and minor medical and surgical conditions. Home nurses attended child patients on their own districts and no special arrangements were necessary.

The Treatment of Visitors

Requests for the continuation of special treatments were received

on 169 occasions, and 1,287 visits were made to visitors in hotels, boarding houses and private holiday accommodation.

Injection Therapy

During the year, 27,628 injections were given to 1,235 patients, of which 7,700 were insulin injections.

Daily injections were necessary for 233 patients, and 104 patients received injections twice a day.

Late Visits

The number of visits made between 8.0 p.m. and 8.0 a.m. decreased from 229 in 1965 to 143 in 1966 and were carried out by the home nurse on whose district the request arose.

At the end of the year 863 cases remained under treatment, receiving visits as follows :

<i>Twice Daily</i>	<i>Daily</i>	<i>Alternate days</i>	<i>Twice Weekly</i>	<i>Thrice Weekly</i>	<i>Weekly</i>	<i>Fort-nightly</i>	<i>Monthly</i>
6	89	24	111	40	312	169	112

A summary of the year's work and a comparison with previous years, was as follows :

	1959	1960	1961	1962	1963	1964	1965	1966
Number of patients on the Register, 1st Jan.	761	679	756	766	789	844	833	893
Number of new patients attended	2763	2724	2658	2547	2655	2634	2558	2646
Total number of patients attended	3524	3403	3414	3313	3444	3478	3391	3539
Number remaining on the Register on 31st December	679	756	766	789	844	833	893	863
Number of Patients taken off the Register	2845	2647	2648	2524	2600	2645	2498	2676
Total number of nursing visits	76,086	76,031	78,713	75,541	75,730	78,386	76,399	78,138
The illnesses of patients were classified as follows :								
	1959	1960	1961	1962	1963	1964	1965	1966
Tuberculosis	107	93	86	62	61	42	30	26
Pneumonia	47	38	42	43	58	42	34	29
Miscarriages, etc.	18	24	16	36	39	41	19	30
Surgical	437	394	494	429	395	452	370	542
Medical	2892	2830	2748	2705	2855	2847	2889	2857
Infectious diseases	23	24	28	38	36	54	49	55
	3524	3403	3414	3313	3444	3478	3391	3539

DOMESTIC HELP SERVICE

At the end of the year the Domestic Help Service consisted of an Organiser, two Assistant Organisers, and 121 part-time domestic helps, serving 1,527 cases and working over 123,000 hours.

A glance at the summary below shows how much this has become a service devoted to the elderly and aged, for nearly 81 per cent of the total hours worked were on behalf of those of 65 years or over, and if chronic illness in late middle age is included practically the whole of the personnel were employed on long-term cases, frequently requiring attendance throughout the year.

In previous Reports attention has been drawn to the difficulty of extending this valuable service beyond a certain point, but both the number of domestic helps and the hours worked in 1966 were slightly more than in the previous year. The amount of help given to individual cases has often to be curtailed, and if in fact a point has been reached where the total help available has reached its limit, the ever-increasing numbers seeking it must inevitably receive a reduction in help.

Reorganisation which involves human factors and may affect human happiness always tends to be unpopular, but there appears to be no alternative if a static work force has to shoulder an increasing case load.

SUMMARY OF CASES HELPED

<i>Type of Case</i>	<i>Number</i>	<i>Hours spent</i>	<i>Percentage of Total Hours</i>	<i>Average hours per case</i>
Old age	1,216	102,651	83.39	84.4
Illness	209	16,141	13.11	77.2
Tuberculosis	8	800	0.65	100.0
Confinements	27	974	0.79	36.1
Mental Deficiency	24	1,802	1.47	75.1
Maternity and Child Welfare	41	705	0.57	17.2
Problem Families	2	29	0.02	14.5
TOTALS	1,527	123,102	100.0	80.6

Classification of cases served (by ages).

Under 15 years	41	2.7%
15-64 years	255	16.7%
65 years and over	1,231	80.6%
	<u>1,527</u>	<u>100.0%</u>

Ambulance Service

During 1966 the Ambulance Service was maintained by ten stretcher ambulances and five dual-purpose vehicles provided by the local authority, and approximately twenty sitting cars controlled by the Women's Royal Voluntary Service on behalf of the Hospital Car Service. Local authority vehicles were available on a complete 24 hours a day basis, but sitting cars were used only for day-time hospital work.

The accompanying table of patients carried and mileages covered shows little change over the last few years, suggesting that as with certain other types of local health authority work, a state of temporary equilibrium may now have developed in the Ambulance Service following 18 years of constantly increasing demand since the National Health Service Act came into operation.

If this is so, the time is ripe for a complete overhaul of these services, the retention of what is best in them and the development of improved techniques for dealing with what may once again become an expanding problem when the pattern of hospital care finally conforms to the Ten Year Plan.

During the year an Ambulance Officer was appointed in place of the former Depot Superintendent, and a special Ambulance Sub-Committee to deal with all matters affecting the Ambulance Service was formed. A complete reorganisation of the service has now taken place with greatly improved control arrangements, and studies have begun to find out the most suitable types of ambulances and equipment for the needs of the Borough. It is unfortunate that the postponement of the date provisionally fixed for the building of the new district hospital at Castle Lane (which was to have included a new ambulance depot within its curtilage) has made inevitable the retention of the existing depot at Portchester Road. Although its central position makes the Portchester Road depot a desirable property, there is limited scope for extension, as regards garaging, fleet maintenance or the provision of training facilities.

**TABLE SHOWING PATIENTS CARRIED AND MILEAGES
COVERED BY AMBULANCE SERVICE SINCE 1949**

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
1955	23,104	142,991	163	1,131	18,241	69,740	41,508	213,862
1956	27,409	148,584	271	1,430	18,006	72,625	45,686	222,639
1957	30,736	159,511	427	1,487	17,257	70,866	48,420	231,864
1958	31,037	157,235	557	1,264	18,441	82,911	50,035	241,410
1959	35,030	170,938	572	1,777	19,494	89,526	55,096	262,241
1960	35,275	171,315	3,808	13,295	20,385	96,220	59,468	280,830
1961	36,196	173,192	4,639	15,856	21,686	109,518	62,521	298,566
1962	35,912	176,452	4,792	15,798	20,589	112,442	61,293	304,692
1963	36,266	169,053	3,484	9,917	18,902	102,075	58,652	281,045
1964	42,750	183,068	—	—	22,077	120,188	64,827	303,256
1965	43,765	183,547	—	—	17,317	95,218	61,082	278,765
1966	42,224	189,793	—	—	19,904	98,467	62,128	288,260

Year	<i>Average miles covered per patient carried</i>			
	<i>Local Authority</i>	<i>St. John Association</i>	<i>Hospital Car Service</i>	<i>Total all Services</i>
1949	10.36	17.57	12.60	12.05
1950	8.43	12.31	11.08	9.77
1951	8.36	8.53	6.27	7.42
1952	7.19	6.76	4.56	5.95
1953	6.78	6.30	4.19	5.58
1954	6.18	4.58	4.11	5.23
1955	6.18	6.94	3.82	5.15
1956	5.42	5.28	4.03	4.87
1957	5.19	3.48	4.11	4.79
1958	5.07	2.27	4.50	4.82
1959	4.88	3.11	4.59	4.76
1960	4.85	3.49	4.72	4.72
1961	4.78	3.42	5.05	4.78
1962	4.91	3.30	5.46	4.97
1963	4.66	2.85	5.40	4.79
1964	4.28	—	5.44	4.68
1965	4.19	—	5.50	4.56
1966	4.49	—	4.95	4.64

THE WORK DONE BY THE SERVICE DURING 1966 IS SHOWN IN THE FOLLOWING TABLE

Service	Vehicles (Number at 31.12.66)	Patient Carrying Journeys	Patients Carried		Abortive and Service Journeys	Total Mileages	Transport by Rail		No. of Staff at 31.12.66
			Accident or Emergency	Other			No.	Rail Miles	
Directly provided	Ambulances (10)	6,187	2,730	26,975	482	129,004	78	12,617	38
	Dual purpose (5)	1,982	163	12,356	382	60,789	164	19,519	
Hospital Car Service		5,838	—	19,904	43	98,467	—	—	—
		14,007	2,893	59,235	907	288,260	242	32,136	38

Vaccination and Immunisation

Protection against smallpox, diphtheria, whooping cough and poliomyelitis continued through the year under schemes approved by the Ministry of Health, and every effort was made not only to achieve a high rate of protection of children during the first two years of life, but to maintain this protection to the end of school life through "booster" doses. A consistently high record of acceptances compared with the national average is shown in the following table :—

VACCINATION AND IMMUNISATION OF CHILDREN

The following table from the Ministry of Health shows the percentages vaccinated in Bournemouth compared with the equivalent national figures :

	<i>Children born in 1965</i>			<i>Smallpox (children under 2)*</i>
	<i>Whooping Cough</i>	<i>Diphtheria</i>	<i>Polio- myelitis</i>	
England and Wales..	72%	73%	68%	38%
Bournemouth ..	84%	84%	82%	42%

* Includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

Vaccination against Smallpox

1,361 children under the age of 16 years received protection against smallpox, 790 by general practitioners and 571 in the local authority clinics. The total included 835 infants under the age of two years.

Immunisation against Diphtheria

A total of 4,028 children received protection against diphtheria either as a single antigen or combined with other antigens. 1,573 were protected by general practitioners and 2,455 at local authority centres.

Details follow :

	<i>Children born in years</i>						Total
	1966	1965	1964	1963	1959/ 62	1951/ 58	
A. No. of children who completed a full course of Primary Immunisation in the Authority's Area (incl. temporary residents) during the 12 months ended 31st December, 1966.	824	816	43	12	27	5	1727
B. Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age), during the 12 months ended 31st December, 1966.	—	362	576	86	1159	118	2301

Vaccination against Poliomyelitis

During 1966, 1,800 persons completed a course of vaccination and 1,198 persons received booster doses. Of these, 1,262 were protected by general practitioners and 1,736 at local authority centres.

Details follow :

	<i>Children born in years</i>						Total
	1966	1965	1964	1963	1959/ 62	1951/ 58	
Primary Vaccination ..	353	1212	92	30	61	52	1800
Booster Doses	—	34	79	16	974	95	1198

During the year, Circular 6/66 was received from the Ministry of Health on the subject of vaccination against measles, but the views expressed led the Health Committee to postpone a decision on the question of vaccination through the Infant Welfare Centres until more information was available.

Prevention of Illness—Care and After Care

Arrangements in force during the year included

(1) Tuberculosis

(a) The seconding of a health visitor for full-time duty at the Chest Clinic and in domiciliary visiting of tuberculous patients.

(b) The payment of a proportion of the salary of the almoner and occupational therapist employed at the Chest Clinics.

(c) Boarding out of child contacts.

(d) Assistance in rehousing tuberculous patients by recommendation to the Housing Committee. During the year 2 cases were rehoused.

(e) Provision of nursing requisites.

(f) Provision of domestic help, 8 patients receiving 799 hours service.

(g) A grant to the Bournemouth Voluntary Tuberculosis Care Committee in respect of their work in providing cash payments, extra nourishment, bedding, coal and other items for tuberculous patients and their families.

(h) Occupational therapy for domiciliary patients, 31 cases receiving 536 visits during the year.

(2) Venereal Diseases

A health visitor attended the special clinic at the Royal Victoria Hospital.

(3) Illness generally

Provision was made at rest homes for the convalescence of patients recommended by general practitioners or hospital consultants. During the year 26 persons received recuperative holidays compared with 17 in 1965. The cost to the patient was based on income, but the majority of beneficiaries under the scheme paid little if anything. All patients who had been away in rest homes were visited on their return home by a health visitor, and almost invariably had benefited considerably in health.

Articles of sick room equipment were issued on loan as required at the request of general practitioners or hospitals. 437 issues were made during the year, those in most frequent demand being mackintosh sheets (71), bed pans (68), commodes (87), wheel chairs (82), urinals (40), bed rings (14).

(4) Cervical Cytology Clinic

During the year 977 women attended by appointment to have cervical smears taken for examination for evidence of cancer. This included ten who attended in 1965 and were recalled either to ensure that some minor disorder had been corrected or because of unsatisfactory smears on their first visit. Fifty-eight women attended twice during the year 1966 for this reason.

For most of the year, two sessions were held each week at the central clinic at Avebury. In view of the distance involved in getting to this clinic from estates in the north of the Borough, it was decided in November to hold one of the sessions each week at Pelhams Clinic, Millhams Road, Kinson. This clinic was well attended for the remainder of the year.

Three cases of cancer of the cervix were discovered and a number of other patients referred to their own doctors for further examination or investigation or because of minor disorders.

In the last few weeks of the year, the women attending the clinics were also offered a simple test for the discovery of sugar or protein in the urine.

Mental Health Service

Since October 1963, Bournemouth patients requiring hospitalisation for the treatment of mental disorder have been admitted to Herrison Hospital and St. Ann's Hospital in the case of mental sickness, and to Tatchbury Mount and Coldeast Hospitals in the case of mental subnormality. There have been only very occasional departures from these general arrangements, when an admission has been made direct to a subsidiary of a major hospital or a special arrangement has been made to meet special circumstances.

Co-operation with the hospitals has been excellent, and there have been no serious delays in securing the admission of mentally sick patients, although there is a small but persistent waiting list for mentally subnormal patients. The Consultant Psychiatrists and the Physician Superintendents have been untiring in their efforts to admit really urgent cases, and the availability of hospital out-patient clinics for both mental sickness and mental subnormality, together with the free use of domiciliary consultations where necessary, have been instrumental in securing the most advantageous use of hospital facilities.

Admissions to Mental Hospitals, 1966

Admissions to mental hospitals arranged by mental welfare officers of the Department were 465 compared with 415 in 1965. This is a significant increase over the remarkably constant admission rate of the last four years, the major changes being increases in the admissions in the age group 20-30 years (plus 31) and in the age group 70-80 years (plus 26), while admissions in the age group 40-50 years fell (minus 32).

Reference to the accompanying tables shows that 60 per cent of the admissions in 1966 were informal, 26 per cent were admissions for observation under Section 25 of the Mental Health Act, 1959, and the percentage of emergency admissions (Section 29) fell from 12 per cent in 1965 to 10 per cent in 1966. There were nine admissions to mental hospitals from Magistrates' Courts (Section 60), compared with the previous highest figure of four admissions in 1962, 1963 and 1965.

ADMISSIONS TO MENTAL HOSPITALS DURING LAST 10 YEARS

<i>Year</i>	<i>N.D.</i>	<i>V.</i>	<i>T.</i>	<i>Section 11</i>	<i>Section 14 etc.</i>	<i>Section 20</i>	<i>Total</i>
1957	98	92	12	6	77	76	361
1958	118	63	16	6	72	103	378
1959	119	28	4	3	18	201	373
1960 1.1.60— 31.10.60	125	—	—	—	10	196	331*
				<i>Mental</i>	<i>Health</i>	<i>Act</i>	
	<i>Inf.</i>		<i>Sect. 60</i>	<i>Sect. 29</i>	<i>Sect. 26</i>	<i>Sect. 25</i>	393
1960 1.11.60— 31.12.60	28			6	4	24	62*
1961	146		1	111	17	175	450
1962	169		4	93	4	155	425
1963	169		4	105	15	125	418
1964	225		3	41	12	139	420
1965	245		4	50	9	107	415
1966	279		9	47	9	121	465

* The Mental Health Act, 1959, came into operation on 1st November 1960.

ALL PATIENTS ADMITTED TO HOSPITAL DURING 1966 UNDER MENTAL HEALTH ACT

Age Group	Males					Females					Total
	Inf.	Sect. 26	Sect. 25	Sect. 29	Sect. 60	Inf.	Sect. 26	Sect. 25	Sect. 29	Sect. 60	
10-20	1	—	1	4	—	6	—	2	—	—	14
20-30	16	3	12	6	2	33	—	9	2	—	83
30-40	18	1	6	4	3	11	—	5	1	1	50
40-50	15	—	2	2	1	14	2	14	5	—	55
50-60	18	—	4	2	1	31	1	9	2	—	68
60-70	19	—	5	—	1	24	—	13	5	—	67
70-80	16	—	3	2	—	26	2	19	5	—	73
80+	6	—	1	2	—	25	—	16	5	—	55
	109	4	34	22	8	170	5	87	25	1	465

Re-admissions to Mental Hospitals

Of the 465 patients admitted to mental hospitals during 1966, nearly half of them (46 per cent) had been in a mental hospital before, some recently, but others after a longer interval. A high proportion of patients were aware of the deterioration in their condition and were suitable for readmission on an informal basis.

RE-ADMISSIONS TO MENTAL HOSPITALS

1957	Total admissions	361	Re-admissions	115	Percentage	31.8%
1958	"	378	"	120	"	31.7%
1959	"	373	"	131	"	35.1%
1960	"	393	"	140	"	35.6%
1961	"	450	"	160	"	35.6%
1962	"	425	"	146	"	34.4%
1963	"	418	"	158	"	37.8%
1964	"	420	"	175	"	41.7%
1965	"	415	"	150	"	36.1%
1966	"	465	"	214	"	46.0%

Mental Welfare Officers

There were two full-time and two part-time mental welfare officers maintaining a 24 hours a day service in the admission of patients to hospital, their documentation and travel arrangements.

In addition, they made arrangements for the safe keeping of patients' possessions where necessary, kept Receivership accounts, and one of the full-time officers was responsible for the routine visiting of mentally subnormal patients.

Mental Social Workers

The staff of social workers consisted of a senior psychiatric social worker, employed half-time on community care and half-time at the Child and Family Guidance Centre, and three social workers employed full-time on community care. All worked under the day by day supervision of the Senior Medical Officer for Mental Health, an experienced psychiatrist.

There has developed a very close liaison between the staff of the Department and the staff of the hospitals accepting Bournemouth patients, and attendances at out-patient clinics and case conferences have been a regular feature.

During the year, a good deal of thought was given to the question of amalgamating the mental welfare officers and the mental social workers, and it was decided that such a combined service should operate from 1st January 1967.

Mental Hostels

Two mental hostels, "Wallfield" and "Beaufort House", providing between them about 28 places for female patients, were open throughout the year and were filled to capacity. For most of the period a waiting list was in operation and there can be no doubt that more hostel places are needed to provide temporary homes for patients discharged from mental hospitals during their period of rehabilitation. It is disappointing that such little progress has been made in providing the next two mental hostels scheduled in the Ten Year Plan. "Leven House" in Leven Avenue was purchased by the Council for this purpose in May and present indications are that it will be well into 1968 before it is ready to admit patients.

With the Herbert Hostel in the grounds of the Day Hospital in Alumhurst Road there is likely to be an even longer delay, as agreement with the Ministry of Health has not yet been reached, although agreement in principle was reached with the Wessex Regional Hospital Board at a very early stage. The provision of four hostels will give approximately 23 male and 63 female places

and give scope for rehabilitation for the younger patients on a scale quite impossible at present. For the older patients, who are likely to find in the hostels a permanent home, they will provide useful activities.

During the year there were six admissions to "Beaufort House" and six discharges, while 18 patients were admitted to "Wallfield" and 19 were discharged, the details being as follows :—

					"Beaufort House"	"Wallfield"
In residence on 31st December, 1965	..	..			13	15
In residence on 31st December, 1966	..	..			13	14
ADMISSIONS DURING 1966	..	..	..		6	18
Source of admission						
Hospitals	..	..	..	..	4	10
Inter-hostel transfer	..	..	..	..	—	1
Private address	..	..	..	..	2	7
Reason for admission						
Rehabilitation	..	..	..	..	3	11
Accommodation	..	..	..	..	3	3
Inadequacy	..	..	..	..	—	2
Inter-hostel transfer	..	..	..	..	—	1
Temporary crisis	..	..	..	..	—	1
Age on admission						
Under 20 years	..	..	..	..	—	1
20-29 years	..	..	..	..	2	2
30-39 years	..	..	..	..	1	3
40-49 years	..	..	..	..	2	5
50-59 years	..	..	..	..	1	2
60-69 years	..	..	..	..	—	4
Over 70 years	..	..	..	..	—	1
DISCHARGES DURING 1966	..	..	..		6	19
To residential employment	..	..	..	..	—	2
To private address and employment	..	..	..	..	2	4
To private address	..	..	..	..	2	6
Inter-hostel transfer	..	..	..	..	1	—
Return to hospital	..	..	..	..	1	6
To Maternity home	..	..	..	..	—	1
Length of stay in hostel						
Under 1 week	..	..	..	..	1	2
1-4 weeks	..	..	..	..	—	5
1-3 months	..	..	..	..	1	4
3-6 months	..	..	..	..	2	4
6-9 months	..	..	..	..	—	1
9-12 months	..	..	..	..	1	2
Over 1 year	..	..	..	..	1	1

As in the previous year, "Wallfield" remained the general admission hostel and retained the majority of discharges from hospitals for the mentally sick, while "Beaufort House" accepted most of the cases of mental subnormality, and this difference in

function is reflected in the admission and discharge rates, and in the length of the patients' stay.

Mental Subnormality

During the year five new cases of mental subnormality were reported, three of them being children who were reported by the Education Authority as being unable to benefit from education in normal schools.

The position at the end of the year was that 390 cases of mental subnormality were on the authority's registers, as follows :—

* In hospitals	169
Attending the Turner Training Centre and living at home	90
Living in local authority hostel	6
Under Guardianship	1
Living at home	121
Resident in private homes	3
	390

* The majority of cases in hospital (approximately 125) were at Coldeast and Tatchbury Mount Hospitals.

Eleven persons suffering from mental subnormality were admitted to hospitals. Three of these cases were admitted under Section 60 and the remainder informally.

In addition, 10 persons were admitted to hospital for short periods in order to give their parents a short period of freedom from worry, or a holiday,

Two deaths were notified among mentally subnormal persons, one in hospital and one at home.

At the end of the year four cases (two female and two children) awaited urgent hospital admission, and there were eight less urgent cases on the waiting list.

Arrangements for training mentally subnormal children and adults in the community

During the year the Turner Training Centre continued to provide training and rehabilitation for 92 persons who were on the register on 31st December.

<i>Number in attendance</i>	<i>Males</i>		<i>Females</i>		<i>Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
Male Section	—	22	—	—	22
Female and Junior Section	26	—	17	27	70
Totals	26	22	17	27	92

As before, mid-day meals were provided through School Meals Service arrangements, and two special buses brought a large proportion of the children from "picking-up points" reasonably close to their homes. Ambulances were also used for those children suffering from physical or other handicaps requiring special travel arrangements.

Reference was made in the last Annual Report to the urgent need for an Industrial Training Unit for both sexes, where the older children and adults could carry out sub-contract work for local firms under conditions approaching those of a factory. Although the non-industrial nature of the area has in the past made sub-contract work difficult to obtain, and there are many groups of handicapped people in the area pursuing what little there is, it is felt that there are untapped sources of work, and that much more could be achieved in this direction if industrial training facilities existed. It is therefore a pleasure to record that a prospective site for an Industrial Unit has now been obtained on the former Elliotts' Brickworks site and although the building of the unit may have to be delayed until certain development of the site has taken place, the opportunities of both male and female trainees for semi-industrial training at the Turner Training Centre have been stepped up in anticipation of a future move.

As regards the Turner Training Centre, open days, exhibitions, sales of work and the annual sports day have given an increasing number of Council members, parents and members of the public an opportunity to see the Centre and the type of work achieved there.

NURSING HOMES

At the end of the year 35 nursing homes were registered by the local authority, one more than in 1965. Accommodation was provided for 487 medical and surgical cases, and for 25 maternity cases.

Bournemouth Crematorium

Since the opening of the Crematorium in 1938, there has been a steady increase in this method of disposing of the dead, the yearly totals being :

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
1955	..	..	..	1991
1956	..	..	..	2142
1957	..	..	..	2207
1958	..	..	..	2340
1959	..	..	..	2472
1960	..	..	..	2609
1961	..	..	..	2648
1962	..	..	..	2873
1963	..	..	..	3171
1964	..	..	..	3095
1965	..	..	..	3192
1966	..	..	..	3514

An analysis of the statistics for 1966 showed that 43·8 per cent. of applications for cremation came from within the Borough, while 56·2 per cent. were received from other areas.

The Medical Officer of Health is the Medical Referee to the Crematorium, and in an emergency has two deputies authorised by the Home Office, the Deputy Medical Officer of Health and a retired Assistant Medical Officer of Health.

NATIONAL ASSISTANCE ACT, 1948, Section 47

Action was taken under this section of the Act in four cases during the year, brief details of which were :

Mr. W. H. S. aged 79 years. Almost blind and practically deaf and in poor health, and living alone under squalid and grossly insanitary conditions in a single room. Admitted to an old people's home under a Magistrate's Order.

Mr. J. B. and Mrs. M. B. aged 91 years and 92 years respectively. This aged couple were living in one room in a grossly insanitary condition. The wife was almost blind and infirm and the husband physically incapacitated. Both were admitted to hospital under a Magistrate's Order.

Miss M. I. A. aged 97 years. Living alone under insanitary conditions, in the upper floor of a poorish property, and because of her age unable to care for herself properly. Admitted to an old people's home under a Magistrate's Order, and later transferred to a mental hospital, where she died.

NATIONAL ASSISTANCE ACTS, 1948 - 1951 — INCIDENCE OF BLINDNESS

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 Director of Welfare Services :

(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends :— (a) No treatment .. (b) Treatment (Medical, Surgical or Optical)	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ..	2	—	—	30
(b) Treatment (Medical, Surgical or Optical)	7	10	—	36
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ..	5	9	—	34

Public Health Laboratory Service
REPORT BY Dr. G. J. G. KING, DIRECTOR OF THE
BOURNEMOUTH LABORATORY
SPECIMENS RECEIVED FROM BOURNEMOUTH, 1966

Public Health Department

Bloods	7	
Faeces and urine	1,126	
Nose and throat	24	
Other human	28	
Food and shellfish	444	
Ice-cream	318	
Milk	821	
Water	1,024	
Other sanitary	411	
		4,203

General Practitioners

Bronchitis	13	
Faeces and urine	266	
Nose and throat	32	
Sputa	15	
Other human	61	
		387

Bournemouth Chest Clinic

Laryngeal swabs	2,011	
Pleural fluids	2	
Sputa : Direct	30	
Culture	278	
Urine	47	
Bronchitis	23	
Bloods	7	
Other human	8	
		2,406

Royal National Hospital

Bronchitis	125	
Laryngeal swabs	484	
Pleural fluids	157	
Sputa : Direct	21	
Culture	1,690	
Faeces and urine	108	
Other human	111	
		2,696

Royal Victoria Hospital

Faeces and urine	369	
Phage typing	414	
Sera	9	
Other human	58	
Biological	2	
Nose and throat	2	
Sputa	1	
		855

Total 10,547

Water Supply

The greater part of the borough is served by the Bournemouth and District Water Company, the remainder by the West Hampshire Water Company. Throughout the year, both supplies have been satisfactory, both as regards quantity and quality, and 424 samples were submitted to the Public Health Laboratory by the district public health inspectors from the mains supplies, with completely satisfactory bacteriological results.

The bulk of the water supplied to the Borough is drawn from local rivers, particularly the Avon, and there is no traceable content of fluoride in the water as supplied.

I am indebted to the General Manager of the Bournemouth and District Water Company and to the Chief Engineer of the West Hampshire Water Company for the following information :—

		Bournemouth and District Water Co.	West Hants Water Co.
(a)	Quality and quantity of water supply throughout the year.	Satisfactory.	Satisfactory.
(b)	Number of bacteriological examinations of raw water made during the year.	254	320
	<i>Results :</i> Probable number of B. Coli organisms per 100 ml.	Varied from 130 to 92,000	Varied from 50 to 1,700
	Number of samples taken of water going into supply	365	370
	<i>Results :</i>	Grade I, Ministry of Health Standard. All coliform type bacteria absent from 100 ml. samples. (Specimen results of chemical analyses are appended).	
(c)	Plumbo-solvent action	None.	
(d)	Action taken in respect of any form of contamination	No specific action was necessary (other than sterilisation of sections of mains following repair).	
(e)	Number of dwelling houses supplied from the public water mains		
	(i) direct to houses	48,979	6,383
	(ii) by means of stand-pipes	None	None

THE BOURNEMOUTH AND DISTRICT WATER COMPANY
WATER ANALYSIS

<i>Sample : Bournemouth Town Supply</i>							
B. Coliform P.N. in 100 ml.	..	..	..	..	..	..	0
Agar Cultures 24 hours at 37°C	..	..	..	..	..	..	1
„ „ 48 hours at 37°C	..	..	..	..	..	..	1
„ „ 72 hours at 22°C	..	..	..	..	..	..	2
Cl. Welchii Reaction	..	..	..	..	..	..	Absent from 100 ml
Colour (Burgess Scale)	..	..	..	..	..	..	11
Filtrability Index	..	..	..	..	..	..	—
pH	..	..	..	..	..	..	7.87
Electrical Conductivity at 20°C	..	..	..	..	..	..	430
Residual NH ₂ Cl	..	..	..	..	..	..	0.08
<i>Results in P.P.M.</i>							
Chlorine in Chlorides	..	..	..	..	..	..	19.0
Nitrogen in Nitrates	..	..	..	..	..	..	2.69
Nitrogen in Nitrites	..	..	..	..	..	..	0.027
Free Ammonia	..	..	..	..	..	..	0.045
Ammoniacal Nitrogen	..	..	..	..	..	..	0.037
Albuminoid Ammonia	..	..	..	..	..	..	0.067
Albuminoid Nitrogen	..	..	..	..	..	..	0.055
Oxygen Absorbed (4 hours at 37°C)	..	..	..	..	..	..	0.88
Dissolved Oxygen	..	..	..	..	..	..	10.80
Free Carbon Dioxide	..	..	..	..	..	..	5.0
Alkalinity as CaCO ₃	..	..	..	..	..	..	203.0
Silica as SiO ₂	..	..	..	..	..	..	9.0
Phosphates as P ₂ O ₅	..	..	..	..	..	..	0.34
Iron as Fe	..	..	..	..	..	..	—
Suspended Solids	..	..	..	..	..	..	—
Total Dissolved Solids	..	..	..	..	..	..	288.0
Total Hardness	..	..	..	..	..	..	238.0
Carbonate Hardness	..	..	..	..	..	..	203.0
Noncarbonate Hardness	..	..	..	..	..	..	35.0

THE BOURNEMOUTH AND DISTRICT WATER COMPANY

MINERAL ANALYSIS — Parts per Million

Sample : Bournemouth Town Supply

Ca	Mg	Na	K	CO ₃	SO ₄	Cl	NO ₃	SiO ₃	Probable Combinations	
81.20				121.80					Calcium	
7.99					19.17				Carbonate	203.00
1.76						3.10			Sulphate	27.16
									Chloride	4.86
									Nitrate	
	2.60					7.59			Magnesium	
									Carbonate	
									Sulphate	
									Chloride	10.19
									Nitrate	
		5.40				8.31			Sodium	
		4.42					11.95		Carbonate	
		0.08						0.13	Sulphate	
									Chloride	13.71
									Nitrate	16.37
									Silicate	0.21
									Potassium	
									Carbonate	
									Sulphate	
									Chloride	
			1.99					1.94	Nitrate	
									Silicate	3.93
									Other Silicates	
									as SiO ₂	7.06
									Ferric Oxide	0.01
										286.50
Total Solids Dried at 180°C										286.00

THE WEST HAMPSHIRE WATER COMPANY

ANALYSIS

WEST HANTS WATER, MAINS WATER, RIVER AVON DERIVED

Chemical Results in Parts per Million.

Appearance : Bright and clear	Turbidity : Nil
Colour : 6	Odour : Nil
pH : 7.8	Dissolved Solids dried
Electric Conductivity : 410	at 180°C. : 285
Chlorine present as Chloride : 20	Alkalinity as Calcium
Free Carbon Dioxide : 6	Carbonate : 195
Hardness : Total : 230	Carbonate : 195

Nitrate Nitrogen : 3.7

Ammoniacal Nitrogen* : 0.01

Albuminoid Nitrogen* : 0.04

Metals : Iron, Copper, Lead, Zinc, — Absent

Non-carbonate : 35

Nitrite Nitrogen : Absent

Oxygen Absorbed : 0.40

Residual Chlorine : Absent

* to convert to Ammonia multiply by 1.21.

SEWERAGE AND SEWAGE DISPOSAL

The Borough Engineer has kindly supplied me with the following information :—

The Coastal Intercepting Sewer Scheme continues with the start in March of the tunnelled section of sewer at a cost of over £½ million. Of the total foul sewage of the town, approximately 50% now drains to inland purification works for full treatment.

Report by A. J. Mortimer Meteorological Registrar

1966 Summary

This was a particularly patchy year of weather, with no particular trend persisting for any great length of time. A reasonable winter was followed by a disappointing spring, then a settled summer spell deteriorated into a wet late summer and autumn, broken by a fine September. An early cold snap in November, followed by a mild December, concluded a year which neither kept its promises nor carried out its threats.

In more detail, a wintry JANUARY gave blizzard-like conditions over much of the country, which Bournemouth escaped entirely. FEBRUARY was gloomy, wet and very mild, but was followed by a sunny and exceptionally dry MARCH. The promise of March, however, was not fulfilled by APRIL, the second gloomiest April of the century — and the second wettest. By contrast MAY was brighter and drier than normal, although temperatures were comparatively low, with unusually late ground frosts.

JUNE gave us ideal summer weather, continuing into JULY, which although a little less settled, did not give us any prolonged spell of bad weather. AUGUST opened with thunder, lightning and hail, followed by settled fine weather in the middle of the month. Bank Holiday Monday on the new date, 29th August, brought 0.63 inches of rain and just over one hour's sunshine.

A sunny, warm and calm SEPTEMBER was followed by the fourth wettest OCTOBER of the century (8.50 inches) with the wettest October day ever recorded on 22nd (2.05 inches). NOVEMBER was colder, drier and sunnier than usual, but just as a severe winter seemed in prospect, DECEMBER was mild, with sunshine at Christmas.

SUMMARY

Highest temperature recorded	..	79° on 9th and 10th June
Lowest temperature recorded ..	..	21° on 16th January
Greatest fall of rain in one day	..	2.05 inches on 22nd October
Total rainfall	..	38.44 inches (average 31.21 inches)
Total sunshine	..	1697.2 hours (average 1726 hours)
Number of days with sunshine	..	306
Number of days with rain ..	..	183
Mean temperature	..	50.7° (average 50.9°)

BOURNEMOUTH CLIMATOLOGICAL STATION

Latitude 50° 44'N. Longitude 1° 53'W. Height above Mean Sea Level 130 ft.

TABLES OF TEMPERATURE, SUNSHINE AND RAINFALL

1. TEMPERATURE (Degrees Fahrenheit)

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Average	40.1	40.5	44.0	48.6	53.8	59.4	62.4	62.4	58.5	52.2	46.0	42.3
1966.. ..	39.3	44.9	44.7	47.7	52.6	59.9	60.6	59.6	58.3	53.0	43.5	44.7
Absolute Maximum	53	54	56	66	70	79	76	75	71	65	56	56
Date	30th	2nd	21st	30th	2nd	9/10	22/23	20th	6th	3/4/8	7th	10th
Absolute Minimum	21	32	28	32	40	42	44	43	42	36	29	29
Date	16th	14th	20th	14th	28th	1st	18th	2nd	17th	26/29	24th	26th
Mean Range	7.5	7.0	12.9	11.0	14.2	13.8	15.2	13.4	14.1	11.2	10.2	10.7
Humidity %	92	93	77	91	76	75	74	81	83	88	88	89

Mean Temperature for 1966 — 50.7

Average (Air Ministry) — 50.9

2. SUNSHINE (Hours)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Average	65	82	133	185	218	230	213	206	150	116	71	57
1966.. ..	50.1	42.7	149.5	106.9	257.6	251.7	210.8	195.5	195.7	104.7	80.2	51.8
Daily Average	1.6	1.5	4.8	3.6	8.3	8.4	6.8	6.3	6.5	6.4	2.7	1.7
Highest amount in one day												
Date	7.0	7.7	11.6	13.5	14.9	15.5	15.2	12.8	11.5	8.6	7.9	6.5
	14th	27th	28th	30th	28/30/31	28th	3rd	19th	17th	21st	1st	4th
Days with sunshine ..	17	16	27	21	30	30	30	29	27	29	23	27

Total for 1966 — 1697.2

Average (Air Ministry) — 1726

3. RAINFALL (Inches)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Average	3.56	2.28	2.06	2.00	1.90	1.56	2.22	2.47	2.50	3.46	3.74	3.46
1966.. ..	2.91	4.93	0.83	4.55	1.61	1.62	2.74	4.33	1.51	8.50	2.18	2.73
Daily Average	.09	.18	.03	.15	.05	.05	.09	.14	.05	.27	.07	.09
Greatest fall in one day ..												
Date	.61	.69	.28	.47	.44	.59	.70	1.29	.42	2.05	.82	.64
	25th	19th	26th	18th	4th	22nd	30th	6th	29th	22nd	4th	28th
No. of days with rain ..	14	20	10	23	15	12	14	12	8	20	14	21

Total for 1966 — 38.44

Average (Air Ministry) — 31.21

ENVIRONMENTAL HYGIENE

Report by Jack Randall, M.R.S.H., Chief Public Health Inspector

The human environment is not only wide and spacious — it is full of many things of great variety. The hygiene of man's environment, therefore, inevitably presents a wide field of activity of considerable complexity, embracing as it does the health aspects pertaining to water supply, the air we breathe, the food we eat, conditions in buildings in which we live, work and spend our leisure, the disposal of waste products, the eradication of pests and the control of other animals in so far as they affect the human population. Even possible dangers in substances of common household use, or in children's toys and bedding are as much the concern of the sanitarian as are the obvious nuisances which arise from noise, smells, dust and fumes.

With such a diversity of problems and responsibilities to enliven his working hours, the life of a public health inspector is never dull. Herein, perhaps, lies one of the chief reasons for the zest and energy with which he goes about his duties.

Steady progress has been maintained throughout 1966 — a year in which new legislation has brought about no substantial change in duties, and one in which no staff alterations have occurred. However, during the autumn the local authority's first student public health inspector commenced his three year course of training. No temporary inspectors were employed during the year.

In the summer the Public Health Inspectors' Section moved into new offices at the bungalow, No. 15 St. Stephen's Road, where the new accommodation has provided better working conditions and improved facilities for the reception of the public.

From the following pages it will be seen that the inspectors have again devoted most of their time and efforts to four main duties — the supervision of food supplies and catering establishments ; the continuation of the survey of flatlet houses; the inspection of shops, offices and factories, and routine enquiries and visits in connection with reported and suspected cases of infectious disease. It is noteworthy that this last duty involved more than a thousand visits, several hundred hours of working time and much painstaking investigation.

Inspections and Visits

Water

To obtain samples of water for chemical and bacteriological examination	537
---	-----

Food Supply

Hotel and Boarding House kitchens	1,394
Cafes and Restaurants	585
Factory Canteens	36
School Feeding Centres	69
Bakehouses	131
Food Preparation Premises	147
Shops re sale of food	912
Stalls and street vendors' vehicles	50
Dairies and milkshops for milk samples	1,015
Shops for other food and drugs samples	562
Dairies and milk distribution premises	177
Pasteurising plants	61
Premises used for the manufacture of ice cream	8
Premises used for the storage and sale of ice cream	96
Meat markets and cold stores	78

Atmospheric Pollution

Smoke observations	122
Visits to premises	205

Housing Conditions

Primary inspections of dwellinghouses (under Public Health Act, 1936 and Housing Act, 1957, etc.)	577
Subsequent inspections of dwellinghouses	1,692
Houses in multiple occupation (Housing Acts, 1957, 1961 and 1964)	1,143
Overcrowding	41
Applications for certificates of disrepair, etc. (Rent Act, 1957)	22
Caravan dwellings	120

Occupational Conditions

Factories	307
Homes of Outworkers	4
Shops re Shops Act, 1950	296
Other business premises (Young Persons (Employment) Act, etc.)	3
Offices, Shops and Railway Premises Act, 1963	3,241

Infectious Diseases

Primary visits after notification	277
Subsequent visits and visits to contacts	457
Food poisoning	371

General Sanitary Conditions

Hairdressing establishments	178
Holiday accommodation	99
Noise Nuisances	95
Nuisances other than the above	3,568
Nursing homes, day nurseries, etc.	27
Offensive trades	1
Pet Shops	43
Piggeries and swill-boiling plants	55
Places of Entertainment	50
Premises for the examination of drains	1,067
Private Sanitary Inspections	70
Public Conveniences	44
Rat infestation	6,679
Refuse accommodation	259
Sale of Poisons	43
Swimming baths	143
Verminous premises	280
Water courses	1
Miscellaneous	3,231
Cesspools	87

Food Supply

This year has once again been one of steady progress in the efforts made to improve general standards of hygiene at premises in which food is handled.

The need for maintaining those standards at higher than average levels is almost universally recognised in the town and the co-operation received from the traders generally leaves little to be desired. Almost daily one sees new recognition of the fact that good hygiene is good business and, whilst many members of the general public are as yet by no means sufficiently demanding in their standards, there is a growing awareness of the desirability of buying clean and fresh food, particularly since it usually costs no more.

Occasionally one meets the trader who refuses to bring his premises to the minimum standard enforceable under the Food Hygiene (General) Regulations, 1960, even after a warning in writing from the Local Authority. It was necessary to report one such case to the Health Committee and a prosecution followed. The Bench took a serious view of the conditions described by the Public Health Inspector and imposed fines totalling £159. 8s. 0d. and costs of £31. 10s. 0d.

During the year over 5,300 visits to food premises were made but only 423 contraventions of the Food Hygiene (General) Regulations, 1960, many minor in character, were detected. This compares very favourably with the figure of 918 contraventions detected in 1965. 125 written informal notices were sent drawing attention to contraventions, whilst 151 such notices were complied with during the year.

Meat Inspection

The practice of receiving carcasses of beef affected with *Cysticercus Bovis* for treatment at Bournemouth cold stores has continued throughout the year. The period of treatment is subject to supervision by the District Public Health Inspector who stamps the carcass with the official mark when he is satisfied the meat may be properly released for human consumption. 40 such carcasses were treated this year.

The meat markets and cold stores were also regularly visited to check on the soundness of meat intended for human consumption.

Milk Supplies

There are no producer-retailers distributing milk in Bournemouth so the designation "Untreated" is not in use. No application to use the designation "Ultra Heat Treated" has been received and only "Pasteurised" and "Sterilised" milks are on sale in the town. All pasteurised milk obtainable is treated and bottled at one of four plants, two of which are sited in Bournemouth and two in Poole. No milk is sterilised locally and supplies of this designation are treated in Bristol.

Regular routine visits are made by the Inspectorate to supervise the processing and distribution of milk at the pasteurisation plants and retail outlets. 238 such visits were made during the year.

An additional 23 shopkeepers were licensed to sell designated milks during the year as follows :—

Pasteurised	..	..	..	..	..	23
Sterilised	..	..	..	..	..	6

Sampling of milk to assess its bacterial quality was carried out on a considerable scale and 723 samples were submitted to the Public Health Laboratory. This number included 285 of school milk, which is sampled almost daily during the school terms.

Seven samples failed the Methylene Blue Reduction Test and led to full investigation at the pasteurisation plants. In all cases subsequent results were satisfactory.

Ice Cream

The number of premises registered for the manufacture of ice-cream within the Borough remains at three but tremendous quantities of the food are sold from the 711 retail outlets registered. It has always been the practice in the town to maintain the sampling of ice-cream at a high level and to carry out a thorough investigation when samples are classified by the Public Health Laboratory Service as falling into Grades III and IV, following the Methylene Blue Reduction Test.

A report that a sample has been graded in the lowest category does not mean that the product is unsound or dangerous to eat. It is, however, an indication that the standard of handling may leave something to be desired. It is therefore a warning to both the Inspectorate and the trade and unsatisfactory results are accepted as such and fully investigated.

The chart hereunder makes it clear that the work of investigation and the subsequent education of handlers is well worth while. A 4% drop in the number of samples falling into Grades III and IV during 1965 has been followed by a further drop of more than 2½% in 1966. Of 296 samples taken during the year only seven were classified as Grades III or IV.

Number of Samples Taken — 296

	Provisional GRADE I	Provisional GRADE II	Provisional GRADE III	Provisional GRADE IV
No. of Samples placed in Grade	269	20	2	5
Percentage of Samples placed in Grade	90.8%	6.8%	0.7%	1.7%

Prepared Foods

During the course of the year a further 19 premises were registered for the preparation or manufacture of meat or fish products, bringing the total number of registered premises in the Borough to 174.

The types of food produced in such premises are very susceptible to some organisms capable of causing human disease or illness. Great care and impeccable food hygiene are therefore necessary during production and subsequent distribution and storage if the consumer is to enjoy a safe food. The Public Health Inspectors safeguard the purchase in three ways, manufacturers' premises are regularly inspected to ensure hygienic production, distributors and retailers are visited and advised on stock rotation and the hygienic storage and handling of the foods and, finally, the foods are sampled at all retail outlets and submitted to the bacteriologists at the Public Health Laboratory for examination.

During the year 143 samples of meat and fish were submitted for bacteriological examination. Four samples were found to be unsatisfactory, involving the following foods :— prawns, minced beef, pork sausages and cooked ham. Bacterial contamination can often arise as a result of the careless handling of food. Each report of an unsatisfactory sample therefore is followed by an exhaustive investigation, during which premises and equipment may be swabbed for bacteriological tests, food sampled at each stage of preparation and staff habits and procedures scrutinised in detail. In the cases mentioned satisfactory conditions were rapidly restored with the ready co-operation of the traders concerned.

Other Foods

Forty-five samples of a variety of foods, including cream cakes, ice-lollies and tinned fruit, were examined at the Public Health Laboratory with satisfactory results, to provide a check on the cleanliness of food sold in the Borough.

Foodstuffs Condemned

The following amounts of food were condemned by the Public Health Inspectors during the year as a result of voluntary surrender by the traders concerned :—

				Tons	Cwts.	Qtrs.	Lbs.
<i>Description</i>							
Fish	..	..	..		12	3	13
Meat	..	..	..	3	6	3	10
Tinned Goods	..	..	..	3	11	3	13
Other Foods	..	..	..	4	16	2	23
				12	8	1	3

The amount of food condemned in this way is substantial but it should be explained that the unsound condition of the food involved was reported to the Department by food traders. A great deal of food becomes unsound through no fault of the trader concerned, as a result of refrigerator breakdowns, or storm damage, or following delay in transit or bad storage whilst being moved through the sometimes long distribution chain.

Whatever the reason for its unsound condition, the trader may be considered legally in error for as long as the food remains on his premises. The Council is therefore notified to obviate any later suggestion that there was an intention to sell the food. After examination a certificate of condemnation is issued by the Inspector. The food is then surrendered to the Council for disposal and released under the Inspector's supervision as animal food, when possible, or destroyed.

Adulteration of Food and Drugs

(a) **Milk.** The testing of milk by the Gerber method continued during the year, and was carried out by the District Inspectorate. The equipment needed for this work is a valuable asset and enables checks on the composition of milks sold in the town to be carried out quickly and cheaply. It is therefore possible to sample on a wide scale and thereby provide an excellent control measure. During the year samples were taken and tested as follows :—

"Pasteurised" Milk	..	..	..	199
"Channel Islands" Milk	..	..	..	146
"Homogenised" Milk	..	..	..	35
"Sterilised" Milk	..	..	..	5

All were found to comply with the standard prescribed.

(b) **Other Food and Drugs.** 295 samples of food and drugs were submitted to the Public Analyst, who reported as follows :—

	FORMAL SAMPLES		INFORMAL SAMPLES		Total Samples
	<i>Found to be genuine</i>	<i>Found to be adulterated or unsatisfactory</i>	<i>Found to be genuine</i>	<i>Found to be adulterated or unsatisfactory</i>	
FOOD	2	2	251	9	264
DRUGS	1	—	28	2	31
TOTAL	3	2	279	11	295

13 samples were found to be adulterated, a percentage of 4.4, compared with an average of 5% over the last five years.

Details of the adulterated or unsatisfactory samples and of the action taken are set out hereunder :—

Formal Samples			
<i>Ref. No.</i>	<i>Sample</i>	<i>Nature of adulteration or offence</i>	<i>Action taken</i>
119	Margarine	Deficient in Vitamin A.	Manufacturer communicated with.
120	Margarine	Deficient in Vitamin A.	Manufacturer communicated with.
Informal Samples			
9	Margarine	Deficient in Vitamin A.	Formal sample taken.
10	Margarine	Deficient in Vitamin A.	Formal sample taken.
16	Pineapple Rings	High Tin Content	Further sample taken.
28	Pineapple Rings	High Tin Content	Manufacturer contacted.
65	Stewed Steak	Labelling Offence	Manufacturer contacted.
67	Salad Dressing	Labelling Offence	Manufacturer contacted.
53	Cereal	Deficient in Protein	Referred to the Association of Public Analysts' Cereal Products Sub-Committee.
104	Raw Milk	Contained an excessive amount of penicillin	Producer cautioned.
114	Processed Cheese	Evidence of nibbling by mouse or other small rodent.	Premises investigated. No vermin found. Vendor cautioned.
125	Calamine Lotion	Labelling did not comply with B.P.	New Labels to be used.
133	Lanolin B.P.	Did not comply with standards of the B.P.	Formal sample proved satisfactory.

Pesticidal Residues in Foodstuffs

During the past few years concern has been shown as to the possible effect upon food of the apparently ever-increasing use of pesticides for agricultural purposes. The County Councils Association, the Association of Municipal Corporations and the Urban District Councils Association recognised the need for a great deal more research in this field and invited local authorities to take part in a national sampling programme, designed to increase our knowledge of the subject. Bournemouth is participating in the scheme and the first samples were submitted this year.

Atmospheric Pollution

During the year 122 routine observations were made of commercial and industrial chimneys and four contraventions of Section 1 of the Clean Air Act, 1956 were detected. All were dealt with informally, two after written notice and the other two following verbal notification to the offenders.

Sixteen plans of new buildings were examined to check the suitability of proposed chimney heights. This is an important preventive measure and a minor amendment at the planning and design stage can often prevent serious nuisance and obviate the need for expensive alterations at a later date. In three cases the Architects submitting the plans were requested to increase the proposed heights of the chimneys, whilst in the remaining 13 cases it was possible to approve the plans without adverse comment.

Daily Recording of Atmospheric Pollution

Daily readings of pollution by smoke and sulphur dioxide were taken from three stations within the Borough as part of the National Survey of Air Pollution. The stations are sited at St. Stephen's Road, Cunningham Crescent and Pokesdown and provide variation from station to station as respects both the age and character of the areas served.

Housing

During the year four dwellings were represented to the Health Committee as unfit for human habitation. Demolition Orders were made in respect of three houses, whilst a Closing Order was made to deal with an underground room.

Demolition and Closure

Number of Demolition Orders made (Housing Act, 1957 Section 17)	3
Number of Closing Orders made (Housing Act, 1957 Section 17)	—
Number of Closing Orders made (Housing Act, 1957 Section 18)	1
Number of cases where an undertaking not to use for human habitation was accepted	—
Number of cases where an undertaking to repair was accepted	—

Certificates of Disrepair

Inspections made in connection with applications for issue or revocation of certificates	22
--	----

Land Charges Enquiries

A total of 5,230 enquiries concerning various properties received attention during 1966.

Houses in Multiple Occupation

The Housing Act, 1961 provided Local Authorities with a tool to deal with the problem of houses in multiple occupation. The opportunity thus afforded has high-lighted the fact that the major housing problem facing the Health Committee is to secure acceptable living conditions in this type of premises. The statistics illustrate the amount of time given by the Inspectorate to this important work and the significant measure of success achieved.

It is important to bear in mind that this type of letting will be part of the town's housing accommodation for many years to come. Routine inspection of houses already brought up to the Council's standard is necessary to ensure that acceptable conditions are maintained and that, where changes of control have occurred, the new owners fully understand their obligation to maintain satisfactory standards.

(a) Work carried out

Number of inspections made (including re-visits)	1,143
Number of Houses in Multiple Occupation inspected	99
Number of Lettings inspected	631
Number of Informal Notices served	97
Number of cases in which Formal Action was taken	10

(b) Formal Action Taken

Housing Act, 1957

Notice requiring abatement of overcrowding (Section 90)	1
---	---

Housing Act, 1961

Notices requiring provision of satisfactory Means of Escape in case of Fire (Section 16)	6
Directions given, varied or revoked (Section 19)	3

Legal proceedings were taken against the owner of one house in multiple occupation for wilful non-compliance with a notice served pursuant to Section 16 of the Housing Act, 1961, requiring her to provide adequate means of escape in case of fire. She was fined £25 and ordered to pay £10. 10. 0d. costs.

The initial inspections of houses in respect of means of escape in case of fire are carried out by Fire Prevention Officers of the

Chief Fire Officer's Department who also re-visit to check the proper completion of the works. Any measures requested are enforceable by the Health Department, under the provisions of Section 16 of the Housing Act, 1961. The expert advice and assistance of the Fire Prevention Officers in this sphere of responsibility is much appreciated.

(c) Results Achieved

Number of premises found to be satisfactory	4
Number of premises rendered satisfactory	69
Number of premises where use for multiple occupation was discontinued	12
Number of premises improved	152

Improvements Effected

Satisfactory Means of Escape in case of Fire provided ..	96
Overcrowding in Lettings abated	15
Natural and/or Artificial Lighting improved	16
Means of ventilation improved	19
Personal Washing Facilities provided or improved	
(a) in Lettings	29
(b) by Installation of additional bathrooms or showers ..	8
(c) by Reduction of Numbers using them	2
Facilities for storage, preparation or cooking of food improved	18
Space heating improved	8

Repairs, etc. carried out

Number of premises in which minor repairs and/or re-decoration were carried out	77
Number of premises in which major repairs or alterations were carried out	8
Other defects of Management remedied	12
Additional water-closet provided	3

Caravan Dwellings

There were no new sites brought into operation and no closures during 1966, whilst seven licences were renewed in the course of the year. There is accommodation for 351 residential and 409 holiday caravans on the 12 licensed sites and it is pleasing to report that most of the site operators are constantly improving facilities and that their co-operation with the inspectorate is of a high order.

120 inspections of caravan sites were made during the year by the Public Health Inspectors.

Occupational Conditions

Factories

The following tables include the prescribed particulars on the administration of the Factories Act, 1961 :—

Factories Act, 1961. Part I — Inspections.

Premises (1)	Number on Register (2)	Number of		
		Inspection (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	103	23	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	613	280	14	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL	716	303	16	—

Cases in which defects were found

Particulars (1)	Number of cases in which defects were found				No. of cases in which prosecu- tions were insti- tuted (6)
	Found (2)	Reme- died (3)	Referred		
			To H.M. Inspctr. (4)	By H.M. Inspctr. (5)	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	1	1	—	—	—
(b) Unsuitable or defective ..	15	24	—	5	—
(c) Not separate for sexes ..	1	1	—	—	—
Other offences against the Act (not including offences relat- ing to Outwork) ..	3	—	3	—	—
TOTALS ..	20	26	3	5	—

Outwork (Sections 133 and 134)

<i>Nature of Work</i>	<i>Section 133</i>			<i>Section 134</i>		
	<i>No. of out-workers in August list required by Section 133 (1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>	<i>No. of instances of work in un-wholesome premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel (making, etc.)	39	—	—	—	—	—
Curtains and furniture hangings	10	—	—	—	—	—
TOTAL ..	49	—	—	—	—	—

Offices, Shops and Railway Premises Act, 1963

The following report was submitted to the Ministry of Labour in accordance with the provisions of section 60 of the above Act.

“ Narrative Report ”

At the end of 1966, 2400 premises were registered compared with 2074 businesses at the end of the previous year. 394 new registrations were received and by far the larger proportion of these were submitted following requests to employers by the inspectors. Most of the deletions from the Register were businesses ceasing to operate at premises named in the Form OSR.1 rather than cases of firms or individuals ceasing to employ labour and thereby moving outside the scope of the Act.

By the end of the year, 73% of premises registered had received a general inspection and it can be confidently hoped that by the end of 1967, with rare exceptions, all registered premises will have received a general inspection and that the ultimate aim of near 100% registration will also be in sight.

During the year, Inspectors detected 1022 contraventions of the Act and these were dealt with by the service of 354 written informal notices and 64 verbal notices. 16 verbal notices were complied with

as well as 433 informal notices. Once again it is pleasing to report that, generally, employers co-operated very well. The service of notice upon the owners of buildings to which Section 42 applies, however, very seldom fails to evoke a reply that the contravention to which attention is drawn is a matter for the occupier. The provisions of the section can also lead to what would appear to be an anomalous position when a shopkeeper has two businesses in close proximity. The provision of washing facilities may be required of the owner of the building in one case, whilst the occupier may be properly held responsible in the other. No doubt the difficult explanations required of the officer in the field will become necessary less often as architects of new leases and agreements, over a period, fully cover the possible points of argument in such documents.

Accidents

70 accidents were reported during the year, none fatal. 50 took place in shops, 5 in offices, 12 in wholesale premises and warehouses and the remaining 3 in catering establishments.

Only 3 accidents happened when machinery was in use whilst 21 occurred as a result of falls, 18 whilst goods were being handled and 9 involved the use of hand tools.

It is difficult to produce useful and positive evidence but one may suspect that the accident provisions of the Act are not as widely known as they should be. Inspectors during their general inspections do what they can to inform employers but it may take time before a study of the accidents notified is as rewarding and useful as it should be.

The following statistics were also submitted :—

Number of businesses registered at 31st December, 1966	2,400
Number of visits made by Inspectors	3,241
Number of Male employees	9,550
Number of Female employees	11,577
Total number of employees	21,127

<i>Class of Premises</i>	<i>Number on Register</i>	<i>Number Employed</i>	<i>Number inspected during 1966</i>
Offices	904	8779	258
Retail Shops	1325	8464	424
Wholesale Shops and Warehouses	53	1588	42
Catering Establishments open to the public and Canteens	117	2137	10
Fuel Storage Depots	1	3	—

Shops Acts

299 visits were made by the Public Health Inspectors to premises to ensure compliance with the provisions of the Shops Acts and Young Persons Employment Act. 60 contraventions were detected and remedied following informal action.

During the year the Council made an Order permitting shops to open from 8.0 a.m. to 7.0 p.m. on each Sunday between 29th May and the 25th September, 1966 for the sale of :—

- (a) any article required for the purpose of bathing or fishing ;
- (b) photographic requisites ;
- (c) toys, souvenirs and fancy goods ;
- (d) books, stationery, photographs, reproductions and post-cards.

A further Order was made by the Council, under Section 40 of the Shops Act, 1950, which suspended the obligation imposed upon shop-keepers to close on the weekly half-holiday for the months of June, July, August and September.

Late in the year and as a result of representations from traders concerned the Council made an Order in accordance with Section 1(4) of the Shops Act, 1950, exempting from the provisions of Section 1 of the act, in so far as the closing of shops on the weekly half holiday is concerned, the following class of shop situated in an area bounded by the sea on the south, and extending from Durley Chine in the west, to Manor Road in the east and bounded by the following roads :— Durley Chine Road, Cambridge Road, along the line of the proposed new by-pass road to Littledown Road, Littledown Road, Central Station (Down) Approach Road, St. Swithun's Road, and Manor Road :—

Mixed Shops

Antiques

Bath and Kitchen Fittings, Fireplaces, Building Materials and Wood

Supplies

Bookseller, Printer

China, Glass and Pottery

Coal and Fuel

Dyer, Cleaner and Launderer

Decorating Materials

Drapery and Haberdashery

Electrical Appliances and Accessories

Fancy Goods and Artificial Flowers

Floor Covering

Furniture and Bedding

Furrier

Gardening Requisites and Seedsman
 Glass Merchant
 Groceries and Provisions
 Hairdressers, Ladies' and Gents'
 Ironmonger, Hardware, Tools, Brush and Basketware
 Jewellery
 Ladies' and Girls' Tailors and Outfitters
 Leather Goods, Bags and Umbrellas
 Librarian
 Mens' and Boys' Tailor and Outfitter
 Motor Cars, Motor Cycles and Cycles
 Optician and Scientific Instruments
 Pawnbroker and Secondhand Dealer
 Pets, Pet Foods and Accessories
 Photographer
 Photographic Supplies, Cameras, etc.
 Pictures and Fine Art
 Prams and Nursery Equipment
 Radio, T.V., Music, Instruments and Records
 Sewing and Knitting Machines
 Shop and Office Supplies, Inc. Registers
 Stationery and Greetings Cards
 Toys, Games and Cycles
 Theatrical Costumiers

INFECTIOUS DISEASES

1105 visits were made in connection with notified cases of infectious disease and to contacts of such cases. Disinfections were carried out by the Public Health Inspectors' assistants as follows :—

	<i>No. of Rooms</i>
(a) After notifiable disease.. ..	16
(b) After non-notifiable disease	17
(c) After Tuberculosis	10

General Sanitary Conditions

Drainage Work

The Department has for some years assisted with the clearance of blocked drains. It is not intended that the inspectors' assistants, who do the work, shall excavate ground or expose pipes, or carry out any work more properly executed by the owner's contractor. When a drain can be cleared with a plunger or by rodding, however, and where access is readily available, an attempt to effect clearance is always made. There is little doubt that the service is appreciated and the system has the additional merit of dealing very quickly with conditions which often give rise to serious public health nuisance. 144 drains were cleared in this way during 1966.

The table sets out the drainage work carried out during the year :

No. of Visits in connection with defective drains	681
No. of Visits in connection with choked drains ..	386
No. of choked drains found and cleared	190
No. of defective drains repaired	36
No. of Visits in connection with cesspools ..	87
No. of cesspools closed	4
No. of Visits in connection with Private Sanitary Surveys	70
No. of Private Sanitary Surveys carried out ..	23
Total of fees received for Private Sanitary Surveys	£97. 2. 6d.
No. of drain swabs for bacteriological examination	70

Refuse Storage Accommodation

210 visits were made to premises in connection with the storage of refuse. 17 new dustbins were provided following informal action by the Department.

Nuisances

761 complaints of nuisance were received and investigated. Just over 500 of these related to housing conditions, whilst the remaining 252 were concerned with other matters including infestations, accumulations of refuse, overgrown trees, noise and atmospheric pollution. 3663 visits were made to premises during the investigation of complaints and it will be seen that this section of the work, as always, engaged the District Inspectors for a substantial part of their time. The following statistics will also indicate the extent to which the clerical staff is involved in the work of nuisance investigation and abatement.

Nuisances arising from Housing Defects

Number of defects found in houses	700
Number of verbal notices given	13
Number of verbal notices complied with	12
Number of written informal notices served	223
Number of written informal notices complied with	155
Number of formal notices served	23
Number of formal notices complied with	14
Total defects remedied	441

Other Nuisances

Number of other nuisances found	112
Number of written informal notices given	73
Number of written informal notices complied with	56
Number of formal notices served	4
Number of formal notices complied with	3

Insect Pests

Most of the complaints of infestation by insects which are received concern cockroaches, fleas and, during the warmer months, wasps. 134 wasps' nests were destroyed in 1966 and for this service a charge of 10/- per nest is made. Treatment to eradicate other insect pests was carried out at 64 premises.

Rodent Control

1999 premises were visited as a result of notification of rat infestation. 1258 premises were found to be subject to minor rat infestation and 62 were mice infested. All premises were treated and the vermin eradicated. This service is carried out free at dwelling-houses but a charge is made at business premises. A total of £214 was derived from this source during 1966.

The increase in the work of survey noted in 1965 was maintained in 1966 and nearly four times the number of premises visited in 1965 were surveyed. As a result, over 400 minor infestations received attention. This work is most useful since every minor pocket of rodent population is a potential major infestation, which could involve expensive investigation and treatment and be a source of substantial damage, food spoilage and public health danger.

Routine preventive measures are carried out at Council establishments and the operatives regularly visit the refuse tips to carry out frequent baiting.

It is sometimes necessary to draw the attention of occupiers or owners of premises to accumulations of rubbish and other conditions likely to encourage infestation by, and subsequent harbourage for, rats. 48 written informal notices were served and 37 of these had been complied with by the end of the year. In one case a statutory notice was served which successfully secured compliance with the Council's requirements.

Sale of Pets and Pet Foods

22 annual licences to conduct Pet Shops were granted in accordance with the requirements of the Pet Animals Act, 1951. 43 routine inspections were made by the Public Health Inspectors to ensure that statutory standards were maintained in pet shops. No contraventions were detected.

87 samples of pet food, mostly raw meat, were submitted to the Public Health Laboratory and, since most of the meat originates from knackers yards, salmonella organisms, some capable of causing human illness, were isolated in 23 cases. Such meat is not sold from premises handling food for human consumption and, of course, is not intended for, or sold as, human food. A danger exists, however, that organisms can be transferred to human food by the customer's careless or ignorant handling of this sometimes infective material in his own home.

It is possible that legislation to secure the sterilisation of knackers' meat will remove this possible source of public health danger.

Public Swimming Baths

Details of these are given below :—

<i>Description of Swimming Bath</i>	<i>Capacity</i>	<i>Source of water used for filling</i>	<i>Method of Treatment</i>	<i>Frequency of changing the water</i>	<i>Bacteriological examinations of water</i>
Pier Approach (Owned by Local Authority)	150,000 gallons	Mains	Continuous filtration and chlorination	Every 2—3 years	Consistently good results
Stokewood Road (Owned by Local Authority)	100,000 gallons	ditto	ditto	Every 3 years	Consistently good results
Linden Hall (Privately owned)	60,000 gallons	ditto	ditto	Yearly	Consistently good results

145 samples of water taken from the baths were submitted to the Public Health Laboratory and were reported upon as satisfactory.

Private Swimming Baths and Paddling Pools

There are at present five swimming baths at schools and eight at hotels, which are visited regularly during periods of use. 187 samples of water from these were taken, 13 of which were not completely satisfactory. In all cases investigation and immediate remedial action at the baths corrected the unsatisfactory conditions.

It is recognised that special care must be given to maintain safe conditions at school swimming baths, where the through-put of children can sometimes be very high. The Chief Education Officer with the co-operation of the Baths General Manager and the Medical Officer of Health has produced detailed regulations governing the use of baths and the environs and for the routine testing of water.

Each school is responsible for testing the water in the bath four times a day during use and recording the results, which are sent to the Health Department weekly. This procedure enables a close check to be made but does not supplant the Department's own sampling programme which continues as a further regular independent safeguard. The Chief Education Officer is informed of the result of the Public Health Laboratory's examination of water samples submitted by the Inspectors. The procedure works very successfully.

12 samples of the water from paddling pools were submitted to the Public Health Laboratory.

Hairdressing Establishments

At the end of the year there were 245 hairdressers registered to conduct their businesses at premises they occupied whilst a further 31 registrations applied to hairdressers who visit their Clients.

The value of registration and the introduction of Byelaws with respect to hairdressers and barbers is now apparent in that only 2 minor contraventions of the Byelaws were detected in the course of the 178 inspections made during the year. These deficiencies were remedied after verbal notice to the hairdressers concerned.

Sale of Poisons

There are 187 traders, mostly ironmongers and grocers registered under the Pharmacy and Poisons Act, 1933, for the retail sale of poisons scheduled in Part II of the Poisons List. Inspectors enforce this legislation during visits to deal principally with the provisions of the Shops Act but 43 visits were made during the year to deal with specific problems relating to the sale of poisons.

Public Conveniences

Although public conveniences can hardly be publicised as one of the attractions of a seaside resort, the Council has always been aware of the need for a sufficiency of clean, well equipped and well managed conveniences as part of the town's essential amenities, these being particularly important to visitors and to the more elderly section of the resident population.

There are now 153 conveniences under the control of the Health Department, involving the employment of two plumbers, a driver and, at the height of the season, 66 attendants and cleaners, all supervised by the Public Conveniences Superintendent.

New conveniences for both ladies and gentlemen were opened at Richmond Gardens at the commencement of the year and soon afterwards the old conveniences nearby at Bodorgan Road were closed to be demolished for eventual road re-development. The Council also purchased two mobile conveniences, one for the use of each sex, and it is expected that these vehicles will be very useful to supplement the present accommodation as and when necessary. Alterations to the ladies' and gents' conveniences at the Pier were

carried out. The numbers of closets and other facilities available through the entrances outside the Pier were increased substantially with a similar reduction in the accommodation available when entering the conveniences from the Pier. Further alterations made it possible to seal off the major portions of both gents' and ladies' accommodation, whilst permitting all-night access to five water-closets for ladies and three water-closets and two urinal bowls for men.

This year saw the introduction of three electrically operated hand-driers, installed as an experiment, at the gents' conveniences at Southbourne Crossroads, Cemetery Junction and Avenue Road. The results were encouraging and the Health Committee gave the necessary approval to extend the use of this type of appliance.

The receipts from public conveniences under Health Department control during 1966 were as follows :—

<i>Source</i>	<i>Amount</i>		
	£	s.	d.
Coin locks	14,468	2	0
Wash and brush up rooms	242	2	0
"Brylcreem" dispensers	4	8	10
Perfume and hand lotion dispensers	14	1	3

(The last two amounts are a percentage of the total receipts, the balance being paid to the firms operating the machines).

Legal Proceedings

The following legal proceedings were taken in 1966.

<i>Proceedings taken under</i>	<i>For</i>	<i>Result</i>
Section 16, Housing Act, 1961	Failing to provide a means of escape in case of fire at a house in multiple occupation.	Fine of £25. Costs £10. 10. 0d.
Food Hygiene (General) Regulations, 1960	Dirty condition of hotel kitchen and equipment.	Fine of £159. 8. 0d. Costs £31. 10. 0d.
Public Health Act, 1936	Failing to comply with an Abatement Notice	Nuisance Order granted. Owner given a conditional discharge.
Section 236, Public Health Act, 1936	Keeping a Common Lodging House without being registered	Fine of £3. 0. 0d.

Contents of Medical Officer of Health's Report

	<i>Page</i>
Aged, Care of ...	38
Ambulance Service ...	6, 48
Antenatal Clinics ...	27
Atmospheric Pollution ...	80
Birth Rate ...	12
Births ...	13, 27
Care of Mothers and Young Children ...	25
Cervical Cytology ...	18, 54
Chiropody Service ...	38
Clean Air Act, 1956 ...	80
Committee ...	9
Crematorium ...	62
Daily Minders ...	28
Day Nursery ...	30
Death, Causes of ...	16
Death Rates ...	12
Dental Treatment, Mothers and Young Children ...	31
Disinfection ...	89
Disinfestation ...	89
Domestic Help Service ...	5, 47
Domiciliary Midwifery ...	5, 33
Drainage ...	88
Environmental Hygiene ...	72
Factories Act ...	83
Family Case Committee ...	39
Family Planning ...	29
Fathercraft Classes ...	38
Food Supply, Control of ...	74
General Statistics ...	12
Hairdressing Establishments ...	92
Health Education ...	39
Health Visiting ...	5, 35, 43
Home Nursing ...	5, 44
Houses in Multiple Occupation ...	81
Housing ...	80
Ice Cream ...	76
Illegitimate Births ...	13
Immunisation ...	6, 51
Infant Welfare Centres ...	25, 26, 37
Infant Mortality ...	13
Infectious Disease ...	4, 20, 28
Mass Radiography ...	23
Maternal Mortality ...	14

[illegible]

Contents

Alcoholic Drinkings	1
Alcoholic Liquors	2
Alcoholic Beverages	3
Alcoholic Tonic	4
Alcoholic Stimulant	5
Alcoholic Antacid	6
Alcoholic Diuretic	7
Alcoholic Laxative	8
Alcoholic Sedative	9
Alcoholic Anesthetic	10
Alcoholic Narcotic	11
Alcoholic Poison	12
Alcoholic Disease	13
Alcoholic Habit	14
Alcoholic Addiction	15
Alcoholic Withdrawal	16
Alcoholic Delirium	17
Alcoholic Coma	18
Alcoholic Death	19
Alcoholic Burial	20
Alcoholic Cremation	21
Alcoholic Reburial	22
Alcoholic Resurrection	23
Alcoholic Ascension	24
Alcoholic Descent	25
Alcoholic Transfiguration	26
Alcoholic Glorification	27
Alcoholic Sanctification	28
Alcoholic Redemption	29
Alcoholic Forgiveness	30
Alcoholic Cleansing	31
Alcoholic Purification	32
Alcoholic Refreshment	33
Alcoholic Revivification	34
Alcoholic Resuscitation	35
Alcoholic Resurrection	36
Alcoholic Ascension	37
Alcoholic Descent	38
Alcoholic Transfiguration	39
Alcoholic Glorification	40
Alcoholic Sanctification	41
Alcoholic Redemption	42
Alcoholic Forgiveness	43
Alcoholic Cleansing	44
Alcoholic Purification	45
Alcoholic Refreshment	46
Alcoholic Revivification	47
Alcoholic Resuscitation	48
Alcoholic Resurrection	49
Alcoholic Ascension	50
Alcoholic Descent	51
Alcoholic Transfiguration	52
Alcoholic Glorification	53
Alcoholic Sanctification	54
Alcoholic Redemption	55
Alcoholic Forgiveness	56
Alcoholic Cleansing	57
Alcoholic Purification	58
Alcoholic Refreshment	59
Alcoholic Revivification	60
Alcoholic Resuscitation	61
Alcoholic Resurrection	62
Alcoholic Ascension	63
Alcoholic Descent	64
Alcoholic Transfiguration	65
Alcoholic Glorification	66
Alcoholic Sanctification	67
Alcoholic Redemption	68
Alcoholic Forgiveness	69
Alcoholic Cleansing	70
Alcoholic Purification	71
Alcoholic Refreshment	72
Alcoholic Revivification	73
Alcoholic Resuscitation	74
Alcoholic Resurrection	75
Alcoholic Ascension	76
Alcoholic Descent	77
Alcoholic Transfiguration	78
Alcoholic Glorification	79
Alcoholic Sanctification	80
Alcoholic Redemption	81
Alcoholic Forgiveness	82
Alcoholic Cleansing	83
Alcoholic Purification	84
Alcoholic Refreshment	85
Alcoholic Revivification	86
Alcoholic Resuscitation	87
Alcoholic Resurrection	88
Alcoholic Ascension	89
Alcoholic Descent	90
Alcoholic Transfiguration	91
Alcoholic Glorification	92
Alcoholic Sanctification	93
Alcoholic Redemption	94
Alcoholic Forgiveness	95
Alcoholic Cleansing	96
Alcoholic Purification	97
Alcoholic Refreshment	98
Alcoholic Revivification	99
Alcoholic Resuscitation	100



COUNTY BOROUGH OF BOURNEMOUTH

EDUCATION COMMITTEE

Annual Report

of the

Principal
School Medical Officer

Year 1966

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my thirteenth Annual Report as Principal School Medical Officer to the Education Committee, the fifty-ninth in a series dealing with the health of the children attending your schools.

There has been little serious illness, and the general physical condition of the children has remained on the high level noted in recent Reports. The dental condition of the average school child in Bournemouth is, however, nothing like so satisfactory and the information given in the Principal School Dental Officer's Report shows how much needs to be done to bring the level of dental fitness up to the national average, depressingly low though that may be. Fortunately, a complete dental staff during 1966 enabled a thorough appreciation of the situation to be made, and the Dental Health Campaign, which led to the staging of a comprehensive Dental Health Exhibition in early 1967, with the whole-hearted co-operation of doctors, dentists, pharmacists and teachers will be energetically followed up.

The fact that such a high proportion of school children are in robust health may tend to distract attention from the small group of handicapped children who encounter great difficulties both during their school life and afterwards. Many of these cases are complicated by the fact that physical deformity is often associated with mental or emotional disturbance, and all these factors have to be taken into account in deciding the most suitable placement for a handicapped child.

The staffing position improved considerably in certain important fields, particularly in school dentistry and in speech therapy and for the first time in many years there was a full establishment in each of these departments. This complete staff coverage undoubtedly had a bearing on the increased number of defects ascertained, as recorded in the Principal School Dental Officer's Report, and in the more numerous cases of speech defect added to the Handicapped Children's Register, but while early diagnosis and prompt treatment are our immediate concern, this must proceed to full scale preventive measures where possible.

The position as regards School Nurses was not nearly so satisfactory and it has proved very difficult even to maintain the numbers of these very experienced and adaptable nurses. Their help with the routine medical inspections, the screening tests for visual and auditory acuity, cleanliness inspections, foot inspections, follow-up visits to children who have been in hospital and mothercraft talks in schools, is of great value.

Although there was comparatively little notifiable infectious disease among school children, outbreaks of mild non-notifiable disease led on occasion to disruption of class work for varying periods. It should be noted, too, that uncleanness, usually minor infestations by head lice, continues to affect certain schools, and that following a long quiescent period since the end of the Second World War scabies is once again appearing, not only in Bournemouth, but in the country as a whole.

The increase in cases of maladjustment attending the Child and Family Guidance Centre is referred to by Dr. Stirrat in her Report, and while this may again be partly due to better ascertainment, the amount of mental ill health in the adult population and the increasing number of broken homes suggest that part of this increase at least is genuine. This is a serious problem, for the difficulties of treatment are immense, whether on the medical, educational or social level.

The Health Education Officer, who was appointed at the end of 1965, has visited all schools and a good start has been made in introducing health education on a variety of topics. It seems a sad commentary on our generation that while parents are more highly educated, and presumably better read and better informed by the press, radio and television than at any time in our history, it is so often left to the local authority to inform their children on the basic facts of life and a code of decent behaviour.

My thanks are due to all members of the School Health Service Staff and to the Headteachers of your schools for their willing co-operation at all times.

I am,

Yours faithfully,

WILLIAM FIELDING.

SCHOOL HEALTH SERVICE STAFF

(As at 31st December, 1966).

Principal School Medical Officer :

WILLIAM FIELDING, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer :

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

School Medical Officers :

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

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

ANNETTE S. RAIKES, L.R.C.P., M.R.C.S.

Principal School Dental Officer :

MRS. M. B. REDFERN, L.D.S.

School Dental Officers :

F. E. LOCKWOOD, B.D.S.

R. B. MOUATT, B.D.S.

MRS. C. PUGH, L.D.S., R.C.S.

Dental Surgery Assistants :

MISS H. ALLEN, MISS D. M. COX, MISS F. R. HICKMOTT,

MRS. B. M. READ

Consultant Children's Psychiatrist (Part-time) :

*JEANNIE STIRRAT, M.B., Ch.B., D.P.M.

Psycho-Therapist (Part-time) :

B. M. PECHEY, M.A.

Educational Psychologists :

B. WORTHINGTON FOXLEY, B.Sc., Dip.Psych., A.B.P.S.S.

MISS M. HERGETT, D.Phil., A.A.P.S.W.

Psychiatric Social Workers :

H. S. LOVEJOY

MISS B. HARRISON

Ophthalmic Surgeons (Part-time) :

*G. G. K. HOLDING-PARSONS, M.A., M.B., B.Ch., D.O., M.R.C.S., L.R.C.P.

*RALPH F. JONES, M.B., B.S., F.R.C.S., D.O.

Orthoptist (Part-time) :

*MISS A. P. FIELD, D.B.O.

Orthopaedic Surgeons (Part-time) :

*Services provided by Surgeons from the Royal Victoria Hospital,
Boscombe.

Physiotherapist-in-charge :

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

Assistant Physiotherapists :

*MRS. E. SIMPSON, M.C.S.P. *MRS. H. HUGHES, M.C.S.P.

Senior Speech Therapist :

MISS M. THOMAS

Speech Therapists :

MISS P. SHEA

MRS. C. J. WILSON

Superintendent Health Visitor and School Nurse :

MISS L. E. ROBERTS

Deputy Superintendent Health Visitor and School Nurse :

MISS M. J. BUTCHER

Health Visitors and School Nurses :

MRS. M. A. G. BALLAM

MISS J. MULLIGAN

MISS K. H. BEAUMONT

MISS M. PEAKMAN

MISS D. E. BLUNDSTONE

MISS R. C. RICHTER

MRS. E. R. BOND

MISS M. R. Y. SMITH

MISS F. DARLINGTON

MISS C. M. SORTON

MISS M. E. DAVIES

MISS G. N. SUCKAMORE

MISS A. C. DUFFY

MISS S. K. TURUNEN

MRS. B. GEACH

MISS J. VENN

MISS A. JOHNSON

MISS E. M. P. WARD

MRS. L. M. McKEOWN

MRS. J. WILKINSON

Clerk in charge of School Health Service Section :

F. J. GOODE

Clerks :

MISS S. BOXALL, J. W. PEAKE

*Employed by the Wessex Regional Hospital Board.

SCHOOLS AND SCHOLARS

Number of Primary Schools	...	...	...	...	32
Number of Secondary Modern Schools	...	...	...	...	11
Number of Secondary Grammar Schools	...	...	...	...	2
Number of Special Schools	...	...	...	...	2
Average attendance	...	...	...	...	15,379
Average number on School Registers	...	...	...	...	16,696

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	Children Aged 5 1,119		Children Aged 10 299		Children Aged 14 1,070		Other Periodic Inspections 1,281	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin	40	29	15	1	46	6	52	15
Eyes :—								
(a) Vision	22	—	48	—	248	1	199	2
(b) Squint	42	—	5	—	5	—	23	—
(c) Other	9	—	2	14	3	5	10	13
Ears :—								
(a) Hearing	2	6	3	—	10	—	8	6
(b) Otitis Media ..	5	—	—	—	—	—	3	—
(c) Other	—	1	—	2	2	—	1	4
Nose or Throat	27	235	17	6	11	11	11	124
Speech	21	13	2	1	5	—	10	15
Glands	—	72	—	1	—	1	—	32
Heart	4	30	1	2	2	9	5	19
Lungs	8	19	4	1	2	3	5	7
Developmental :—								
(a) Hernia	—	—	—	—	—	—	—	—
(b) Other	13	22	14	15	41	5	14	40
Orthopaedic :—								
(a) Posture	10	21	4	1	17	12	20	13
(b) Feet	33	8	13	2	20	2	25	11
(c) Other	13	19	2	—	9	—	17	6
Nervous System :—								
(a) Epilepsy	1	—	—	—	—	—	1	—
(b) Other	—	—	—	—	—	—	1	—
Psychological :—								
(a) Development ..	10	45	7	10	2	1	11	20
(b) Stability	1	4	—	—	1	1	1	6
Abdomen	—	—	—	—	—	—	—	1
Other	2	—	—	—	—	—	1	—
	263	524	137	56	424	57	418	334

THE MEDICAL INSPECTION OF SCHOOL CHILDREN

The School Health Service Regulations, 1959, prescribe the arrangements to be made by a local Education Authority for the medical inspection of children attending schools maintained by the Authority, but no longer specify the occasions on which medical and dental inspections must be carried out. It is therefore the responsibility of the local Education Authority to decide in the light of the circumstances, what inspections are required, and parents are given every opportunity to attend with their children when such inspections are carried out.

In spite of all that has been said and written about the need or otherwise of school medical inspections, particularly since the National Health Service Act gave free medical advice and care to all citizens of this country irrespective of age, school entrants still show a not inconsiderable number of defects. On a national basis some 14% of children are found to have defects when they enter school and the 1966 figures for Bournemouth showed that 263 out of 1,119 children examined at the age of five required treatment (23%), and an even larger number required further observation.

For some years past the "intermediate" medical inspection, which normally takes place at about the age of 10 years has, with the approval of the Ministry of Education, been abandoned in favour of a selective medical examination where, following discussions with class teachers and the completion of a questionnaire by the parents of each child in this age group, certain children only are selected for examination. These include children with records of prolonged school absence, children whose school progress has been unsatisfactory or children with known or suspected handicaps. The smaller number of children to be examined gives the school doctor a better opportunity for thoroughly investigating the physical, mental and emotional causes of unsatisfactory school progress.

The routine medical examination of the school leaver, coming close to the end of school life and the beginning of working life or a period of further education, has great importance for it offers the last opportunity to give advice on future activities, both at

work and play. In the case of handicapped children particularly, there is a free interchange of information and recommendations between the School Medical Officer, the Youth Employment Officer and the Ministry of Labour. The routine medical inspections by no means represent the total supervision over school children, for over the years a number of screening tests for vision and hearing have been introduced which have proved very valuable.

The programme is therefore :—

<i>Age</i>	
5 years	General medical examination plus distant vision test.
7 years	Test of distant vision, near vision and Audiometry.
9—10 years	Continue Selective Examinations—plus colour, distant and near vision testing and Audiometry.
12—13 years	Distant and near vision tests and Audiometry if indicated.
15 years	School leavers general medical examination including urine testing, Audiometry and near and distant vision tests.

FINDINGS ON MEDICAL INSPECTION

(a) *Uncleanliness*

93 cases of personal uncleanliness (which includes evidence of lice infestation) were discovered in 1966 compared with 134 cases in 1965. Although the majority of schools contained an occasional case, a handful of schools in the Borough provide the continuing hard core of uncleanliness, in most cases the result of a family infestation and reinfestation.

(b) *General Condition*

Only 12 children seen in 3,769 routine medical examinations fell below the average standards of physique and build for their ages.

(c) *Minor Ailments*

The number of cases treated at Minor Ailment Clinics increased from 151 to 194, but most of the conditions were of a trivial nature.

(d) *Defective Vision*

13.7% of all children examined were found to be suffering from defective vision, and were referred for further investigation to either the Special Eye Clinics or to the oculist of their parents' choice. Co-operation was extremely good, and of the 348 children who attended the Eye Clinics for the first time in 1966, 157 were recommended to wear spectacles. In all, 1959 children attended the Eye Clinics, staffed by Consultant Ophthalmic Surgeons from the Poole Road Hospital, and of this number 577 were prescribed spectacles.

60 new cases of squint attended the Orthoptic Clinic at 'Avebury' and 22 cases had a corrective operation.

(e) *Defects of the Nose and Throat*

274 children received operative treatment for enlarged tonsils and adenoids, compared with 282 in 1965. The hospital waiting list tends to be rather long, but really urgent cases are given precedence.

(f) *Defective Hearing*

During the last few years an excellent Hearing Assessment Clinic has been introduced by the Poole Authority in association with the Partially Hearing Unit at Sylvan Road School. As the Assessment Clinic is staffed by Ear, Nose and Throat Consultants, Teachers of the Deaf and an Educational Psychologist, it offers a really complete assessment of hearing problems and is able to offer a sound opinion as to treatment required and special educational needs. During the year 22 Bournemouth children attended the Clinic for assessment, and one child was supplied by the Education Committee with a special hearing aid. At the end of the year 6 boys and 4 girls attended the Partially Hearing Unit.

(g) *Treatment of Children in Hospital*

The following information was given in hospital discharge reports received during the year :—

Group of Diseases						No. of Children
1. Infections or Parasitic Diseases	..	..	..	..	..	11
2. Neoplasms (a) Benign	..	..	..	..	..	—
(b) Malignant	..	..	..	..	..	—
3. Allergic, Endocrine, Metabolic and Nutritional	..	..	..	..	..	—
4. Diseases of blood and blood forming organs	..	..	..	..	..	—
5. Mental, Psychoneurotic	..	..	..	..	..	—
6. Diseases of Nervous System and Special Senses	..	..	..	..	..	59*
7. Diseases of Circulatory System and Lymphatics	..	..	..	..	..	1
8. Diseases of Respiratory System	..	..	..	..	..	278†
9. Diseases of Digestive System	..	..	..	..	..	61
10. Genito-Urinary System	..	..	..	..	..	32
11. Skin and Cellular Tissues	..	..	..	..	..	9
12. Bones, etc.	..	..	..	..	..	140
13. Accidents, Poisoning and Violence	..	..	..	..	..	97
*Includes 22 operations for "squint".						
†Includes 274 cases for tonsillectomy.						

There is extremely good co-operation between the Consultant Paediatrician and the School Health Service, and in the case of any child hospitalized for a lengthy period, special educational arrangements have been made through the Chief Education Officer.

MINOR AILMENTS CLINICS

As recorded on previous occasions, these Clinics are now used only to a limited extent.

During the year a total of 1,547 attendances were made at Minor Ailments Clinics.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Minor Ailments Clinics					
Charminster : East Way ..	MORNING	—	—	—	—
West Howe : Cunningham Crescent ..	MORNING	—	—	MORNING	—
Dental Clinics					
Central : 10 Madeira Road ..	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON
East Howe : Hadow Road ..	Do.	Do.	Do.	Do.	Do.
Pokesdown : 896 Christchurch Road ..	Do.	Do.	Do.	Do.	Do.
Charminster : East Way ..	Do.	Do.	Do.	Do.	Do.
Eye Clinics					
Central : 10 Madeira Road ..	AFTERNOON	—	—	—	MORNING
Charminster : East Way ..	—	—	—	MORNING	—
West Howe : Cunningham Crescent ..	—	—	MORNING	—	—
Child Guidance Centre					
844 Wimborne Road ..	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON
Speech Therapy Clinics					
Charminster : 468 Charminster Road ..	MORNING AND AFTERNOON	—	—	—	—
Pokesdown : 896 Christchurch Road ..	Do.	—	—	MORNING	—
Avebury : 10 Madeira Road ..	Do.	—	—	—	—
East Way Clinic : East Way ..	—	—	MORNING	—	—
East Howe : Hadow Road ..	—	—	MORNING AND AFTERNOON	—	AFTERNOON
Pelhams : Millhams Road, Kinson ..	—	AFTERNOON	—	—	—
West Howe : Cunningham Crescent ..	—	—	—	MORNING AND AFTERNOON	—
Winton & Moordown : 844 Wimborne Rd.	—	MORNING AND AFTERNOON	—	—	—

Children's Orthopaedic Clinic, 70 Stewart Road .. Surgeon's sessions — Friday Mornings. Physiotherapy — daily by appointment.

ORTHOPAEDICS

As recorded in previous years, an Orthopaedic Surgeon of the Bournemouth and East Dorset Hospital Management Committee attends the Stewart Road Clinic once weekly for consultations and full-time physiotherapy is provided throughout the week, giving all necessary treatment.

As this is a hospital clinic, though conducted on local authority premises, the children attending the clinic do not all attend the local authority's schools, though a very high proportion do so.

This is a most useful clinic, as children are seen with the minimum of delay and physiotherapy, if required, can be started immediately.

During the year 506 children attending the local authority's schools were seen by the Consultant Surgeons as follows :—

Number of scholars seen by the surgeons ...	...	...	...	506
Number of new cases ...	...	...	...	158
Total number of attendances ...	...	...	...	786
Number of cases discharged ...	...	...	...	132

Defects found :

Genu Valgum/Genu Varum and other knee defects ...	...	114
Spastic conditions ...	...	...
Spinal Curvature and Poor Posture ...	...	22
Torticollis... ..	...	...
Deformities of the foot ...	...	283
Other conditions... ..	...	71

Physiotherapy attendances totalled 8,972.

SPEECH THERAPY

It is a pleasure to record that by the end of 1966 a full complement of Speech Therapists was available in Bournemouth, three full-time therapists giving twenty-five sessions to the children in the local authority's schools and five sessions to patients at the Royal Victoria Hospital, Poole General Hospital and St Leonard's Hospital.

Regular sessions for school children have been held in eight clinics and five schools, and 367 children were treated during the year. At the end of the year 264 children still remained under treatment, and 103 children were discharged from treatment during 1966.

There has been excellent co-operation with Headteachers and parents and it is hoped that a further expansion of the service will take place, for speech defects represent one of the commonest handicaps among school children. As it is frequently associated with retarded intellectual development, a special effort has been made to teach those children attending the Alma Road Day Special School and the Turner Training Centre.

B.C.G. VACCINATION

During the first nine months of 1966, the programme of B.C.G. vaccination against tuberculosis continued as in previous years, being offered to 13 year olds, and out of a total of 1,179 children born in 1953 who were Heaf tested, 974 were found to be lacking protection against the disease and were therefore vaccinated.

The recommendations of the Ministry of Health give a certain latitude on the ages of children to be offered B.C.G. vaccinations and in September 1966, following consultations with the Senior Chest Physician, it was decided that in future vaccination should be offered to children reaching the age of 10 years, and that a major programme should be instituted to vaccinate all children born in 1954, 1955, 1956 and 1957 as quickly as possible. By the end of the year a further 1,079 children had been Heaf tested and 887 had been vaccinated, and this programme will continue into 1967.

CHILD AND FAMILY GUIDANCE CENTRE

Report by Dr. Jeannie Stirrat, M.B., Ch.B., D.P.M. Consultant Childrens' Psychiatrist.

For the third year in succession there has been an increase in the number of children referred and this year there is a further rise of 18 over the 1965 figures. With regard to the sources of referral it is of note that there have been more children referred

from Headteachers, Medical Consultants and the Children's Officer. The reasons for referral follow very much the same pattern as formerly with behaviour difficulties predominating.

Numbers alone however, give little indication of the deep seated and complex emotional problems which are presented in so many of the children and their families. The solution of these problems is our constant challenge and in meeting this we are reminded all the time of the advantage of the team approach. Not only is there a closely knit clinic team of Psychiatrist, Psychotherapist, Educational Psychologists and Psychiatric Social Workers but also now during the year there has been the expansion of the mutually rewarding contact with other agencies, in particular the Children's Department. My session with the Consultant Paediatrician at Christchurch Hospital is proving of considerable value in the treatment of children suffering from psychosomatic disorders and in addition is facilitating the admission of certain emotionally disturbed children for whom a period away from their stressful family situation can be of the greatest benefit both to the child and to his family.

Members of the clinic team continue to visit Westbourne School to discuss individual problems with the Headmaster and to undertake assessment and psychotherapy in selected cases. In anticipation of the opening of the new Bicknell School next September, discussions and forward planning have taken place between members of the team, the Education Department and the newly appointed Headmaster. We look forward to working with the staff of the new school and co-operating with them to make this new venture in Bournemouth a success.

Training of social workers from the Applied Social Studies Course at Southampton University has continued and the teaching function of our Centre has now become an integral part of the professional life and work of the team members.

All the professional staff continue to be hard pressed and this is particularly so on the social work side. Unfortunately it has not yet been possible to fill the vacancy for the additional full-time Psychiatric Social Worker. Previously Bournemouth children placed at Remand Homes outside Bournemouth were seen by Psychiatrists visiting these Remand Homes. This situation has changed and the children are now referred for Psychiatric Reports

to our Centre. This new arrangement places an additional responsibility on members of the team and also makes a further demand on their time.

With our concern for preventive mental health in all its aspects we have welcomed the co-operation of the Health Education Officer of the Health Department and have co-operated with him in schemes for in-service training.

Members of the professional staff have given talks and lectures to a wide variety of groups and I have spoken at the Annual Conference of Workers with Maladjusted Children at the Annual Conference of Probation Officers and to W.R.A.F. recruits. In all these outside activities considerable interest has been shown in the work going on in Bournemouth.

CHILD AND FAMILY GUIDANCE CENTRE

Annual Report

31st December, 1966

Year 1966

New Cases referred..	..	..	..	..	..	..	..	257
New Cases dealt with	..	..	..	..	..	..	..	201
Uneventuated	..	..	..	..	..	..	..	39
Cases Closed..	..	..	..	..	..	..	..	156
Cases Re-opened	..	..	..	..	..	..	..	45
Open Cases 31.12.66	..	..	..	..	..	..	..	362
Awaiting Preliminary Investigation	..	..	..	..	..	..	..	27
Awaiting Psychiatric Investigation	..	..	..	..	..	..	..	5
Total number of children seen (includes 20 pre-school age)	..	..	..	..	..	..	..	343

Source of Referrals

School Medical Officer	..	..	..	..	..	..	..	34
General Practitioners	..	..	..	..	..	..	..	52
Head Teachers	..	..	..	..	..	..	..	25
Parents	..	..	..	..	..	..	..	29
Consultants	..	..	..	..	..	..	..	53
Children's Officer	..	..	..	..	..	..	..	23
Probation Officer	..	..	..	..	..	..	..	9
School Psychological Service	..	..	..	..	..	..	..	9
Juvenile Court	..	..	..	..	..	..	..	8
Miscellaneous	..	..	..	..	..	..	..	15

257

Age Groups of Referrals

Pre-school	..	..	..	..	..	..	..	..
Primary	..	..	..	..	..	..	..	..
Secondary	..	..	..	..	..	..	..	..
Grammar	..	..	..	..	..	..	..	..

257

Reasons for Referrals

Behaviour difficulties	..	..	..	..	..	..	164
Psychosomatic symptoms	..	..	..	..	..	..	56
Educational Problems	..	..	..	..	..	..	19
Nervous symptoms	..	..	..	..	..	..	13
Speech problems	..	..	..	..	..	..	5

257

Closures

Improved by treatment	..	..	..	..	..	..	78
Parents unable to co-operate	..	..	..	..	..	..	14
Not responsive to treatment	..	..	..	..	..	..	2
Advice only	..	..	..	..	..	..	22
Left School	..	..	..	..	..	..	8
Transferred to other agencies	..	..	..	..	..	..	30
Removed from area	..	..	..	..	..	..	2

156

IMMUNISATION AGAINST INFECTIOUS DISEASES

Arrangements have continued for the protection of school children against diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and tuberculosis, in accordance with schedule P (Modified) of the Ministry of Health.

It has been found necessary to revise completely the arrangements and therefore the number of school children immunised and vaccinated has been considerably reduced. It is hoped that the new arrangements will considerably raise the percentage of school children having complete vaccination and immunisation coverage.

During the year protection was given as below :—

	<i>Primary</i>	<i>Booster</i>
Diphtheria	—	1
Diphtheria/Tetanus	1	70
Diphtheria/Whooping Cough and Tetanus ..	2	39
Quadrilin (Diphtheria/Whooping Cough/Polio- myelitis/Tetanus)	2	8

Protection against poliomyelitis was given to 50 (Primary doses) and 87 (Booster doses) school children, while 1861 children received B.C.G. protection against tuberculosis in addition to 65 others dealt with as “contacts”.

NOTIFICATION OF INFECTIOUS DISEASES

The following relate to school children :—

Measles	198
Whooping Cough	6
Scarlet Fever	17
Dysentery	6
Food Poisoning	1
Scabies	7

235

There were no notifications of tuberculosis.

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 parents and can satisfy herself that treatment has been sought from the general practitioner and his advice carried out.

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

	No.
Eye Defects	84
Ear, Nose and Throat conditions	53
Skin complaints	30
Uncleanliness	82
Miscellaneous	286
	535

Exclusion from School

Scholars were excluded from school during 1966 for the following reasons :—

Behaviour problems	3
Eye conditions (Post-op.) ...	4
Uncleanliness	7
	14

Open Air Education

One boy and one girl were recommended for admission to a residential open air school during 1966.

SCHOOL MEALS SERVICE

37 Centres are in use for the provision of meals and the number of children attending on an average day in September was 10,701 out of 15,592 children attending school that day. 714 of these meals were provided free. On the same day, 10,681 children received milk in school (one-third pint each).

STAFF EXAMINATIONS

67 school teachers were examined by the medical staff, as a condition of appointment, also 152 applicants for entry to Train-

ing Colleges. In addition, 39 students were examined on completion of their course at the Bournemouth Municipal College of Art.

EMPLOYMENT OF SCHOOL CHILDREN

A total of 598 children aged 13 or more who wished to be employed outside school hours were medically examined by the School Medical Officers. Three were found to be unfit. The occupations proposed were :—

Errand boys	...	...	...	15
News boys	...	...	...	404
News girls	...	...	...	140
Shop assistants	...	...	...	22
Other	...	...	...	14

3 other children were granted medical certificates as being fit to take part in public entertainment.

HANDICAPPED CHILDREN

Local Education Authorities have the duty to ascertain and make special provision for the care and teaching of handicapped children, and the names in the Register maintained under the Handicapped Pupils Regulations rose from 475 in 1965 to 642 in 1966. This increase is largely due to the fact that the complement of specialist staff rose during the year resulting in more complete and efficient ascertainment, and to the extended use of outside organisations, such as the excellent Poole Hearing Assessment Clinic.

Comparable figures are :—

	1966	1965
Defective speech	264	159
Educationally subnormal	213	193
Maladjusted	81	46
Partially Hearing	37	23
Physically Handicapped	25	28
Delicate...	10	15
Deaf	5	4
Partially Sighted	4	3
Blind	2	3
Epileptic	1	1
	642	475

The policy advocated by the Ministry of Education is that no handicapped pupil should be sent to a special school who can be satisfactorily educated in an ordinary school; and that when a special school is necessary a day school is preferable if it offers a satisfactory and practical solution. Since only very large authorities can make adequate provision for their own children, a recommendation for residential placement involves the application for a vacancy in a neighbouring authority's school, often involving a long waiting period and sometimes requiring the child to travel a considerable distance from home. These problems have become particularly acute in the case of blind, deaf and maladjusted children, either because the numbers involved only justify the provision of a comparatively small number of specialist schools scattered over the country, or because, as in the case of maladjusted children, the numbers now being ascertained appear to have outstripped the supply of residential places. Whatever the reason the position is as unsatisfactory as it is unfortunate, for it often leads to unhappiness both in the child and in the parents, the one feeling that he is being punished for something that is not his fault, and the other failing to give the co-operation that is so essential to the handicapped child reaching his full potential.

At the end of 1966, 211 Bournemouth children were attending Special Schools, and 17 were awaiting placement.

HANDICAPPED PUPILS

Category	Ascertainment		Special Schools*			
	New Cases Ascertained During 1966	Number on Register, 31.12.66	Number Recommended During the Year for Admission	Number Admitted During the Year	Number Attending 19.1.67	Number Awaiting Placement 19.1.67
Blind	—	2	—	—	1	1
Partially Sighted	—	4	1	1	4	—
Deaf	1	5	1	1	3	1
Partially Hearing	19	37	1	—	—	1
Delicate	2	10	2	2	9	—
Physically Handicapped	4	25	3	1	4	2
Educationally Sub-normal	36	213	26	27	125	7
Maladjusted	36	81	20	15	64	5
Epileptic	—	1	—	—	1	—
Speech Defective	163	264	—	—	—	—
Totals	261	642	54	47	211	17

* Includes boarding houses or hostels and independent schools : excludes Hospital Schools.

Number of Handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1944.. 36

SCHOOL DENTAL SERVICE

The appointment of a full-time Health Education Officer at the end of 1965, together with a full complement of dental officers, provided an unrivalled opportunity to inaugurate a dental health campaign among school children in the Borough. That this was very necessary is clear from the disturbing evidence contained in the Principal School Dental Officer's report, which shows that on the evidence of the routine dental inspections, Bournemouth school children have worse than average teeth. Accordingly a pilot scheme was introduced during 1966 into a few schools and a local steering committee set up representing the medical, dental, pharmaceutical and education professions, which resulted in a most successful public Dental Health Exhibition in April 1967 and which will be energetically followed-up in all schools in the Borough for at least several years.

The wholehearted co-operation of headteachers gives reason to hope that in the not too distant future the unfortunate trend noted above will be reversed.

Report by Mrs. M. B. REDFERN, L.D.S., Principal School Dental Officer

During 1966, for the first time for several years, the School Dental Service was fully staffed, with four full-time dental officers. Whilst there has not been a dramatic increase in the number of permanent teeth filled, the number of fillings in temporary teeth has increased by 55% which shows a welcome trend. There has been a further drop in the number of anaesthetics given and in the number of permanent teeth extracted, 85% of which were planned extractions to relieve over-crowding. Anaesthetics are given now at only two clinics as the demand for emergency anaesthetics is small, and the rationalising of anaesthesia has worked well in practice.

New items of equipment were supplied to all the clinics following the suggestions of the Ministry of Health and we now have four modern well-equipped surgeries which do credit to the Health Department.

All schools had a Dental Inspection during the year and it was possible to recall regular patients for a further inspection. In some schools it was possible to start a scheme of inspecting five-year old entrants in their first term. Mothers were invited to attend and were shown a film and given a talk beforehand. This was an undoubted success and the response from mothers was surprisingly good. All five-year olds inspected during the year were carefully charted for decayed, missing and filled teeth and will be checked for the next two years to give us some idea of the caries rate amongst infant schools.

The caries rate amongst Bournemouth school children remains high. Only 0·8 per cent of our secondary school children are caries free in comparison with the national average of 4 per cent. The standard of dental care, however, appears to be good on the whole, and the number of badly neglected mouths continues to decline. There are, nevertheless, still far too many children who avoid regular dental treatment (to their own cost) either by failing to take home forms for notification of treatment required, or not keeping appointments. Close co-operation between Dental Officers and Head Teachers could reduce this gap in our service but constant renotification can be time consuming and expensive.

During the year close liaison was established between the School Dental Service and the General Dental Practitioners in the town to improve the service given to the whole community. A new form of notification of treatment required has been drawn up in collaboration with the Local Dental Committee and will come into use during 1967.

Dental Health Education

It has been possible to devote more time to this very important aspect of dentistry thanks to the co-operation of the Health Education Officer and it is hoped to expand this side of our work, so that every child leaves school dentally fit and with an appreciation of the important part that a healthy mouth contributes to a healthy body.

Finally I should like to thank all members of dental and medical staff for their loyalty and co-operation in every way. I am also grateful to the Head Teachers and staffs of all our schools, to the Superintendent Health Visitor and her staff, the clerical staff and the Consultants, staff and technicians of the hospital for the facilities they provide.

Medical Inspection and Treatment

Return for Year ended 31st December, 1966

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January 1967 :

(i) Form 7 Schools	..	..	..	..	16,812
(ii) Form 7M	..	..	..	..	144
(iii) Form 11 Schools	..	..	..	..	—
TOTAL	..	..	..	..	16,956

PART 1

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

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part 2	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1962 and later	33	33	—	—	1	8	7
1961	1,119	1,117	2	—	22	241	239
1960	443	442	1	—	9	82	84
1959	129	127	2	—	4	31	30
1958	43	42	1	—	4	4	8
1957	37	37	—	—	9	7	14
1956	299	297	2	618	48	79	112
1955	217	215	2	240	24	37	51
1954	79	79	—	—	30	29	50
1953	9	9	—	—	4	2	6
1952	54	54	—	—	18	3	17
1951 and earlier	1,307	1,305	2	—	344	202	478
TOTAL	3,769	3,757	12	858	517	725	1,096

Col. (3) total as a percentage of Col. (2) total 99.68% Col. (4) total as a percentage of Col. (2) total 0.32%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	976
Number of Re-inspections	11
TOTAL	<u>987</u>

TABLE C—INFESTATION WITH VERMIN

(a) Total number of examinations of pupils in schools by school nurses or other authorised persons	23,299
(b) Total number of individual pupils found to be infested	93
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	NIL
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	NIL

PART II.— DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	40	46	67	153	6
		O	29	6	16	51	2
5	Eyes—(a) Vision ..	T	22	248	247	517	11
		O	—	1	2	3	—
	(b) Squint ..	T	42	5	28	75	6
		O	—	—	—	—	—
	(c) Other ..	T	9	3	12	24	6
		O	—	5	27	32	1
6	Ears—(a) Hearing ..	T	2	10	11	23	10
		O	6	—	6	12	2
	(b) Otitis Media	T	5	—	3	8	1
		O	—	—	—	—	—
	(c) Other ..	T	—	2	1	3	—
		O	1	—	6	7	3
7	Nose and Throat ..	T	27	11	28	66	25
		O	235	11	130	376	31
8	Speech	T	21	5	12	38	4
		O	13	—	16	29	2
9	Lymphatic Glands ..	T	—	—	—	—	—
		O	72	1	33	106	22
10	Heart	T	4	2	6	12	—
		O	30	9	21	60	3
11	Lungs	T	8	2	9	19	6
		O	19	3	8	30	—
12	Developmental—:						
	(a) Hernia ..	T	—	—	—	—	—
		O	—	—	—	—	—
	(b) Other ..	T	13	41	28	82	10
		O	22	5	55	82	10
13	Orthopaedic :—						
	(a) Posture ..	T	10	17	24	51	4
		O	21	12	14	47	3
	(b) Feet ..	T	33	20	38	91	21
		O	8	2	13	23	4
	(c) Other ..	T	13	9	19	41	2
		O	19	—	6	25	1

T = Defects found to require treatment.
O = Defects requiring observation only.

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
14	Nervous System :—					
	(a) Epilepsy .. T	1	—	1	2	—
	O	—	—	—	—	—
	(b) Other .. T	—	—	1	1	—
	O	—	—	—	—	—
15	Psychological :—					
	(a) Development T	10	2	18	30	12
	O	45	1	30	76	6
	(b) Stability .. T	1	1	1	3	1
	O	4	1	6	11	1
16	Abdomen T	—	—	—	—	1
	O	—	—	1	1	—
17	Other T	2	—	1	3	1
	O	—	—	—	—	—

T = Defects found to require treatment.
O = Defects requiring observation only.

PART III

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

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	15
Errors of refraction (including squint) ..	1,959
Total	1,974
Number of pupils for whom spectacles were prescribed	577

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear	24
(b) for adenoids and chronic tonsillitis	274
(c) for other nose and throat conditions	4
Received other forms of treatment ..	3
Total	305
Total number of pupils in schools who are known to have been provided with hearing aids.	
(a) in 1966	2
(b) in previous years	11

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out- patients departments	511
(b) Pupils treated at school for postural defects	42
Total	553

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

						Number of pupils known to have been treated
Ringworm—(a) Scalp	..	..	..			—
(b) Body	..	..	..			—
Scabies	..	..	..	..	..	—
Impetigo	..	..	..	..	..	1
Other skin diseases	..	..	..	..	..	231
Total	..	..	..	..	..	232

TABLE E—CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics ..	323

TABLE F—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists ..	367

TABLE G—OTHER TREATMENT GIVEN

	Number known to have been dealt with
(a) Pupils with minor ailments	194
(b) Pupils who received convalescent treatment under School Health Service arrangements	NIL
(c) Pupils who received B.C.G. vaccination	1,926
(d) Other than (a), (b) and (c) above	NIL
Total (a)-(d)	2,120

SCHOOL DENTAL SERVICE

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1966.

1 ATTENDANCES & TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	1,245	1,209	345	2,799
Subsequent Visits	2,044	3,076	897	6,017
Total Visits	3,289	4,285	1,242	8,816
Additional courses of treatment commenced	294	284	52	630
Fillings in permanent teeth	951	3,048	1,355	5,354
Fillings in deciduous teeth	2,141	203	—	2,344
Permanent teeth filled	831	2,840	1,265	4,936
Deciduous teeth filled	2,002	187	—	2,189
Permanent teeth extracted	38	407	63	508
Deciduous teeth extracted	926	293	—	1,219
General anaesthetics	284	129	15	428
Emergencies	242	101	19	362
Number of Pupils X-rayed	..	..	..	250
Prophylaxis	..	..	..	864
Teeth otherwise conserved	..	..	..	523
Number of teeth root filled	..	..	..	29
Inlays	..	..	..	1
Crowns	..	..	..	11
Courses of treatment completed	..	..	..	3,107

2 OTHODONTICS

Cases remaining from previous year	..	..	..	..	47
New cases commenced during year	..	..	..	..	54
Cases completed during year	..	..	..	..	31
Cases discontinued during year	..	..	..	..	10
No. of removable appliances fitted	..	..	..	..	79
No. of fixed appliances fitted	..	..	..	..	—
Pupils referred to Hospital Consultant	..	..	..	..	51

3 PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other den- tures (first time)	—	2	2	4
Number of dentures supplied	—	3	4	7

4 ANAESTHETICS

General Anaesthetics administered by Dental Officers	..	..	18
--	----	----	----

5 INSPECTIONS

(a) First inspection at school. Number of Pupils	..	..	13,426
(b) First inspection at clinic. Number of Pupils	..	..	994
Number of (a) + (b) found to require treatment	..	..	6,002
Number of (a) + (b) offered treatment	..	..	4,951
(c) Pupils re-inspected at school or clinic	..	..	2,287
Number of (c) found to require treatment	..	..	1,047

6 SESSIONS

Sessions devoted to treatment	..	..	..	1,343.7
Sessions devoted to inspection	..	..	..	121.0
Sessions devoted to Dental Health Education	..	..	..	13.7

