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COUNTY BOROUGH OF BOURNEMOUTH

Annual Report

of the

Medical Officer of Health

and

Principal School Medical Officer

For the Year 1972

HEALTH DEPARTMENT,

1 WOOTTON MOUNT,

BOURNEMOUTH

Telephone Bournemouth 28233





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ANNUAL REPORT

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1 WOOTTON MOUNT,

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 town's health and sanitary circumstances in 1972.

This is the 43rd and last report in the present series of Medical Officer's of Health's Annual Reports, which began when the county borough was enlarged in 1930. It is to be expected, however, that the Community Physician of the future will prepare annual reports on the health of the new Districts, and to be hoped that these may be available to Local Authorities.

The health of the town and its sanitary arrangements compare very well, on the whole, with those of other European towns. Unfortunately that is not to say that all is well. Indeed, we still face a number of serious problems, as you will see from the following contrasting statements. The fact that other towns also have some of these problems must in no way diminish our efforts to alleviate them.

1. Our health service provisions of all kinds (including the Hospital and Executive Council Service) compare quite well with the national average. But the town's need for those services is

estimated at 1½ to 2 times the national average, mainly because of the enormous elderly population and to a smaller extent because of the huge seasonal influx of holidaymakers.

The town must shortly face up to a deteriorating situation with regard to the welfare of the elderly. If they continue to be attracted here, there will not be the manpower to cater for their health and social service needs even if sufficient money were to be made available. At present, demands for health care are rising and have already outstripped recruitment of nursing staff and ancillary services. There is no prospect of improving this situation while conditions favour the influx of retired folk and discourage people of working age, especially younger people. This is not a problem which the National Health Service can solve for you.

- 2. There were no cases of typhoid fever or cholera—but many small outbreaks of food poisoning and some of dysentery. The latter indicate faulty food hygiene, and this means that just one person carrying typhoid or cholera could start an outbreak. Our freedom so far from major epidemics of this kind is due to the vigilance and very hard work of the Public Health Inspectors. Any cutting back of expenditure or effort here would be disastrous.
- 3. The childhood infectious diseases are coming well under control, and there were no cases of poliomyelitis or diphtheria. But the venereal diseases are out of control and increasing rapidly. The cause is increased promiscuity in the younger generation. No ready remedy lies to hand. Not many of us agree on how to combat promiscuity, and there is not yet a vaccine that gives immunity to venereal infections—although it may not be too long before one is available. In the meantime adequate contact tracing and adequate treatment are the absolute essentials in controlling them.
- 4. Immunisation against infectious diseases is at a very high level, nearly 90%. But this Authority has several times turned down immunisation against dental decay—by fluoridation—which would have halved the cost of dental treatment. Nothing can now be done about fluoridating the water supplies before April 1974, but it is essential that the new Water Authorities should not be impeded when they come to do this.
- 5. Our infant mortality rate is one of the lowest in Europe. But our death rates from lung cancer and coronary heart disease

are among the highest. These are conditions which we know how to reduce to a small fraction of their present level, but few people will listen. A great deal of effort and probably a great deal of money must be expended yet before the public takes much notice of advice on health matters. It means self-denial, and it would appear that almost anything is better than that.

- 6. The number of cases of Tuberculosis is now quite small. But the number of people with alcohol problems could well exceed a thousand in this town, and there is the problem of illicit drugs as well. After a number of years' experience of these problems I, like many others, still do not know how to prevent them. We must therefore concentrate on helping where the problem has arisen and there is already awareness of this and willingness to help in Bournemouth. The town has already established a Drugs Advisory Centre; other voluntary organisations—particularly the Samaritans—counsel alcoholics when approached; and the hospital board is planning a hospital unit for alcoholics. Much more needs to be done for the latter, however, and this is certainly ground for new Health Service and Social Services co-operation at an early date after the reorganisation in 1974.
- 7. The number of legal abortions is quite small. But the illegitimacy rate is nearly double the national average. The way to deal with this is to run an effective direct Family Planning Service, which you have very wisely agreed to already. It will, however, need a lot more money spent on it before the illegitamacy rate falls appreciably.

Health Visitors and District Nurses

Attachment of Health Visitors and District Nurses to family doctors was formally instituted during the year and has since been completed. This was widely welcomed by the doctors and has resulted in closer working and better job-satisfaction for the nursing staff.

Unfortunately a large number of Health Visitors left, for various reasons, during the year and we have failed to attract replacements. There is now a national shortage of Health Visitors and it has become clear that authorities must offer housing and pool cars in addition to generous allowances in order to get staff.

Smoking

A campaign was mounted to discourage the public from smoking by reminding them of its effects in various ways. The corporation's buses and mail were used to carry slogans, and a series of leaflets was written for the public to take and read. Teachers and youth leaders were exhorted to use their utmost influence with the young generation. Hotels and restaurants were invited to become non-smoking establishments, or to reserve areas for non-smokers, and a number did so.

A clinic was organised to help smokers wishing to break the habit, and this opened just after the end of the year. It has since enabled a number of people to stop smoking.

Meteorological Service.

Owing to retirements and recruitment difficulties which arose during the year, the meteorological section was transferred to the Publicity and Tourism Department of the Corporation. It was considered that the added glamour might attract people more readily to a rather exacting job.

National Health Service Reorganisation

Preparation for the reorganisation of the National Health Service began during the year with the establishment of the Dorset Joint Liaison Committee, as vice-chairman of which I have played a full and active part. By the end of the year it was clear that Bournemouth's health services would form part of an East Dorset Health District comprising the existing Christchurch Borough and part of Christchurch East, Bournemouth, St. Leonards, Wimborne and Cranborne Rural District, Poole, and Wareham and Purbeck Rural District, having a total population of some 370,000.

A number of the staff of the Health Department were involved in this preparatory work and I thank them on your behalf for all the hard work they have put in.

I also wish to pay tribute to the other two branches of the Health Service, namely the Hospitals and the Executive Councils, with whom much closer working relationships have been established, and to the representatives of other disciplines and the other Local Authorities, Hampshire, Dorset and Poole, who contributed so much in the Working Parties.

Summing Up

The health of Bournemouth compares satisfactorily with the rest of England and very well with the Continent, of whom this country is far ahead in the health field. I have indicated the problems which remain with us, and we share these with other towns and other countries.

Nevertheless, we face a critical situation. The health services of Bournemouth—both Local Authority and Hospital services have been increasingly short of resources for years and we are now seeing the results of it. Look at these facts:

England (C.B.'s) Bournemouth

Expenditure on Local Authority Health Services per 1,000 popn. ... £2534 £2138

Our expenditure is less than the national average, whereas our need for health services is nearly double.

Serious staff shortages are already upon us — an inevitable consequence of a long period of financial restriction together with a smaller-than-average population of working age, only 54% of our total population compared with 59% nationally. Over the next decade this situation will worsen as the births continue to fall, unless some means is found of enabling young adults and other lower-income groups of people to live in the area.

I have the honour to be.

Mr. Mayor, Ladies and Gentlemen, Your obedient servant,

ROBERT H. BROWNING.

Health Committee and Staff

as at 31st December, 1972

SOCIAL SERVICES (HEALTH) COMMITTEE

The Mayor (Alderman Miss L. M. Swetenham, M.A.) Alderman Mrs. B. Bicknell, J.P., O.St.J. (Chairman) Councillor H. W. Cutler (Vice-Chairman)

Alderman E. A. Lane	Councillor	Major B. G. Dillon
Alderman C. M. Pardy	,,	Mrs. P. M. Haley, S.R.N.
Alderman Mrs. M. C. Wall	,,	Mrs. S. E. McQueen
Councillor G. R. Anstee, E.R.D., F.H.C.I., M.R.S.H.	· lessel »	Mrs. H. I. C. Nettleton- Walker, S.R.N.
,, H. Buttery, O.B.E., A.C.I.S., A.S.V.A.,	,,	K. G. T. Rawlings W. J. Ross
F.R.S.H.	,,	J. A. Selvidge
,, E. N. Day, F.B.I., A.L.C.M., A.C.P.	_u	Mrs. J. A. Williams, S.R.N.

HEALIH L	EI ARTHERY
Medical Officer of Health, Principal School Medical Officer, Medical Referee to Cremation Authority	Robert H. Browning, M.B., B.S., M.F.C.M., D.P.H.
Deputy Medical Officer of Health, Deputy Principal School Medical Officer, Deputy Medical Referee to Cremation Authority	John G. Meadows, M.B., Ch.B., M.F.C.M., D.P.H.
Senior Clinical Medical Officer, School Medical Officer	Vacant
Medical Officers in Department, School Medical Officers	J. J. Phillips, M.B., Ch.B. Jacqueline R. P. White, M.A., B.M., B.Ch.
Principal Dental Officer	Mrs. M. B. Redfern, L.D.S.
Dental Officers	Mrs. S. M. Attwell, B.D.S., L.D.S., R.C.S. F. E. Lockwood, B.D.S.
Dental Surgery Assistants	Miss H. Allen, Mrs. C. A. Ferris, Miss F. R. Hickmott, Mrs. J. B. Orsborne
Chief Public Health Inspector	G. A. Morgan, B.E.M., M.R.S.H., M.A.P.H.I.
Deputy Chief Public Health Inspector	A. R. Hutt
District Public Health Inspectors	H. R. Ambrose P. G. Frazer J. Speight H. B. Frost P. H. Trepess N. Jacobs S. Tweedie R. J. Wells J. D. Nickells A. R. Woollard

R. Paterson

	The second state of the se
Superintendent of Public Con- veniences and Mortuary	W. C. R. Jewell
Rodent Officer	P. L. J. Sibley
Director of Nursing Services	Miss G. F. Grace
Area Nursing Officers	Mrs. B. Geach, Mrs. M. T. Wright
Health Visitors	Miss P. M. Bain, Miss K. H. Beaumont, Miss J. Berry, Miss D. E. Blundstone, Mrs. E. R. Bond, Miss F. Darlington, Miss W. M. Dennis, Miss M. H. Dutton, Miss C. C. Forbes, Miss L. C. Ingram, Miss A. Johnson, Miss A. D. Lane, Miss J. C. Miles, Mrs. S. M. Money-Kyrle, Miss M. Peakman, Mrs. J. Price, Miss M. V. Rapson, Miss P. M. Rose, Miss M. Routh, Miss E. M. P. Ward, Mrs. J. Wilkinson, Mrs. C. J. Wingate.
Municipal Midwives	Mrs. E. Atha, Miss R. Miles, Mrs. M. Plank, Miss L. J. M. Redpath, Miss E. M. Schoch.
Home Nurses	Mrs. D. M. Chapman, Miss D. G. Collier, Miss S. de Riedmatten, Mrs. N. H. Doleman, Mrs. R. A. J. Fancy, Mrs. C. Harris, Mrs. C. A. Harris, Miss M. M. L. Hemmi, Miss W. A. Holder, Miss B. Jackson, Miss T. M. Jones, Miss H. Kulling, Miss P. G. Lacey, Miss P. M. Lycett, Mrs. M. S. McKenney, Miss J. I. Neagle, Mrs. R. J. K. Nicholls, Mrs. L. M. Palmer, Miss B. M. Rendle, Mrs. F. Russell, Miss E. E. Souter, Mrs. G. Tedeschi, Miss M. A. Terrey, Mrs. M. M. Thornley, Miss J. K. Tolley, Miss D. E. Welch, Mrs. V. W. Winter.
Chief Administrative Assistant	J. W. Roberts
Senior Administrative Assistant	H. V. Humberston, L.H.A.
Administrative Assistants	F. J. Goode, D. W. T. Hall, C. Lockett, Mrs. I. Murphy, S. Murphy.
Secretary to Medical officer of Health	Mrs. B. J. Spark
Clerks	Mrs. E. M. Barnes, Miss J. Bennett, H. R. Bryan, A. Collins, Miss V. E. Dean, W. A. Hamer, Mrs. S. M. King, Miss M. McGovern, J. W. Peake, Mrs. P. Y. Pearce, Mrs. M. A. Reeve, Miss J. G. Robinson, R. W. Rowe, Mrs. G. Scott, Miss M. H. Trollope, W. Wheeldon.

Chief Ambulance Officer . . . D. M. Cook

Health Education Officer .. C. N. Gumbley

Chiropodists B. S. Brodie

E. R. McGowan Miss J. A. Styles

PART-TIME OFFICERS

Public Analyst H. Dedicoat, F.R.I.C.

General Statistics

Area of the County Borough	115720	mi, b	 11,627 acres
Estimated Civilian Population			
			154,296
Rateable Value at 1.4.72			 £10,962,020
Product of 1p rate 1972/3			 £107,798

Vital Statistics

Live Births { Male Legitimate 573, Illegitimate 97 } Female ,, 597, ,, 103 } ,, 85% ,, 15%		1370
Birth rate (per 1,000 population)		9-21
Stillbirths { Male Legitimate 5, Illegitimate Nil } Female ,, 7, ,, 1}		13
Stillbirth rate (per 1,000 total live and still births)		9.4
Total Deaths (Males 1225, Females 1467)		2692
Death Rate (per 1,000 population)		18.09
Adjusted Death Rate (per 1,000 population)		10.13
Maternal Deaths		1
Maternal Mortality Rate (per 1,000 total births)		0.72
Number of deaths of infants (under 1 year of age) :— Legitimate 15, Illegitimate 4	idi	19
Infant Mortality Rate (per 1.000 live births)		13-87
Number of Neo-natal Deaths (under 4 weeks of age)		8
Neo-natal Mortality Rate (per 1,000 live births)		5.84
Number of Early Neo-natal Deaths (under 1 week of age)		8
Early Neo-natal Mortality Rate (per 1,000 live births)		5.84
Number of Perinatal Deaths (Stillbirths and deaths under 1 week	of	
age)		21
Perinatal Mortality rate (per 1,000 live and still births)		15.18

Births

The number of live births allocated to the area after adjustment for inward and outward transfers was 1,370 a decrease of 77 on the total for 1971. The birth rate was 9.21 per 1,000 population, a decrease over the figure for 1971 which was 9.71.

Births in 1972		***		1,370		
Birth rate, 1972 Birth rate, England	and	Wales,	1972			population population

Over the ten year period, 1962-1971, statistics were as follows:-

Average number of birth		757
Average birth rate, 1962-	71 11	.7 per 1,000 population

Stillbirths

There were 13 stillbirths in 1972 compared with 14 in 1971, the majority of them occurring in hospital practice. The rate for 1972 was 9.4 compared with 9.58 for 1971.

Average number of stillbirths 1962-71	21				
Stillbirths in 1972	13				
Average stillbirth rate, 1962-71	11.91	per	1,000	total	births
Stillbirth rate, 1972	9.4	per	1,000	total	births
Stillbirth rate, England and Wales, 1972	12.0	per	1,000	total	births

Illegitimate Births

Illegitimate births accounted for 14.5% of the total, compared with 15% in 1971.

Prematurity

During the year 111 premature births (i.e., a child weighing less than $5\frac{1}{2}$ lbs. at birth) were notified, 23 more than in 1971, and forming 8% of the total. All but one of the births occurred in hospital, and included 6 stillbirths.

		Live	Stillborn	Total
Born at home or in l Homes Born in Hospital	Nursing	 104	<u>-</u> 6	110
		105	6	111

Infant Mortality

Nineteen infants died before their first birthday, five less than in 1971, and the Infant Mortality Rate was 13.87 per 1,000 live births, compared with the national average of 17.0 per 1,000 live births. Eight of the 19 infants died before they were a week old.

Maternal Mortality

There was one death during the year associated with pregnancy.

Weight at birth Total births	Born in hospital	STATE STATE OF THE PARTY OF THE					SHIVING THE THE THE						
of the total. All the	hosp	ii.			Bor	n at ho	Born at home or in a nursing home	n a nur	ou guis	me		PREM	PREMATURE
rial were notified to the local and the loca		oital		Z	ursed entirely home or in a nursing home	Nursed entirely at home or in a nursing home	=	hos	Transferred to hospital on or before 28th day	rred to or bef day	ore	NIII S	STILLBIRTHS
Total		Died				Died			16.6	Died	200	Bo	Born
	with- in 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total	within 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	in hos- pital	at home or in a nurs-ing home
2 lb. 3 oz. or less 2	2	1	1	1	1	1	1	1	1	1	1	1	1
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. 10	2	1	1	-	1	1		1	l.o.bj	1	The part of	2	
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. 21	-		1	1	1	1	1	1	Icol	1	-	2	1
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. 13	1		1	1	1	1		1	la p	1	161	1	citip
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. 58	. 1	1	1	1	1	1	1	les d	1	1	1	-	1027
Total 104	S	1	1	-	1	1	1	1	1	1	1	9	1

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING THE YEAR 1972

AUSES OF DEATH AT DIFFE	KENI	PE	aop	SOF			URIN				1972
Causes of Death	All Ages	0-	1-	5-	15—	25—	35-	45-	- 55-	- 65-	75-
Ill Causes	2692	19	4	2	16	17	30	96	297	699	1512
uberculosis, respiratory	7						1		1	1 ::	2
sate effects of Respiratory T.B	1	1:	1.5							1	
Meningococcal Infection	1	1									
other infective and parasitic		2000	1307	1		19.91	F III	188	1 77	arm.	
diseases	3	100	350		2	11	**		11		1
Cavity, etc.	9							1		5	3
Oesophagus	12									7	5
falignant neoplasm — stomach	42						1	2	7	14	18
Malignant neoplasm — intestine	85					1	1	3	12	31	37
Malignant neoplasm — larynx	1									1	
falignant neoplasm - lung,	1		1		35-	10					
bronchus	155				5.3.	12.	1	11	37	68	38
Ialignant neoplasm — breast	66				5.2		3	11	14	19	19
falignant neoplasm — uterus	18						1	2	4	7	4
Ialignant neoplasm - Prostate	18						•			8	10
eukaemia	15	33500	2000	1	9.00		1			7	
ther malignant neoplasms	149			1000	3	2	2	ii	20		6
enign and unspecified neoplasms	3							11	28	44	59
nichatas mallitus				* *				.:	1	1	1
	21							1		8	12
ther endocrine, etc. diseases	3							1		2	
naemias	5									3	2
lental disorders	5					1			1	1	2
fultiple Sclerosis	1			-	4.00					1	
ther diseases of nervous system	32				2			1	3	11	15
hronic rheumatic heart disease	23						1	2	2	6	12
ypertensive disease	39					1		1	6	10	21
chaemic heart disease	769						7	20	93	223	426
ther forms of heart disease	169			oine	110	100		OTHER !	6	21	142
erebrovascular disease	423						3	5	26	83	306
ther diseases of circulatory							-	-	20	0.5	300
system	125				1			7	9	29	70
fluenza	6							1	,		79
neumonia	154				1			1		.2	3
ronchitis and emphysema	69					i		1	5	17	130
ethma	4					1		2	11	15	40
ther diseases of respiratory	4		**	*			2				2
a aveat a see	25	Jam		Hot	3. 1			2000			
antia ulasa			1		1		1		3	5	14
ppendicitis	18								1	5	12
testinal obstruction and but	1									1	
testinal obstruction and hernia	11								1	3	7
rrnosis of liver	6							1	2		
ther diseases of digestive system	33					1			3	3 9	20
ephritis and nephrosis	18						1	1	3	7	6
yperplasia of prostate	12		7.				1000		1	1	10
ther diseases, genito-urinary	stual	-11	aten		0	the !	-				10
system	18						1	1	2	1	14
iseases of skin	1		1				10 1	Son	-		
iseases of musculo-skeletal	a del										1
system	9	-	1	N. H.			3 21	,	1		2
ongenital anomalies	5	4		11		1		1	1	4	3
rth injury, difficult labour, etc.	5	5				1					
ther causes of perinatal mortality	2	2									
mptoms and ill-defined conditions	12	5				2.					
otor vehicle accidents	14	2	:		1:	.:	.:			1	6
			1	.:	1	1	1		4	3	3
icide and self-inflicted injuries	39	2		1	1	4		1	6	8	16
l other external causes	24				2	4	2	7	3	2	4
steritie and other Di	4				1			1		1	1
iteritis and other Diarrhoeal	361		1 250				1		1000		1000
diseases	4		2						1	1	
her Complications of Pregnancy	1				1					-	
		-	-		-		- 1				* *

DEATHS FROM PRINCIPAL CAUSES 1972

There were 2,692 deaths of Bournemouth residents in 1972, 15 more than in the previous year, and the adjusted death rate rose slightly from 11.21 to 10.78 per 1,000 population. The age distribution of deaths was as follows:—

Age	Perce	Percentage						
	1971	1972						
75+	57.9	56.2						
65-74	25.4	26.0						
55-64	10.9	11.0						
45-54	3.0	3.6						
35-44	0.9	1.1						
25-34	0.4	0.6						
15-24	0.5	0.6						
5-14	0.1	0.1						
0-4	0.9	0.8						

The proportion of people aged 75 years or over at death reduced slightly from the previous year. In 1960 it was below 52%, in 1965 it was nearly 54% and in 1971 it had risen to almost 58%. The proportion of deaths from different causes shows no significant change from last year, and tells the same story, namely that most deaths are due to, or seriously accelerated by, the conditions of civilisation.

The main factors in our civilised society which are so harmful to the human race are:—

- Overeating, a result of greatly improved food production plus affluence of the individual. The tremendous importance of obesity in causing arteriosclerosis, heart disease and diabetes is still not sufficiently realised.
- Under-exercise, a result primarily of the explosion in private transport, plus the "instant-entertainment" media removing much of the need to go anywhere; it is also a trend in itself.
 This is of equal importance with obesity in causing arteriosclerosis and heart disease.
- Psychological stress (anxiety, tension, "the needle", the need to unwind), resulting from the speed and complexity of urban life, and associated with both domestic and work situations.

This is of paramount importance in causing coronary thrombosis, high blood pressure, peptic ulcer, colitis, mental breakdown, and has a considerable influence on asthma and skin conditions.

 Smoking, which considerably reduces not only length of life but the individual's expectation of fitness and enjoyment of life.

These are the factors which are of most importance to us here in Bournemouth.

Pollution is not a major hazard, though it must always be watched—always. We are fortunate in having naturally hard water. without which the incidence of heart disease and arteriosclerosis would be even higher: it is in the soft-water areas that these are more prevalent.

Notifiable Infectious Diseases, 1972

Among the notifiable diseases, there were no cases of poliomyelitis, diphtheria, paratyphoid, typhoid, ophthalmia neonatorum or acute encephalitis during 1972 and cases of scarlet fever decreased from 24 to 12, infective jaundice from 116 to 74, whooping cough from 42 to 8, measles from 336 to 63, dysentery from 8 to 3, scabies from 146 to 105 and food poisoning from 38 to 5.

Of the five food poisoning cases 3 occurred in one family, the other two being isolated cases.

Cases of scabies were notified from all parts of the Borough, but 42 of the cases occurred in 19 families, and 70 of the cases were in the 5-25 years age group. One of the most difficult problems was to ensure that all members of the family were treated at the same time and most cases of relapse after treatment were in fact reinfections from a member of the family who had escaped treatment.

CASES OF INFECTIOUS DISEASE WHICH OCCURRED
DURING 1972

CIVILITY OF THE PARTY OF THE PA		Nu	mber	of C	ases	Notif	ied	
			At A	Ages -	— Ye	ars		
Notifiable Disease	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 year	65 and upwards
Scarlet Fever	12 8 	- 2 - 4	1 4 	11 2 	<u>-</u>			
Diphtheria	3	Ξ	1 —	=	1	=	1	
Typhoid Fever	1 2 5		-	- 2	<u>-</u>	=	<u>-</u>	1
Food Poisoning	105		4	40	30	20	10	1
Acute Encephalitis	74	=	4	40	7	17	- 4	-2

Tuberculosis in Bournemouth

During the year 16 new cases of pulmonary tuberculosis and 4 cases of non-pulmonary tuberculosis were discovered and notified in the borough, and in addition 8 persons diagnosed and notified elsewhere came to live in Bournemouth.

Most new cases now occur in adults aged 25 to 64, and in most of these the source of infection is not identified.

The general arrangements for diagnosis, treatment and surveillance continued as before under the supervision of Dr. W. H. Tattersall, Senior Chest Physician, and one full-time Health Visitor was seconded to the Royal National Hospital for clinic and aftercare duties.

Tuberculin testing by the Heaf gun method, followed by B.C.G. vaccination where necessary, continued to be available to all school children aged about 11 years. 1,351 were so tested and 1,336 were given B.C.G. vaccination. Strongly positive reactors (in the absence of previous B.C.G. vaccination) were referred to the Chest Clinic for investigation. The Health Department also collaborated with the Chest Clinic in the tracing of contacts of notified cases of tuberculosis. 45 child contacts were given B.C.G. vaccination.

Two other aspects of preventive and after-care work were the priority given by the Housing Department to cases recommended by the Senior Chest Physician and the Medical Officer of Health, and a limited amount of occupational therapy provided for house-bound (often elderly) patients. This latter is provided, on repayment, by the Bournemouth and East Dorset Hospital Management Committee.

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

1948 118 16 67 1949 109 18 54 1950 80 11 46 1951 127 13 37 1952 141 17 33 1953 98 17 20 1954 136 16 28 1955 117 9 12	Non- Respiratory 6 8 1 2 5 2
1948 118 16 67 1949 109 18 54 1950 80 11 46 1951 127 13 37 1952 141 17 33 1953 98 17 20 1954 136 16 28 1955 117 9 12	6
1949 109 18 54 1950 80 11 46 1951 127 13 37 1952 141 17 33 1953 98 17 20 1954 136 16 28 1955 117 9 12	
1950 80 11 46 1951 127 13 37 1952 141 17 33 1953 98 17 20 1954 136 16 28 1955 117 9 12	5 2
1951 127 13 37 1952 141 17 33 1953 98 17 20 1954 136 16 28 1955 117 9 12	5 2
1952 141 17 33 1953 98 17 20 1954 136 16 28 1955 117 9 12	5 2
1953 98 17 20 1954 136 16 28 1955 117 9 12	2
1954 136 16 28 1955 117 9 12	-
1955 117 9 12	_
1956 107 9 14	II - T
	4
	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	niver B.C
1966 40 6 7	3
1967 38 5	pride to
1968 36 6 3	2
1969 30 2 1	1
1970 24 6 1	2
1971 32 4 2	orlandary and the
1972 16 4 5	ALL PARTY OF

Of the 4 cases of non-pulmonary tuberculosis 3 occurred in bones and 1 occurred in kidneys.

Age and sex of new cases of Tuberculosis notified and deaths from the disease, in 1972, in Bournemouth residents.

	I I I I	New	Cases			iths		
	Respi	Respiratory		Non- Respiratory		ratory	Non- Respirator	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	_	_	_	77	_	-	-	
1-4 years	11 -5/1	-	-				-	-
5-14 ,,	-	-	-	-	-	-		
15-24 ,,	1	1	1	-	-	-	-	-
25-44 ,,	2	2	-	1	1		-	
45-64 ,,	4	4	-	1	1		-	-
65-74	-	-	-		1	-	-	-
75 and upwards	1	1	_	1	_	2	_	_
Totals	8	8	1	3	3	2	-	-

SECTION 172 OF THE PUBLIC HEALTH ACT, 1936

This section of the Act deals with the removal to hospital of infectious persons suffering from tuberculosis of the respiratory tract. No action was taken during the year.

Maternity and Child Health

At the end of 1972 there were 13 Infant Welfare Centres in the Borough providing 29 sessions weekly.

Developmental Paediatric Screening Clinics

After an initial trial in 1969 in two clinics this work has been further extended and eleven developmental sessions are now held each week. The children are seen by appointment at 6 weeks, 10 months, 2, 3 and 4½ years, and 5,016 children were seen at the clinics. The developmental assessment is far more detailed than was previously possible at an Infant Welfare Clinic and, as a result, more children have been referred for treatment.

Table I

Year	No. of Referrals
1966	170
1967	123
1968	160
1969	147
1970	155
1971	318
1972	214

The following table gives details of the 214 children who needed treatment.

Table II

	No. of children referred to:
Orthopaedic clinic	85
Eye clinic	80
E.N.T. clinic	13
Family Doctor	17
Paediatric Dept	19
Total	214

It is worth mentioning that we have received considerable help from the Computer Section in arranging appointments and in assessing the work which has been carried out. In conclusion it should be said that both the staff and parents consider the change to developmental clinics to be an improvement on the ordinary infant welfare clinics. In fact, the changes have evoked interest in the parents and enthusiasm in the staff, who feel the work to be even more worth while.

Welfare Foods

Contracts product	1965	1966	1967	1968	1969	1970	1971	1972
National Dried Milk (tins)	10,476	10,165	8,589	3,178	2,214	1,039	1,678	3,536
Cod Liver Oil (bottles)	2,177	2,087	1,744	1,608	1,544	1,598	701	100
Vitamin Tablets (packets)	2,543	2,285	2,244	2,085	2,040	2,188	1,627	1,574
Orange Juice (bottles)	31,266	32,275	30,215	29,928	32,520	30,683 * Cea	27,698 sed Ma	10,699 arch 72
Vitamin Drops							3,373	5,954

BIRTHS OCCURRING IN BOURNEMOUTH, 1972

	19	66	19	67	19	68	19	69	19	70	1971		1971 1972		72
	No.	%	No.	%											
Domic- iliary Births	239	8.4	189	6.9	151	5.5	119	4.7	99	4.1	64	2.7	32	1.5	
Institu- tional Births	2605	91.6	2554	93-1	2586	94.5	2411	95.3	2343	95.9	2282	97-3	2159	98.5	
Totals	2844	100	2743	100	2737	100	2530	100	2442	100	2346	100	2191	100	

Of the 2159 institutional births, 1365 (1342) were at the Royal Victoria Hospital, and of these 116 occurred in the G.P. unit and 1249 in the Obstetric unit, and at Firs Maternity Home there were 794 (893).

Figures in brackets indicate comparative numbers for 1971.

The wide availability of maternity beds in the local hospitals and general practitioner maternity homes allows a very high rate of institutional confinement, but as in many cases the mothers are discharged soon after confinement, a period of domiciliary maternity nursing is necessary afterwards.

In addition, 153 Bournemouth patients were delivered at Poole General Hospital, and 7 at other hospitals.

Infectious Diseases associated with Childbirth

There were no cases of ophthalmia neonatorum during the year.

Family Planning

The Family Planning Association held 3 Clinic sessions per week at Gloucester Road Hospital, and one session per week at Pelhams Clinic, in local authority premises.

The general arrangements for Family Planning remained unchanged in that the local authority used the Family Planning Association as their agent for cases referred on medical grounds, and at the same time maintained their own domiciliary service among "problem" and kindred families, details of which are as follows:—

Number of patients visited during 1972 Number of visits made	
Number of patients recommended for I.U.D.	
Number of patients recommended for oral contracent	ion 9
Number of patients recommended for other forms of	
contraception	5

An Enquiry into Congenital Abnormalities

For some years the Department of Health has asked local authorities to enumerate and codify all congenital abnormalities occurring in newborn babies, and during 1972 there were 15 cases so recorded. These ranged from minor abnormalities of the hands and feet to serious defects such as heart disease, but at this early stage it is often impossible to say with any certainty whether a child is of normal intelligence, or what effect the abnormality will have on its subsequent progress.

Dental Services for Mothers and Pre-School Children, 1972

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

During 1972 there were two full-time and three part-time Dental Officers giving a whole time equivalent of 3.7 Dental Officers compared with 4 during 1971.

The number of pre-school children attending for treatment remained substantially the same as the previous year but there was a drop in the total number of visits. The ratio of fillings to teeth extracted remains high and there was a slight but satisfactory drop in the number of anaesthetics for the under-fives.

The number of pre-school children inspected increased from 388 in 1971 to 627 in 1972 with the introduction of the Third Birthday Dental Inspection in January. An invitation to attend for a Dental Inspection was sent out to each child shortly after its Third Birthday and the response was disappointing, varying from 33% to 50%, although this is better than the national average. The response and interest of the mothers who took up the invitation was excellent, the majority of the three year old's being caries free at this stage. However, when seen a year later many of these children have developed caries and when staffing permits a Fourth Birthday Inspection should be considered. With the rapidly growing number of Play Groups within the County Borough some system of Dental Inspection should be instituted, but with the present establishment of Dental Officers it is out of the question. However, Dental Health Education is carried out at many of the Play Groups by the Health Education Officer, with the aid of films and talks.

Fluoride tablets continue to be available at all the Dental Clinics and Infant Welfare Clinics. The initial uptake by mothers of small children is quite good, when the advantages of a regular course of fluoride during the period of tooth development is pointed out to them, but very few indeed request further supplies. This is not a satisfactory method of supplementing the lack of fluoride in the diet since the tablets must be taken daily over many years to be effective. The almost complete absence of fluoride in Bourne-

mouth's water supplies makes our children particularly vulnerable to the ravages of modern diet, with the consequent pain, sepsis and distress. Dental caries is one of the most easily preventable diseases and yet is so widespread in the world today.

The Day and Residential Nurseries were each visited twice during the year. At the Day Nursery a total of 66 children were inspected and 14 referred for treatment at Avebury Dental Clinic. At the Residential Nursery a total of 27 children were inspected and 5 referred for treatment which was carried out at Avebury. These small children accept treatment with confidence and I am greatly indebted to the staffs of both nurseries for the keen interest they take in the dental health of their children, and for the very high standard of oral hygiene.

Expectant and Nursing Mothers

There was a further decline in this category, and most mothers attending had very well cared for mouths. Two replacement partial dentures were fitted and only 4 teeth extracted; and 40 teeth filled. It is probable that the need in this category is much greater than this but the number of referrals is very small and acute shortage of staff prevents us from making routine ante-natal dental inspections.

Dental Health Education

Talks to expectant mothers were given at Avebury, East Way and Pokesdown, at the invitation of Health Visitors. Only a few expectant mothers are thus covered and it is regrettable that we are unable to reach more mothers at this critical stage, before their babies are born and incorrect feeding habits started.

In conclusion, I am grateful to all members of the medical and dental staff, the Health Education Officer, the Health Visitors, and the clerical staff for their unfailing help and co-operation.

Dental Services for Expectant and Nursing Mothers and Children under 5 years

E. Grice, E.V. Cort. S.R.N., S.C.M., Q.N., metor of Norsing Strices land	C	Children 0-4 (incl.)	Expectant and Nursing Mothers
Attendances and Treatment		1/7	20
First visits		167	20
Subsequent visits		220	35
Total visits		387	55
Number of additional courses of treatment oth			2
than the first course commenced during ye		200	2
Number of fillings			41
Teeth filled		369	40
Teeth extracted		70	4
General anaesthetics given Emergency visits by patients		27	1
Emergency visits by patients		21	1
Patients X-rayed Patients treated by scaling and/or removal		2	6
Patients treated by scaling and/or removal	of		
stains from the teeth (prophylaxis)		16	10
		61	_
Teeth Root filled		-	2
Number of courses of treatment completed duris			
Number of dentures supplied		182	11
Number of dentures supplied			3
General anaesthetics administered by Dental Of	fice	ers	Nil
Inspections			
Number of patients given first inspections duri	ng	(27	22
the year	***	627	22
Number of patients who required treatment		167	20
Number of patients who were offered treatme			20
Number of patients re-inspected		80	A STATE OF
Sessions			
Number of Dental Officer sessions devoted	10	YE THE THE THE THE THE THE THE THE THE TH	
Maternity and Child Welfare patients			112
widternity and Child Wenare patients			112

The Domiciliary Nursing Services provided by the Corporation

Report by Miss G. F. Grace, H.V. Cert., S.R.N., S.C.M., Q.N. Director of Nursing Services

DOMICILIARY MIDWIFERY

The midwifery staff establishment was increased to 7 during the year in anticipation of additional work resulting from the General Practitioner Maternity Unit at Boscombe Hospital which opened during 1971, but the amount of extra work had not, up to the end of the year, justified the appointment of extra staff, so the total number of midwives in post remained at 6, supervised by Mrs. M. T. Wright, non-medical supervisor of midwives, under the overall control of the Director of Nursing Services.

The 6 midwives attended 32 home confinements and 81 in the General Practitioner Maternity Unit. In addition, 734 "early discharges" were attended, 25 being within 2 days

369 between 3 and 7 days and 340 after 8 or more days.

Confinements attended by Municipal Midwives during the last 13 years were as follows:-

1960				609
1961			177.7	595
1962	10000			498
		***	0.00	
1963				357
1964				347
1965		10.00		281
1966				236
1967				189

1968				151
1969				119
1970				95

1971				75
1972				113
1912				113

The marked increase in total confinements attended is a direct result of the increase in General Practitioner Maternity Unit deliveries, as only half the number of home confinements were attended compared with the previous year—a trend which is to be welcomed as further evidence of integration with the hospital service.

Details of confinements attended by the municipal midwives were :-

shire the	Total No.	D.in.	Multi			OF P			
Christelau	of confine- ments	Primi- para	Multi- para	1	2	3	4	5	6
Domiciliary G.P. Unit	32 81	3 12	29 69	10 33	12 24	7 12	=	_	

		AG	E GROUPS			
	15-20	20-25	25-30	30-35	35-40	40-45
Domiciliary	2	9	15	5	1	111
G.P. Unit	5	40	25	11	TIMESO	- 211

Gas and oxygen analgesia was given in 100 cases and pethidine in 86 cases.

MATERNITY CASES ATTENDED

	Nui Midw	mber of Ca	ses attende area durir	ed by ng 1972
	Do	miciliary Ca	ases	Const in
	Dr. not Booked	Dr. Booked	Totals	Cases in Institu- tions
Midwives employed by the Authority	in the	32	32	ist <u>a_</u> inst hange v
Boards of Governors under the National Health Service Act	bas-ero	Clore-inc	nodzo u	2144
TOTALS	7711025 11	32	32	2144

Medical Aid

miles of	Fo	When	niciliante the	ry case Medica	s:— l Practi	itioner	had ar	ranged	to pr	ovide	year
	(;;)	Other	onal F	Iealth :	Service						56
	(11)	Other	S								-
Total			.01	***	444					Take.	56
(b)	Fo	r case	s in I	nstituti	ons						Nil

HEALTH VISITING

At the end of 1972 the health visiting establishment consisted of Mrs. B. Geach, re-designated Area Nursing Officer in accordance with the Mayston report recommendations, and 29 health visitors, under the overall control of the Director of Nursing Services.

Increasing difficulties in recruitment reflected a national trend, and by the end of the year there were only 24 health visitors in post, but plans were in hand to supplement the remaining trained health visiting staff with State Registered Nurses employed on a temporary basis to assist with some of their routine work. The number of students to be seconded for the next health visitor training course has been increased to 6 in order to help fill the vacancies with fully trained staff.

During June and July, in accordance with national policy, staff caseloads were reorganised on the basis of General Practitioners' lists instead of geographic areas as previously. Effects of this change which were reflected in the number of visits during the year include reduction of ineffective visits and increase in visits to cases other than expectant mothers and children—an indication of the widening scope of the health visitors' work and the more effective use of their time.

Liaison with the Hospital Service

Health visitors continued regular attendance at the Paediatric Unit at Poole General Hospital, and the Paediatric Outpatients' Clinic and the Rheumatology Clinic at the Royal Victoria Hospital. One of the health visitors also continued to assist with tracing

contacts and defaulters with the V.D. Clinic at the Royal Victoria Hospital.

An increasing proportion of the two geriatric health visitors' work involved liaison with the geriatric units at Christchurch and St. Leonard's Hospitals and the new Geriatric Day Hospital at Christchurch.

One member of the health visiting staff continued permanently attached to the Chest Clinic at the Royal National Hospital.

Additional links were forged with Poole General, Royal Victoria and Christchurch Hospitals by attendance of Community nursing staff at hospital study days and arrangements for reciprocal visiting of nursing staff at all levels—welcome innovations which should help to prepare the way for integration of the hospital and community nursing services in April 1974.

Parents' Meetings

Six series, each consisting of three lectures, were held, and 149 parents made 295 attendances. The subjects dealt with covered all aspects of parentcraft, and both parents were encouraged to attend.

Relaxation Classes

Classes for expectant mothers were held at Avebury, Pelhams, East Howe, Winton, Pokesdown and East Way. There were in all 47 courses of 10 lecture/demonstrations each, attended by 337 expectant mothers.

Visits to the Elderly and the Aged

During the year a total of 3,344 elderly and aged persons received 6,739 visits, and 726 of these were seen at the request of the Hospital Management Committee regarding application for admission to a chronic sick bed in hospital.

A marked increase of work resulted from liaison with the Christchurch Geriatric Day Hospital, and this necessitated most of the two specialist geriatric health visitors' work with the elderly living alone being undertaken by the health visitors working with the General Practitioners concerned.

Other Aspects of Health Visitors' Work

Close co-operation with the Social Services Department continued, and the setting up of regular Area Case Conferences, chaired alternately by Social Workers and health visitors, has fostered a much closer working relationship at field level than would otherwise have been possible.

Developmental paediatric clinics, health education and school health work continued to occupy a major part of the total workload.

In-service training included secondment of some of the more recently trained members of staff for two weeks' intensive training in Health Education at the Health Education Centre.

toon boys	Expe	Expectant Mothers	Children u	n under of age	Children between the	Other Oreas	Visits to	Visits by	Inaffortina
Year	Vi First	Visits Total	Vi First	Visits Total	Total Visits	Total Visits	in "Other Cases"	culosis	Visits made by H.Vs.
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
0961	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
9961	8888	1,296	1,910	8,375	10,568	7,203	17	1,545	6,827
1961	853	1,191	1,853	7,408	10,250	7,016	29	914	6,524
1968	765	1,103	1,799	7,222	10,173	8,024	14	1,168	6,878
1969	208	1,071	1,710	6,887	9,671	7,054	5	1,097	6,503
1970	715	993	1,612	6,602	8,419	7,189	5	925	6,624
1971	840	1,290	1,465	6,763	9,440	8,174	1	1,048	7,538
1972	652	893	1,315	4,912	6,518	9,063	9	1,008	5,771

HOME NURSING

The Home Nursing Service was supervised by Mrs. M. T. Wright, Area Nursing Officer, under the overall control of the Director of Nursing Services, and the staff at the end of the year consisted of 30 full-time and 2 part-time nurses and 9 part-time nursing auxiliaries. No recruitment problems were experienced, and the staff was virtually up to establishment throughout the year.

For the first time the total number of visits during the year exceeded 100,000. 100,916 visits in 1972, compared with 94,807 in 1971, reflects the increase of work arising out of the reorganisation of staff caseloads from geographic area to General Practitioners' lists.

New Cases attended during 1972

Of the 4,060 patients visited during the year, 2,921 were new cases, the majority being chronically sick patients, as follows:—

Complaint Heart and C Preparation	Circulation H	atory !	System 1 treat	ment		N	o. of cases 514 324
Cancer Diabetes		2000	***		624		264 71
Tuberculosis							1.741
All other co	naitie	ons	***	***	***	***	
							2,921

Age distribution of all patients treated in 1972

	-		Patients nursed				
	- 4	Male	Female	Total	Percentage		
0- 4 years		5	5	10	0.25		
5-14 years		11	6	17	0.42		
5-24 years		29	38	67	1.65		
25-44 years		65	132	197	4.85		
5-64 years		240	516	756	18-62		
5-74 years		357	732	1089	26.82		
75- years		526	1398	1924	47.39		
	8 8	1233	2827	4060	100.00		

Although the bulk of the home nurses' work still consisted of geriatric nursing, the care of patients transferred early from hospital continued to increase. 149 visitors to the town received

1,040 treatments; and eight cases of previously unrecognised glycosuria were discovered among the 1,420 cases tested.

The Nursing of Sick Children

Less than one per cent of patients nursed during the year were below the age of 14 years, and these were attended for complications of infectious disease and minor medical and surgical conditions.

Training

Secondment of staff for district training was started during the year, and two nurses successfully completed the course organised by the Hampshire County Council.

Staff meetings continued to provide a welcome opportunity for in-service training.

Summary of the Y	ear's	Work	in co	mparis	son wi	th Pro	evious	Years
Number of patients on the Register,	1965	1966	1967	1968	1969	1970	1971	1972
1st January Number of new	833	893	863	933	960	1001	1055	1139
patients attended	2558	2646	2679	2879	2797	2830	2631	2921
Total number of patients attended Number remaining on the Register on	3391	3539	3542	3812	3757	3831	3686	4060
31st December	893	863	933	960	1001	1055	1139	1202
Number of Patients taken off the								
Register Total number of	2498	2676	2609	2852	2756	2776	2547	2858
	76,399	78,138	79,840	84,783	87,099	96,207	94,807	100,916

SPECIAL SERVICES FOR ELDERLY AND HANDICAPPED PERSONS

(a) Laundry Service

The laundry service provided drawsheets, mackintosh sheets, air rings and covers to 318 cases compared with 364 cases in 1971 and 336 cases in 1970, 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. Of the total of 318 patients 238 were new cases this year.

(b) Chiropody Service

The chiropody service is available to old people, disabled persons and expectant mothers who are unable to make private arrangements.

A charge of 25p per attendance at the chiropody clinic is made to all patients except those in receipt of supplementary benefit from Social Security, who pay 15p per attendance.

The establishment is for 3 Chiropodists, and during the year this was made up of both full-time and sessional appointments.

Treatments during the year were as follows:-

Number	of	persons trea	ited	 	 1,729
Number	of	treatments	given	 	 8,889

(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.

A Report on the work of the HEALTH EDUCATION SERVICE — 1972

By Mr. C. N. Gumbley, S.R.N., R.M.N., B.T.A., R.N.T. (Lond:), M.I.H.E., M.R.S.H., Health Education Officer

Regrettably, 1972 was not a year for expansion in the field of Health Education.

During its first six years the Health Education Service developed and expanded in the number of contacts made and the range and volume of work undertaken. In addition to training programmes, incidental lectures and filmshows presented for departmental staff, in clinics and to groups of the general public, 50% of the Service's work was in educational establishments, where health education courses became integral parts of many school and college timetables.

Unfortunately, expansion and progress cannot continue, nor the existing level of development be maintained, without expanding resources and, during 1972, rising costs and manpower shortage necessitated certain areas of health education being limited.

Staff Meetings

Meetings were held throughout the year for professional staff of the Department. Subjects studied by medical officers, health visitors and/or home nurses included family planning, child development, general practitioner attachment schemes, National Health Service re-organisation, foot health and orthopaedic disorders.

Several small groups of pupil midwives undertaking training with the Department attended sessions on health education and, in October, a series of short but comprehensive health education courses for health visitors was initiated; the health visitors being attached to the Health Education Service to study teaching and display techniques.

Two advanced training courses on endotracheal intubation and intravenous infusion techniques were conducted during the year for ambulancemen from Bournemouth and neighbouring authorities.

Parentcraft and Child Care Courses

Regular parenteraft classes for expectant mothers and fathers were held throughout the year in clinics, and child care courses were undertaken by health visitors in five senior girls' schools.

An emergency child care course was also arranged for policewomen and girl cadets as part of their Duke of Edinburgh Gold Award training.

Pre-School Education

In addition to supporting the valuable work undertaken by medical officers and health visitors in their direct contact with mothers and young children in clinics, attention was again directed to the health education of pre-school children through the medium of the growing pre-school playgroup movement.

Arrangements which started in the latter part of 1971 resulted in the inauguration, in February 1972, of the Bournemouth Branch of the Pre-School Playgroup Association — bringing increasing professionalism to the work of the forty pre-school playgroups in the borough. Although contact was maintained with individual playgroups, and health education presented on dental health and road safety, the officers of the new Association quickly took responsibility for their own training schemes.

In January 1972, acting for the College of Technology, the Health Education Service took over the management of the Pre-School Playgroup Organisers' Course—a course established in 1970 following a training evening for playgroup staff conducted by the Health Education Service. In spite of, or because of, the Education Department's proposed involvement with the education of pre-five-year-old children, the 1972/3 Organisers' Course, which commenced at the Health Education Centre in September 1972, was over-subscribed.

Sex Education

Sex education—ranging from basic human biology with junior groups, to more advanced studies of personal relationships, sexually transmitted diseases and contraception with senior groups—is now well established in many schools.

In the top classes of junior schools both boys and girls continue to display a lively and intelligent interest, and welcome the opportunity to ask questions. No parental objections to sex education were received during the year although there were many encouraging comments from those parents (mothers only) who, at headteachers' invitations, attended discussion groups with their children.

Senior school children, youth club members, youth leaders, student teachers and college students showed an increasing interest in obtaining information on sexually transmitted diseases and contraception and, in many instances, the level of knowledge demonstrated indicated there was still scope for much more health education in these subject areas.

Opponents of sex education who insist children remain "innocent" should take care they are not encouraging "ignorance". It is possible to be "innocent" yet informed.

Drugs Education

Education concerning the misuse of drugs commenced in 1972 with a very successful ten-week training course for teachers and lecturers presented in association with the Bournemouth Drugs Advisory Committee. This comprehensive course, which extended throughout the Spring term, was attended by an average of fifty people each session.

Lectures, filmshows, discussions and panel groups were also held during the year for youth groups, student teachers, school staff groups, college students and local non-professional organisations.

Continued support was given to the activities of the Drugs Advisory Committee and Centre, including facilities for regular meetings and the staging of a second training course for Drugs Advisory Centre volunteers.

Liaison with the wide range of professional workers forming the Drugs Advisory Committee affords the opportunity for coordinated drugs education but, of more importance, enables developments in the local drugs scene to be closely monitored. A pro-drugs lobby exists in Bournemouth supporting the use of cannabis and L.S.D., but the situation would appear to be relatively contained with no evidence of a dramatic increase in the problem or its downward spread into the school population.

First Aid Training

1972 saw continued progress in the establishment of first aid training courses. In addition to short courses for teachers, student teachers, kitchen supervisors, senior school children, hotel receptionists and management trainees, full St. John Ambulance certificate courses were presented for canoe lifeguards, teachers, beach staff, scouts, at Bicknell and Summerbee schools, and as part of a number of College of Technology training courses.

More senior schools are appreciating the interest and educational value of practical first aid courses especially with their Rospa groups, not only in conjunction with Duke of Edinburgh Award schemes and C.S.E. training, but— with accident figures continuing to rise—as an essential school-leaving qualification: an integral part of the young persons preparation for life.

As in the past, the presentation of first aid training courses has been well supported by Bournemouth ambulancemen but, if expansion in this aspect of health education is to continue, there will be an increasing need for more general teachers and lecturers qualified to conduct training courses.

Conferences, Exhibitions and Campaigns

No major conferences were staged during 1972 on a par with the "Executives" and "Drugs" conferences of 1971. With hindsight this was considered unfortunate as such conferences serve to focus attention on and gain publicity for current health problems far more economically, effectively and quickly than smaller group talks.

The Health Education Centre's permanent "Safety and First Aid" exhibition received continued attention until July by which time a total of over sixty groups had visited this particular exhibition. In August, the theme of the permanent exhibition was changed to "Health Hazards"—highlighting a range of current

problems such as smoking, obesity, coronary thrombosis, sexually transmitted diseases, food poisoning, drug dependency, home accidents and stress.

In October, a smaller exhibition on "Aids for the Disabled" was held in the Centre. This received considerable attention from professional groups, members of the general public, the television and Press.

In December, a special campaign was staged to focus attention on "Foot Health". Illustrated lectures and filmshows were presented during a full week's programme to staff groups, in junior and senior schools, and to lay groups.

Miscellaneous

Failing to conform with any definite health education programming but in constant demand and not without their value, were the many incidental lectures and filmshows arranged by the Health Education Service. Over seventy local groups were visited during 1972 for talks on home safety, smoking and health, stress, retirement, problems of weight and drugs.

Lectures on "The Health of the Executive" featured in all Local Government Management Courses, "Health in Retirement" at Post Office Pre-Retirement Conferences, and "Community Geriatric Care" to a conference of trained nurses at Christchurch Hospital.

The Health Education Service's "Health and Safety" quiz was conducted before packed audiences at Hill View Junior School P.T.A. (January) and Winton Junior School P.T.A. (March)—supported by a team of "experts" from the Health Department (who came second to the children's team on one unfortunate occasion).

Representation was contained during 1972 on the Mental Health Co-ordinating Committee, the College of Technology Safety Committee, the St. John Ambulance Centre Committee, and the Drugs Advisory Committee.

By intention, emphasis has not been placed on statistics in this 1972 Report. In previous years, figures have been given for the number of lectures and filmshows presented and, in the early life of the Service, these were of value to indicate progressive expansion in the breadth of health education.

Now, the pursuit of such statistics is proving detrimental to the Service which has considerable need to expand in depth and effectiveness.

Appreciation is expressed to the medical, dental, nursing, administrative and clerical staff of the Department—especially Miss V. E. Dean, clerk to the Health Education Service, and Mr. A. B. Kendall, Ambulance Training Officer—for their continued support for health education during 1972.

Ambulance Service

The establishment of the Ambulance Service is as follows:-

- 1 Chief Ambulance Officer
 - 4 Control Officers
 - 1 Training Officer
 - 39 Driver/Attendants
 - 2 Vehicle Maintenance Assistants
 - 1 Clerk
 - 2 Telephonists (part-time)
 - 1 Cleaner

The voluntary Ambulance Car Service, which is administered by the Ambulance Service, has a regular panel of drivers averaging about 18 in number who are mainly employed in routine hospital out-patient work.

Training within the Ambulance Service has throughout the year steadily increased; the combining of the ambulance training facilities with the Health Education Service has proved very successful. More emphasis has been placed on the training of ambulance personnel in the techniques of intubation and infusion and the pilot scheme being run at the request of the Medical Commission on Accident Prevention has every indication of being very successful. Special advanced training courses were run at the Ambulance School for personnel from Bournemouth and other Local Authorities within the Wessex Hospital Region. These courses spread over a period of six weeks prepare students for entry into hospital for a minimum of four weeks intensive training. A very high standard was attained by the majority of students in both the pre-hospital course and the advanced hospital training.

First aid and resuscitation training of school children, of Corporation workers and of various voluntary organisations continued throughout the year and a number of ambulance personnel have been trained to help carry out this work.

Staff have been encouraged to study for various subjects connected with their work, i.e., life saving, public speaking and various Institute examinations, and all this has helped considerably towards increased job satisfaction. The help a full-time Training Instructor can give in this work is enormous.

The local authority fleet consisted of 14 stretcher carrying ambulances, one of which was used mainly for fast emergency journeys over long distances, while three others were fitted with hydraulic tail lifts and used mainly for wheel chair and sitting cases.

Staff have been encouraged to study for various subjects onnected with their work, i.e., life saving, public speaking and amous institute examinations, and all this has beinged considerably owards increased job satisfaction. The help a full-time Training

TABLE SHOWING PATIENTS CARRIED AND MILEAGES COVERED BY AMBULANCE SERVICE SINCE 1952

Vann		Local Authority		St. John Association		Hospital Car Service		otal
Year	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
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		222,639
1957	30,736	159,511	427	1,487	17,257	70,866		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	14,792	15,798	20,589	112,442		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	-	anatom	17,317	95,218		278,765
1966	42,224	189,793	-	-	19,904	98,467	62,128	288,260
1967	40,172	226,266			25,316	111,884	65,488	338,150
1968	40,158	226,033	-		32,360	137,688	72,518	363,721
1969	39,406	226,260	-	-	31,404	145,990	70,810	372,250
1970	38,236	215,766	_	-	33,499	150,845	71,735	366,611
1971	36,316	222,478	-	-	32,598	148,581	68,914	371,059
1972	41,587	234,012	-	_	31,667	144,951	73,254	378,963

	7176	- Cover	ed per patient car	7164
Year	Local Authority	St. John Association	Hospital Car Service	Total all Services
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
1967	5.63		4.42	5.16
1968	5.63	-	4.25	5.02
1969	5.74	-	4.65	5.26
1970	5.64	-0-	4.50	5.11
1971	6.12	_	4.56	5.38
1972	5.63	_	4.58	5.17

TABLE SH

	Vahicles	Patients Carried	Carried	Abortive	Total	Trai	Transport
Service	(Number at	Accident	Other	Service	Milicages	do :	Kall
	31.12.12)	Emergency	Omer	Journeys	17.3	o No	Miles
Directly provided	Ambulances (11)	3,675	29,594	1,683	190,290	35	5,352
	Dual purpose (4)	5	8,313	525	43,722	118	13,780
Hospital Car Service	Cars 18	- S10,	31,667	1,149	144,951	may Publication	
	All Vehicles 33	3,680	69,574	3,357	378,963	153	19.132

Vaccination and Immunisation

Protection against diphtheria, whooping cough, tetanus, poliomyelitis, measles, rubella (german measles) and tuberculosis continued throughout the year under schemes approved by the Department of Health and Social Security and the Department of Education and Science. There is no longer any restriction on rubella (german measles) vaccine and therefore the programme has been extended to include girls in the age range of 11 to 14 years. Information received from the Department of Health in July 1971 stated that primary vaccination against smallpox should no longer be recommended as a routine procedure in early childhood, but it is still necessary for travellers of all ages to and from countries where smallpox occurs. Primary smallpox vaccination in infancy has therefore been removed from the immunisation schedule, but a few re-vaccinations were carried out at the beginning of the year.

Vaccination against Smallpox

100 children under the age of 16 years were vaccinated against smallpox, 58 being carried out by general practitioners, the remainder by the local authority.

Immunisation against Diphtheria

A total of 2.852 children received protection against either diphtheria alone, or against diphtheria, whooping cough and tetanus by means of a combined antigen. Of these 1,689 were immunised by general practitioners.

Vaccination against Poliomyelitis

1,409 children completed a course of vaccination and 2,072 others received booster doses. Of these 1,668 were carried out by general practitioners.

Vaccination against Measles

1,347 children were protected against measles, 720 by general practitioners.

Vaccination against German measles

653 girls were protected against German measles, the majority by the local authority.

Other forms of Vaccination

The authority continued as an approved centre for vaccination against Yellow Fever for those travelling through parts of tropical Africa and South America, and 838 persons were vaccinated during the year, a charge being made in each case.

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) Boarding out of child contacts.
- (c) Assistance in rehousing tuberculous patients by recommendation to the Housing Committee. During the year 3 cases were rehoused.
 - (d) Provision of nursing requisites.
- (e) 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.
- (f) Occupational therapy for domiciliary patients, 27 cases receiving 298 visits during the year.

(2) Venereal Diseases

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

(3) Illness generally

Articles of sick room equipment were issued on loan as required at the request of general practitioners or hospitals. 475 issues were made during the year, those in most frequent demand being mackintosh sheets (4), bed pans (55), commodes (105), wheel chairs (50), urinals (42), bed rings (22), walking aids (88), bed rests (29), ripple beds (36), bed cradles (33), bed boards (11).

(4) Cervical Cytology Clinic

During the year 860 women made 861 attendances to have cervical smears taken for examination for evidence of cancer. This included 387 who attended in previous years and were recalled.

For most of the year, two sessions were held each week, one at the central clinic at Avebury the other at Pelhams Clinic, Millhams Road. Two positive cases of cancer of the cervix were discovered.

The women attending the clinics were also offered a simple test for the discovery of sugar or protein in the urine, and 12 were referred to their general medical practitioners as a result of this.

(5) Housing

Regular requests are received for a medical recommendation to be made for re-housing and come from members of the public, general practitioners or our own nursing staff.

Each request is investigated and the case placed in a priority category according to the degree of urgency.

Year	No. of requests for re-housing on health grounds	No. re-housed
1969	78	49
1970	103	45
1971	166	81
1972	120	51

The priority cases fall into two main categories: young married couples with accommodation which is inadequate once they start a family and the second group which consists of elderly people who because of heart disease, rheumatism or some other chronic handicap require more suitable accommodation usually on the ground floor level. At the end of the year there were 226 families for which a recommendation on re-housing had been made who had not been re-housed.

NURSING HOMES

At the end of the year 39 nursing homes were registered by the local authority, one more than in 1971, providing accommodation for 527 medical and surgical cases. One of the nursing homes was approved by the Department of Health and Social Security for the purposes of the Abortion Act, 1967.

Bournemouth Crematorium

Since the opening of the Crematorium in 1938 there has been a steady increase in this method of disposing of the dead, and in 1972 4,492 cremations were carried out, of which 41% came from within the Borough.

The Medical Officer of Health, as Medical Referee to the Crematorium, is responsible for the scrutiny of all relevant documents and authorising all cremations and in emergency is assisted by two deputies.

Since the opening of the Crematorium, over 72,000 cremations have been carried out there, as shown in the following table:—

1938				229
1939				384
1940				514
1941	14.11	100	111,30	557
1942	***		***	584
1943				693
1944	0000	1 731 1	0.000	708
1945			***	742
1946	6472/	***	***	834
1947	1000		100	1026
1948		***		1012
1949	***			
1950	111	***	***	1155
		***		1306
1951				1484
1952			***	1472
1953		***	***	1681
1954	***		***	1770
1955		1000	1.64	1991
1956				2142
1957	***			2207
1958			13.1	2340
1959				2472
1960	***			2609
1961		***		2648
1962				2873
1963		h		3171
1964			***	3095
1965		William .		3192
1966	da	1.00	4.4.4	3514
1967				3493
1968	Men			3938
1969		***	***	3909
1970			***	4258
1971				4301
1972			* * *	4492
17/2		***	***	4472

NATIONAL ASSISTANCE ACT, 1948, SECTION 47

Action was taken under this Section of the Act in three cases. The circumstances requiring such extreme action are briefly those in which an ill or aged person is living in insanitary conditions and is not receiving proper care and attention, and under the arrangements at present in force the Magistrates make a personal visit before confirming the Order. These cases are distressing in the extreme for all parties concerned but it seems almost inevitable that as the proportion of old people in the population increases more cases of this type will come to light. Brief details of the three cases are as follows:

Mrs. L. C. Aged 87 years. Patient was arteriosclerotic and suffering from heart disease. Was unable to look after herself and was not receiving adequate care from other persons. Admitted to a Chronic Sick Hospital under a Magistrate's Order on

13th April, 1972. Died 27th May, 1972.

- Miss G. W. Aged 75 years. Suffering from malnutrition and chronic illness. Living in insanitary conditions and not receiving adequate care. Admitted to a Chronic Sick Hospital under a Magistrate's Order on 16th May, 1972. Died 29th May, 1972.
- Miss E. M. M. K. Aged. 65 years. Suffering from chronic illness and living in grossly insanitary conditions. Admitted into a Chronic Sick Hospital under a Magistrate's Order on 8th August, 1972. Transferred to Local Authority Elderly Persons' Home on 12th October, 1972. Transferred to Mental Hospital on 3rd January, 1973.

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 Social Services Department, and the following information in respect of new registrations has been supplied by the Director of Social Services:—

(i) Number of cases regis- tered during the year in	Cause of Disability						
respect of which para. 7(c) of Forms B.D.8 recommends:—	Cataract	Glaucoma	Retrolental Fibroplasia	Others			
(a) No treatment (b) Treatment	4	1	Literature	34			
(Medical, Surgical or Optical)	20	13	play Lo ad	50			
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	11	13	arOnelaY Swi <u>al</u> or S	41			

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, these supplies have been satisfactory, both as regards quantity and quality, and 171 samples were submitted to the Public Health Laboratory by the district public health inspectors from the main supplies, with completely satisfactory bacteriological results.

The bulk of the water supplied to the Borough is drawn from local rivers, particularly the Avon, in which there is no traceable content of fluoride. Water from the well at Wimborne does contain 0.7 parts per million of fluoride but this water contributes only 2% of the Bournemouth water supply, and the fluoride becomes too diluted to be of value in the prevention of tooth decay.

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

100	G. W. Aged 75 years	Bournemouth and District Water Co.	West Hants Water Co.
(a)	Quality and quantity of water supply throughout the year.	Satisfactory.	Satisfactory.
(b)	Action taken in respect of any form of contamination	(other than	on was necessary sterilisation of following repair).
(c)	Number of dwelling houses supplied from the public water mains (i) direct to houses	51,524	6,909
	(ii) by means of stand-pipes	None	None

SEWERAGE AND SEWAGE DISPOSAL

The Director of Planning and Works has kindly supplied the following information.

The £6 million scheme for diversion of sewage flows away from sea outfalls is now in its last stages.

The whole of the tunnelled intercepting sewer is completed. The extensions to the Purification Works at Holdenhurst and at Berry Hill are in progress and due for completion early in 1974. At that date the flows from the Westbourne and Bournemouth central areas can be diverted immediately.

During the latter part of 1973 the outstanding works will commence. The pumping stations at Broadway, Southbourne and also at Fisherman's Walk and Boscombe Pier, together with their rising mains and gravity sewers will be converted and planned to come into use shortly after the Purification Works are completed.

Other surface water and foul sewer schemes are in hand to relieve flooding spots and to permit continuing redevelopment of the town and a long programme of such works is envisaged for the years ahead.

Report by W. F. Maber, B.Sc., F.R.I.C., Meteorological Registrar

1972 was not as good a weather year as 1971. Rainfall was higher than in 1971 and above the overall average. Sunshine and mean temperature were lower than in 1971 and below the average.

MONTHLY SUMMARY

JANUARY temperature and sunshine near normal, rainfall above normal. A quite heavy snowfall with very low night minimum temperature occurred on the 30th-31st but the temperature rose quickly and the snow soon melted. FEPRUARY temperature near normal but less night frost than usual. Rainfall high but sunshine much below average. MARCH temperatures, rainfall and sunshine all above average. The maximum temperature was the best for March since 1965. APRIL temperatures were near average but, unusually, no night air frosts were recorded. Rainfall

and sunshine both slightly above average. MAY was a cold month with lowest temperatures for May since 1962. Rainfall was high but sunshine was very low, being the lowest since 1947. JUNE was also a cold month, perhaps the coldest June ever recorded as doubt has been cast on the figures for the only comparable year, 1927. The maximum temperature was the lowest ever recorded in June. Rainfall was near normal but sunshine was much below average. JULY temperatures, rainfall and sunshine were all below average. The month started cool and dull but improved during the second half. AUGUST was a good month. Temperatures were near normal; rainfall was only about half the average and sunshine above average, giving the sunniest August since 1964. SEPTEM-BER was cool and dry. Temperatures were well below normal and rainfall less than half the average. Sunshine was close to normal. OCTOBER was again dry, although otherwise near normal. Rainfall was less than one third of the average and although temperatures were near average, the first night air frost since 1955 was recorded. NOVEMBER temperatures and rainfall were close to average and sunshine above average. Severe gales occurred at the beginning of the month and a freak snowfall on the 17th. I have not been able to find any other record of snow in Bournemouth in November. DECEMBER was a mild month with very heavy rain in the first half but much drier and brighter later. Overall rainfall was well above average and the highest since 1959. Sunshine was also above average. The maximum temperature 14.9°C. was a record for Bournemouth.

At the end of 1972 responsibility for the Meteorological section was transferred to the Publicity Department.

SUMMARY

	- AT-MAT	LIBRER
Highest temperature recorded		26°C on the 17th July
Lowest temperature recorded		10.2°C on the 31st January
Greatest fall of rain in one day		29 mm. on the 4th March
Total rainfall		846 mm. (average 793 mm.)
Total sunshine		1658 hours (average 1726 hours)
Number of days with sunshine		286
Number of days with rain		170
Mean temperature	- 51.0	10°C (average 10.4°C)

BOURNEMOUTH CLIMATOLOGICAL STATION

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

. TEMPERATURE (Degrees Centigrade)

		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Average	\$: : 	5.4	5.0	6.4	8.8	11.9	14.9	16.6	16.2	14.4	11.3	7.6	5.7
Absolute maximum Date		10.5 (23)	10.0 (29)	19.1 (20)	16.7	18.0	18.4 (14)	26.0 (17)	23.2 (22)	22.2	17.8	14.5	14.9
Absolute minimum Date		-10·2 (31)	00 (E)	2·8 (2)	1.7	3.0	5:0	7.6 (10)	6.3	4.1 (27)	_0.3 (21)	2·2 (25)	(31)
Mean Range		3.6	4.4	6.7	7.1	5.8	6.3	7.7	9.4	8.3	6.5	0.9	5.0

Mean Temperature for 1972 - 10°C

Average (Air Ministry) - 10.4°C

2. SUNSHINE (Hours)

	Jan.	n. Feb.	. Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Average	598	4882	133	180	223 176	229	221 202	204	161	118	77 88	59
Daily average	-	7 1.7	5.8	6.4	5.7	6.5	6.5	7.0	5.3	3.3	2.9	2.1
Highest in one day	7.4	(14)	10-3	(11.9	(19)	14.7 (28)	14:4 (13)	13.7	10-7 (15)	9.6 (19)	7.9 (24)	(81)
Days with sunshine	151	61 0	27	30	28	24	24	29	25	25	18	18
Total	Total for 1972 —		1658 hours	_ X	verage	Average (Air Ministry) -	inistry)	-1726	6 hours			E

3. RAINFALL (Millimetres)

age 3.4 3.5 2.9 5.3 14 (13) swith rain 21 22 19 17		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
3.4 3.5 2.9 2.3 3.1 1.8 0.6 1.1 0.9 0.8 2.9 2.9 (10) (3) (4) (13) (11) (4) (8) (6) (8) (6) (8) (12) (12) (12) (13) (11) (24 11 6 5 5 3 6 11)	Average	82 105	58 103	90	50 67	96	47 55	54 19	95	65 28	95	88	92
21 22 29 14 15 12 8 20 22 16 16 16 16 21 22 19 17 24 11 6 5 5 3 6 17	Daily average	3.4		2.9	2.3	3.1	1.8	9.0	1:1	6-0	8.0	2.9	4.3
21 22 19 17 24 11 6 5 3 6 17	Greatest fall in one day	18 (10)		(4)	14 (13)	15 (11)	12 (4)	8 (8)	20 (6)	22 (8)	(9)	(12)	6)
	No. of days with rain	21	-	19	17	24	11	9	5	3	9	17	61

Total for 1972 — 846 mm.

Average (Air Ministry) - 793 mm.

Environmental Hygiene

Report by G. A. Morgan, B.E.M., M.R.S.H., M.A.P.H.I., Chief Public Health Inspector

The following section of this report indicates once again that the greater proportion of Inspectorial time was spent in maintaining acceptable standards and improving conditions in dwellinghouses, food premises and in shops, offices and other places where people work in non-industrial activities. In spite of an increased involvement in these specialised fields, however, the abatement of nuisances following complaints from members of the general public remains a prime responsibility of the Department. In previous Annual Reports comment has been made on the apparent greater reluctance on the part of our towns-people to accept unsatisfactory environmental circumstances. This healthy trend continued during 1972 and there are some signs which give rise to optimism that legislation, in connection with noise for example, may be available in the not too distant future to assist Local Authorities in the essential work of preserving an acceptable environment and correcting existing unsatisfactory conditions.

The Public Conveniences Service faced a difficult year as a result of an industrial agreement which necessitated a change in long established working patterns. It is pleasing and proper that I should report that the support the Department received from its public conveniences staff to meet the difficulties left nothing to be desired. In these days when industrial problems appear to be the norm Bournemouth can consider itself fortunate to have such a responsible and hard-working body of people prepared to carry out a difficult and often thankless job so cheerfully. By the end of the year the town had provided 8 specially constructed conveniences for the use of disabled persons. Many compliments have been received on these facilities and there is no doubt that the new provision is an asset to the town and very much appreciated by the people for whom the conveniences were designed.

In conclusion I should like to express my appreciation of the work of both the Inspectorial and clerical staff of the section and to thank both my Deputy, Mr. A. R. Hutt, and Mr. W. C. Jewell, the Public Conveniences Superintendent, for the help and support they have given me at all times during the year.

Inspection and Visits

Water	
To obtain samples of water for chemical and bacteriological	
To obtain samples of water for chemical and bacteriological	113
examination at swimming baths and paddling pools	152
Other visits in connection with water supplies	34
-yailtegit manohibace gaivenquu ban theman-sunagara-	
Food Supply	
Hotel and Boarding House kitchens	1365
Cafes and Restaurants	619
Factory Canteens	11
School Feeding Centres Bakehouses	23
Food proporation promises	101 253
Shops re sale of food	795
Dairies and Milkshops including visits for sampling	238
Shops for samples of food and drugs	341
Dairies and Milk distribution premises	38
Pasteurising plants	27
Premises used for the manufacture, storage and sale of ice cream Meat markets and cold stores	123 410
Stalle Street Vandors	57
Visits re food complaints	278
Visits re food condemnation	1014
Atmospheric Pollution	
Smoke observations	386
Visits to premises	104
ild report that the support the Department regained from	
Housing Conditions	
Primary inspections of dwellinghouses (under Public Health	
Act, 1936 and Housing Act, 1957, etc.)	916
Subsequent inspections of dwellinghouses	2733
Houses in multiple occupation (Housing Acts, 1957, 1961,	
1964 and 1969)	1148
Caravan sites and individual caravans	111 864
Inspections re Qualification Certificates	00-
Occupational Conditions	
minute from the and the town and the state of the state of the	354
Factories	8
Shops re Shops Act, 1950, Young Persons (Employment) Act	411
Offices, Shops and Railway Premises Act, 1963	1674
tion to the male control and crossess and been as	
Infectious Diseases	
TANGET FOR A PAGE AND AND INCOME STATE OF THE STATE OF TH	65
Visits after notification and visits to contacts	76
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General Sanitary Conditions

Hairdressing establishme	nts	1	and be	11			150
Noise nuisances		F	***				321
Nuisances other than the Nursing homes, day nurs	abov	e				***	1633
Pet shops, Animal Board	ling E	etablick	manta				62
Piggeries and swill-boiling	o nla	nte	iments	***		***	20
Places of entertainment	b pia	1113			***	***	34 43
Premises for the examina	ation	of drain	ns				930
Private Sanitary Inspecti	ons						2
Refuse accommodation							109
Sale of poisons							26
Swimming Baths	***						276
Verminous premises Miscellaneous		***	***				291
Wilscenaneous	***	111					1285

Food Supply

It has been the policy of the Department in recent years to increase the number of routine inspections of premises where food is prepared for sale and to seek in this way the maintenance of acceptable standards of hygiene and to establish a useful relationship with people working in the trade. During 1972 the District Inspectors made 2,560 visits to food premises, a 29% increase in the number of such inspections carried out in 1971. In all nearly 5,700 visits were made to food premises in connection with the Council's responsibilities in this field and the regular contact between the food operators and the Inspectors is largely responsible for the very satisfactory relationship which exists between the trade and the Inspectorate.

A total of 971 minor contraventions of the Food Hygiene (General) Regulations, 1970 were noted during the year and 400 of the contraventions were dealt with on verbal notice. 206 written informal notices were sent to food traders asking for attention to contraventions but in only one case was it necessary to institute legal action. One hotelier appeared before the Bournemouth Magistrates in November and was found guilty of ten contraventions of the Regulations. The Bench imposed fines totalling £115 and £25 costs.

In addition to their work in fixed premises, the Inspectors also check the condition of and the arrangements for the hygienic handling of food in mobile stalls and delivery vehicles. Legal proceedings were instituted under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 against one mobile

trader in respect of four vehicles. The Magistrates found the trader guilty of 20 offences and imposed fines totalling £100 and £15 costs.

Whilst the maintenance of good standards of structure and cleanliness in premises where food is prepared is important it is at least equally important that food handling operatives take a responsible attitude to the hygienic handling of food they prepare and that they are sufficiently well-trained in food hygiene to carry out their duties properly and safely.

During the last few years special courses have been arranged by the Department for food-handlers leading to the award of the Council's Certificate in food hygiene. Such courses were again conducted during 1972 and were again very successful. In addition, there has been an increase in the assistance which the Department has been able to give to local Training Boards in the rehabilitation of redundant staff from other industries and in the training of persons entering the food trade. Health education is normally a gradual process and although it has been possible year after year to report additional progress in this field there remains a great deal to be done. It is not vet possible, for example, to be satisfied that the temporary and casual workers coming into the food industry during the holiday season are sufficiently aware of their responsibility to handle food in a safe and clean fashion. Many of these casual workers have a good educational standard of course but unless natural intelligence can be backed by some basic knowledge there can be no guarantee that ignorance on the part of some casual staff will not lead to outbreaks of food poisoning. No satisfactory way has yet been found to reach these people and offers of assistance by the Department made through the medium of the local Traders Journal have proved unsuccessful. Further attempts will continue to be made but this is an area in which the trade and the department should be able to do better.

There was at the end of the year a total of 2,824 food premises in

the town which may be classified as follows:--

Will and Cuest Houses				HOLES	95 91	110	1,443
Hotels and Guest Houses							189
Restaurants and cafes					***		306
Grocery Stores	***				***	***	280
Sweets and Confectionery	Shops		***	***		***	171
Greengrocery Stores	***	***	19: 10	127	***	***	126
Butchers' Shops	***			111			51
Fishmongers' Shops			211	111	***	***	40
Fried Fish Shops		+++	201010	***	***	177	84
Bakers' Shops		***	***	77	***	1	134
Licensed Premises			111		***	407	134

Measures taken to comply with the Food Hygiene (General) Regulations, 1970

No.	of	Premises cleansed		200 Ha	80
No.	of	Premises where equipment cleansed			57
No.	of	Wash-hand basins provided			31
		cases where hot water facilities improved		***	41
No.	of	First-aid kits provided	Bear For		14
		Premises where walls repaired			33
No.	of	Premises where floors repaired		***	44
No.	of	Premises where working surfaces repaired	***	***	42
No.	of	Premises redecorated		***	82
		Premises where accommodation for clothing	provid	led	3
No.	of	Premises where sanitary accommodation imp	roved		22
No.	of	Premises where notices were provided		***	19
No.	of	Premises where waste storage improved		JANU SI	31
No.	of	other contraventions remedied			103
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Meat Inspection

There is no abattoir within the Borough boundaries, much of the fresh meat sold in the town originated from Uddens Abattoir within the district of Wimborne and Cranborne. The District Inspectors, however, are required to carry out a substantial amount of meat inspection at the town's meat depots which are also subject to regular and frequent routine visits. The meat depots receive supplies increasingly in containers and it is necessary for meat reaching the area in this way to receive a similar inspection as would be carried out if the meat arrived in this country by more traditional means of transport.

Containerisation traffic is increasing very substantially and many foods as well as mixed cargoes are arriving at inland towns where it must receive the same responsible attention as is given to imported food at the ports by the Port Health Inspectors. Our neighbouring authorities, Poole and Weymouth, are both looking to the establishment of substantial container traffic and it may be that these new ventures will further increase the number of containers arriving in Bournemouth for treatment. This remains to be seen but an impression as to the increase in the movement of food by container traffic can be obtained when one considers that during 1972 a total of 1,935 tons of meat arrived in Bournemouth in this way.

Milk Supplies

At the commencement of the year, 287 persons were licensed to sell pre-packed milk and during the course of the year a further 24 licences were granted to sell designated milks as follows:—

Pasteurised	 1	 	19
Sterilised	 	 	5
Ultra heat treated	 	 	10

There are two milk pasteurisation plants in the borough serving not only the town but neighbouring areas. 27 routine inspections were made of these plants during the year to ensure that the standards of hygiene remained acceptable. 179 samples of designated milks were submitted to the Public Health Laboratory for bacteriological examination. All these samples provided satisfactory reports as did 11 series of bottle and churn rinses which were also submitted.

Ice Cream

13 premises were newly registered during the year for the sale of ice cream bringing the total number of registered retail outlets to 575. This figure does not include premises where ice cream is serve only as part of a meal and it does not include itinerant vendors of this food.

Reduction Test by the Public Health Laboratory. 153 samples were graded in grades I and II whilst the remaining 37 samples were almost equally divided in Grades III and IV. It is necessary to emphasise that a sample placed in either Grade III or Grade IV is not unsafe to eat. A result of this nature is a warning that the method of handling or production leaves something to be desired and that if improvements are not brought about a situation might arise to give cause for real concern. Only when a series of samples continually give results outside Grades I and II can serious public health problems be anticipated. It is interesting to note that the samples placed in Grades III and IV during 1972 were almost without exception loose ice cream.

It is reasonable to assume, therefore, that the unsatisfactory nature of the results is due to careless serving or some failure to maintain the very high hygienic standard necessary in the ice cream trade. An investigation is carried out by the District Public Health Inspector in every premises from which a sample placed in Grade III or IV has been obtained and subsequently further check samples are taken. In all cases during the year satisfactory circumstances were rapidly re-established.

Prepared Foods

The Food and Drugs Act, 1955 requires the registration of all premises where meat or fish products are prepared or manufactured. These high protein foods are more likely to be affected by food poisoning organisms than are many other types of food and the fact that the foods are handled represents a further possible hazard. There were nine new additions to the list of registered premises during the year making a total of 200. These premises are visited regularly as routine by the District Public Health Inspectors to ensure compliance with the Food Hygiene (General) Regulations but in addition the sampling programme provides for a heavier rate of sampling of the high protein foods than for other commodities.

104 samples of meat and fish products were submitted to the Public Health Laboratory during the year and all were found to be satisfactory. The samples are taken at retail outlets and thus provide a valuable check not only on the handling at the producers' premises but also as to the standard of food hygiene throughout the distribution chain.

Other Foods

Whilst as has been previously explained special attention is given to the bacteriological standard of the high protein susceptible foods, a check is also made on other food products sold in the shops throughout the town. During the year 33 samples of foods other than fish and meat were submitted to the Public Health Laboratory and all produced satisfactory results.

Foodstuffs Condemned

During the year the Public Health Inspectors condemned as unfit for human consumption a quantity of food as follows:—

Description	Tons	Cwts.	Qtrs.	Lbs.
Fish Meat Tinned foods Other foods	 3 7 7	11 1 2 8	2 2 1 2	7 9 17 1
	18	4	0	6

It must be emphasised that the attention of the Inspectorate is drawn to the condition of food condemned under this heading by wholesalers and retail traders and that this substantial quantity of food normally becomes unsound for reasons such as breakdown in refrigeration, delay in delivery, unsatisfactory storage and damage by water. It is seldom that food requires condemnation as a result of bad practice by food traders.

Adulteration of Food and Drugs

(a) Milk

56 samples of milk were subjected to the Gerber Test in 1972. The Public Health Inspectors carry out this test within the Department and the procedure is used to ascertain if the composition of the milk conforms with statutory standards as respects both fat content and the "Solids Not Fat" content of the milk. All samples tested during the year complied with the legal requirements.

Milk Samples subjected to	Gerl	per Tes	t	
"Pasteurised" Milk				27
"Channel Islands" Milk	***			20
"Homogenised" Milk				5 2
"Sterilised" Milk			***	
"Ultra Heat Treated" Mi	lk	***	344.3	2
				56
				200

(b) Other Food and Drugs

209 samples of food and drugs were submitted to the Public Analyst who reported as follows:—

nivskisa	FORMAI	SAMPLES	INFORMA	L SAMPLES	
Hedru I	Reported Genuine	Reported Adulterated or unsatisfactory	Reported Genuine	Reported Adulterated or unsatisfactory	Total Samples
FOOD	1	1	180	2	184
Drugs	ed regilal		24	1	25
TOTAL	1	1	204	3	209

Only 4 samples were reported as unsatisfactory and were dealt with as follows:—

Ref.	No.	Sample	Nature of offence or adulteration FORMAL SAMPLES	Action taken
	52	Lemon Curd	Deficient of Lemon Oil. Lemon oil not more than 0.08 parts in 100 parts of curd.	Still under consideration.
		I	NFORMAL SAMPLES	
	22	Broken Milk Chocolate	A mixture of vege- table fat, not derived from cocoa, skimmed milk powder, sugar and cocoa powder, wrongly described as Milk Chocolate.	Label altered.
	56	Halibut Liver Oil Capsules	Deficient in Vit. A. Vitamin A not more than 3,200 Inter- national Units per capsule.	Stock withdrawn.
	142	Lemon Curd	Deficient of Lemon Oil.	Formal Sample No. 52 taken.

Atmospheric Pollution

A total of 386 visits and smoke observations shows an increase of more than 50% on the comparable figure for 1971. The greater majority of the visits were made following complaints from the public and the increased total reflects a greater reluctance on the

part of the general public to accept unsatisfactory environmental circumstances. Three contraventions of the Clean Air Acts were recorded and were dealt with successfully by informal action. Many of the complaints, however, referred to domestic chimneys and whilst the Department was generally successful in achieving improvement, the legislation is such as to give the Local Authority no enforcement power to deal with complaints of this nature.

Notification of the installation of furnaces in accordance with the requirements of Section 3 of the Clean Air Act, 1956 was received in connection with 97 buildings. The liaison between the Public Health Inspectorate and the Building Inspectors to ensure that such notification is given when plans are received by the Council continues to work very well. Similar arrangements also exist to ensure that the appropriate application for approval to chimney heights is received in accordance with the requirements of Section 6 of the Clean Air Act, 1968. 8 such applications were received during the course of the year and in 2 cases alterations were required before the Council approved the proposals.

The Department continued to co-operate with the Warren Springs Laboratory in the national survey of air pollution. Daily readings of smoke and sulphur dioxide levels were taken at three sites in the Borough—at St. Stephen's Road, at West Howe and at Pokesdown.

Housing

The measures open to a Local Authority to maintain and improve standards of housing in the private sector again required a substantial amount of inspectorial time as the following figures will show.

Individual Unfit Dwellings and Houses in Substantial Disrepair

Bournemouth is fortunate in that, unlike many older towns and cities, the problem of unfit dwellings has never been critical. The fact that the town and its housing stock are comparatively modern means that the Borough has been happily free of the problems associated with areas where much building took place during the

Industrial Revolution. Such limited accommodation which is of a comparable age to this type of housing is more characteristic of rural development than urban building; consequently whilst some older houses have over the years become sub-standard in some respects, one never meets in any substantial numbers houses which were sub-standard at the time of construction. As a result of this situation, unfit houses in Bournemouth are generally in that condition by reason of lack of maintenance over many years, falling into the unfit category largely under the sub-heading of disrepair although dampness, too, is sometimes a substantial contributory factor. The provision made in the Housing Act of 1969 which allows Local Authorities to serve notices in cases where houses are found to be in substantial disrepair but not unfit is very important and useful to the town. It enables the Council to remedy unsatisfactory conditions prior to houses becoming unfit and thereafter having to be considered in terms of demolition or closure. The following table will indicate that the Department has made good use of this additional power during the year, serving a total of 34 informal notices as well as 10 formal notices requiring the repair of houses not yet unfit. In practice, when such notices are served, the owner is made aware of the grant provisions available to him and is thereby encouraged not only to repair the property to a reasonable standard but to utilise the help provided by the Housing Committee to improve the house at the same time.

Demolition orders made (Section 17)			2
Closing orders made (Section 17)	***		1
Closing orders made on parts of buildings (Section	18)	TI VALOUE	001
Demolition order revoked (Section 24)			1
Closing orders revoked (Section 27)			2
No. of informal notices requesting substantial repai			34
Notice to repair houses not unfit (Section 9(1A))		A.gal	10
Unfit premises made fit		***	2
Other premises repaired		***	8

Qualification Certificates

Recent legislation in connection with rented property has superseded the Qualification Certificate system by which owners were able to increase house rents. During the year, however, 170 initial inspections were made in connection with applications for Qualification Certificates and a further 694 visits were necessary to re-inspect premises in this connection.

General Improvement Areas and Improvement Grants

During the year 44 re-inspections were carried out of houses in the Springbourne General Improvement Area. These properties had been found on the initial survey and subsequently to be in need of substantial repair. In keeping with the general policy in Improvement Areas the owners received every encouragement from the Housing Committee to improve and repair their properties with the financial help available through the grant arrangements. In these cases, however, co-operation was not forthcoming and the inspections were carried out to enable the Council to discharge its general obligation to secure the repair of houses known to require such attention.

In addition to this work, 123 inspections were carried out to properties where owners had made applications for Improvement Grants. Normally such visits are made to assist the Director of Housing to complete his full report to the Housing Committee in special cases where there are circumstances in which the opinion of the Public Health Inspector is useful.

General Housing Survey

On the 25th May, 1972, the Department of the Environment produced Circular 50/72 "Slums and Older Housing: An Overall Strategy" which required the Council to provide detailed information as to the condition of housing stock in the Borough and also to produce an overall strategy to deal with older houses.

To provide accurate information to meet the needs of the circular, it was decided to carry out a survey of housing conditions in the Borough following the pattern of a recent National House Survey—the results of which provided much useful information upon which central Government policy was decided. To ensure a sufficiently accurate result, it was necessary to visit 1182 dwellings within the Borough and these were selected by computer.

The practical work of inspection was carried out in July and early August and produced results which subsequently led the Council to decide to initiate a programme of general improvement areas to cover an eight-year period.

Houses in Multiple Occupation

The following tables will illustrate that work to control and maintain satisfactory conditions in houses in multiple lets remain a major function in the housing field.

Visits and Notices Served			
No. of visits for initial inspection			50
No. of re-inspections			1098
No. of Informal Notices served		- : ::	75
No. of Formal Notices served (including Ord	ers i	nade)	17
Details of Formal Action (Housing Act, 1961)			
Management Orders made (Section 12)			1
Notice re Items of Management (Section 14)			1
Management Orders revoked Directions served (Section 19) Notices re Works (Section 15)		***	3
Notices re Works (Section 15)			3 2
Notices re Overcrowding (Section 90, Housing	Act.	1957)	
Notice to effect Means of Escape in Case	of	Fire	
(Section 16)			2
Results Achieved			
Premises satisfactory in initial inspection		***	11
Premises rendered satisfactory by notice			65
Premises where houses in multiple occupati	ion	usage	
ceased			17
Details of Improvements Effected	No	of Pre	emises
1. Means of Escape in Case of Fire		52	
2. Abatement of Overcrowding in Lettings		26	
3. Reduction of numbers by Directions		5	
4. Improved Washing Facilities in Lettings		33	
5. Improved Washing Facilities in Bathrooms		16	
6. Additional water-closets		2	
7. Food storage, preparation and cooking facilities	s	22	
8. Space heating		5 9	
9. Improved Natural Lighting 10. Improved Ventilation		10	
10. Improved Ventilation		58	
12. External repairs		36	
13. Management Items		42	
The state of the s			

Land Charges Enquiries

A total of 7742 enquiries concerning various properties received attention in 1972. This represents an 11% increase over the number dealt with in 1971.

Caravan Dwellings

One caravan site licence was granted in 1972 which was in effect a renewal of a temporary seasonal permission limited to a period of seven months in connection with a site designed purely for the reception of 80 touring vans. The remaining twelve sites in the Borough provide 366 residential places and accommodation for 409 holiday vans.

111 inspections of sites were made during the year to ensure compliance with licence conditions.

Occupational Conditions

Factories

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

Factories Act, 1961. Part 1 — Inspections.

		Number of				
Premises (1)	Number on Register (2)	Inspections (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	88	34				
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	635	350	19			
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	02-	_	union a-resid	nO ot ym		
TOTAL	723	384	19	_		

Cases in which defects were found

essential a remporter	wi	No. of cases in which			
explice of 10 teleplaced	WT TIBE	D	Refe	rred	prosecu-
Particulars	Found Remedied To H.M.			By H.M. Inspctr.	were insti-
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	1	1	_	_	_
Overcrowding (S.2) Unreasonable temperature	TO-	-	-	-	
(S.3)		-		-	
Inadequate ventilation (S.4) Ineffective drainage of floors	-	1 13011	R They	at Fina	pr (0)
(S.6) Sanitary Conveniences (S.7)	38	_		na Imo.	18
(a) Insufficient			-	-	100
(b) Unsuitable or defective	16	14	-	2	-
(c) Not separate for sexes Other offences against the Act	100	-	thority	A Inso.	en T
(not including offences relating to Outwork)	9	8	2	The Line	120
TOTALS	26	23	2	2	-

Outwork (Sections 133 and 134)

	5	Section 13.	3	Section 134			
Nature of Work	No. of out- workers in August list required by Section 133 (1) (c)	No. of cases of default in send- ing lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un- whole- some premises	Notices served	Prosecu- tions	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Wearing apparel (making, etc.)	8	_	_	_	_	_	
TOTAL	8		-	-	-	-	

Offices, Shops and Railway Premises Act, 1963

During the year the Public Health Inspectors made 1868 visits to premises registerable under the Act, a 10% increase on the number made in 1971. There were 25,985 persons working in the premises registered at 31st December, 1972, an increase of 467 in the number of persons employed at registered premises at the end of 1971. There were 2,806 premises on the register at the end of the year, as follows:—

Offices					***		1,068
Retail Shops	***			111			1,492
Wholesale Shops					***		82
Catering Establis	hments open	to pub	lic, Ca	nteens	***	***	163
Fuel Storage De	pots						1

767 premises received a general inspection in the course of the year and as a result the following measures were carried out to improve working conditions and welfare provisions:—

Sanitary Accommodation

New water-closets provided	 	 	3
Intervening ventilated space provided	 	 	1
Cleansing carried out	 1102	 IROS 57	19
Other works done	 111	 	15

Washing Facilities

New wash-hand basins	provid	ed	1444	***		***	8
Hot water provided						***	21
Cold water provided	* ***		****		***		6

Other Matters

Means of heating provide	d	142097	 			8
			 			28
Ventilation improved			 111		***	8
Lighting improved			 ***	***	***	7
Work to boiete or lifte			 			50
First-aid boxes provided of	r re-s	tocked	 			51
Abstracts posted			 			46
Other contraventions reme	died	***	 			67

Accidents

There were 79 accidents reported, none fatal, which may be classified as follows:—

No. of accidents affecting men No. of accidents affecting women No. of accidents affecting boys No. of accidents affecting girls	31 38 5 5
No. of accidents occurring in offices No. of accidents occurring in retail shops No. of accidents occurring in wholesale shops No. of accidents in catering establishments	11 49 8 11
No. of accidents involving machinery No. of accidents involving hand tools No. of accidents as a result of falls No. of accidents as a result of collision No. of accidents involving the handling of	1 6 30 7
No. of accidents involving vehicles No. of accidents involving falling objects No. of accidents involving fire and explosion No. of accidents involving electricity Miscellaneous	19 5 4 1 1 5

Shops Acts

411 visits were made by the Public Heath Inspectors to shops to ensure compliance with the provisions of the Shops Act and the Young Persons Employment Act.

3 contraventions were noted and corrected after informal action.

INFECTIOUS DISEASES

657 visits were made in connection with cases of infectious disease; 478 of these visits were necessary to fully investigate reports of cases of suspected food poisoning.

Disinfection of premises was carried out by the Public Health Inspectors' Assistants as follows: —

				No	. of rooms
(a) (b)	After After	notifiable disease	D		7 12
(c)		Tuberculosis	1.17		and man

General Environmental Conditions

Drainage

The following table sets out in detail the drainage work carried out during the year.

No. of visits in connection with defective and	
choked drains	930
No. of choked drains found and cleared	250
No. of defective drains found and repaired	4
No. of visits in connection with Private	
Sanitary Surveys	2
No. of Private Sanitary Surveys carried out	1

211 of the choked drains found were cleared by the Public Health Inspectors' Assistants as a free service. Additional work to that which the Department undertakes free was necessary in 39 cases however, and 26 of these drains were cleared by the owner's contractor on informal notification. Formal notices were served in the remaining 13 cases and it was necessary to request the Borough Architect to clear 10 cases of blockage where notices were in default. The costs incurred by the Architect were subsequently charged to the owners concerned.

Refuse Storage Accommodation

109 visits were made by the Inspectors in connection with the inadequate or unsatisfactory provision of storage for refuse disposal. In 7 cases it was necessary to formally draw the attention of the appropriate person to deficiency in refuse storage accommodation but legal action was not required in any case.

Nuisances

1,191 complaints of nuisance were received in the office during 1972. Of this substantial figure, 702 related to defects in houses whilst 489 were concerned with general environmental conditions. The following tables show clearly that the abatement of nuisances remains one of the more important parts of the work of the Public Health Inspector.

Nuisances arising from Housing Defects Number of defects found in houses ... Number of verbal notices given Number of verbal notices complied with 21 Number of written informal notices served 188 Number of formal notices served 35 Number of written informal notices complied 136 Number of formal notices complied with 29 572 Total defects remedied Other Nuisances Number of other nuisances found Number of written informal notices given ... Number of written informal notices complied Number of formal notices served ... 4 Number of formal notices complied with ... Defects Remedied Water-closets repaired Eaves gutters repaired ... Rainwater or waste-pipes repaired Dampness remedied Walls repaired Walls repaired ... Floors repaired ... Windows repaired ... 21 91 84 Other repairs executed 13 Accumulations removed

Insect Pests

The work of disinfestation carried out by the Department falls into two categories. The Public Health Inspectors are frequently called in to advise on the best method to deal with a variety of infestations by common domestic pests, whilst the practical work to deal with infestation of insect pests which are a public health problem is carried out by the Department's manual staff.

Infestations of fleas are not frequently found in Bournemouth whilst bed-bugs are most unusual. The major problems arise as a result of infestation by cockroaches and wasps. Cockroach infestations, largely due to the insects extended life cycle, are difficult to deal with and require patient and expert work if treatment is to be successful. Whilst complaints of cockroach colonies often lead to time-consuming investigations by the Inspectorate, the work is considered to be extremely important in a town where there are so many food premises.

The Department operates a service for the destruction of wasps' nests charging a fixed sum of £1.25p for each nest destroyed. During 1972, 195 wasps' nests were destroyed, a figure substantially lower than that of 1971.

Rodent Control

1,853 complaints of rat or mice infestation, an increase of 17% over the number received in 1971, were dealt with during the year. After investigation 1,125 infestations of rats and 99 mice infestations were detected and dealt with. It should be emphasised that all these infestations were of minor nature and there was no major infestation detected in the town during 1972.

The survey work which has been carried out in the Department for some years and which is considered to be so important in the control of rodent infestation was necessarily curtailed somewhat during 1972 by an increase in the number of complaints and staff shortage; nevertheless, 378 survey visits were made and 22 minor rodent infestations detected and dealt with.

Treatment to eradicate rats in domestic premises is carried out free of charge but a charge is made for treatment to deal with rats in business premises or mice in any premises. During 1972 £124 was derived from this source.

ANIMAL HEALTH

Pet Animals Act, 1951

19 annual licences to conduct pet shops were granted to comply with the requirements of the Act. 36 routine inspections were made to pet shops to ensure that acceptable standards were maintained and in addition to the visits by the District Public Health Inspectors, every pet shop was visited by the staff of the Fire Prevention Department in connection with the maintenance of satisfactory fire precautions.

30 samples of raw pet meat were submitted to the Public Health Authority for bacteriological examination.

Animal Boarding Establishments Act, 1963

Only 4 premises are licensed as animal boarding establishments and these are used for temporary accommodation of cats.

Riding Establishments Acts, 1964 and 1970

There is only one registered riding establishment in the Borough and in accordance with the provisions of the legislation, the establishment is licensed annually. Before renewing a licence, the law requires the Council to have before it the report of a qualified veterinary surgeon as well as reports from the Public Health Inspector.

Diseases of Animals (Waste Foods) Order, 1957

34 routine inspections were carried out during the course of the year to ensure that satisfactory conditions are maintained at premises where persons are licensed for the boiling of swill for animal feeding purposes. The proper maintenance of these premises is essential in the important control of animal diseases such as foot and mouth disease.

Public and Private Swimming Pools

There are four public swimming pools in the town, three in Council ownership whilst one is privately owned. The water in all four baths is treated by the continuous filtration and chlorination method of purification which provides a very satisfactory standard of water in all but exceptional circumstances.

During 1972 the District Inspectorate regularly sampled not only water in the public swimming pools, but also water from school swimming pools, from hotel pools and paddling pools in the town. 390 samples were taken in all during the year revealing satisfactory standards exist generally throughout the town.

Whilst the maintenance of a bacteriologically satisfactory water is very necessary in swimming pools of all types, not less important is the maintenance of a high standard of hygiene in the surrounds to the swimming bath, in the dressing rooms and in the other ancillary facilities provided. 276 routine visits to inspect swimming baths were carried out by the District Inspectors in addition to their visits for sampling purposes.

Hairdressing Establishments

At the end of the year there were 309 hairdressers registered by the Council under Section 55 of the Bournemouth Corporation Act, 1960 to conduct their businesses from registered premises whilst a further 68 persons were registered as travelling hair-dressers.

150 routine visits were made to hairdressing establishments to ensure that the requirements of the Council's Byelaws were observed.

Sale of Poisons

There are 98 traders, mostly ironmongers or grocers, included in the Council's list of persons entitled to sell poisons scheduled in Part II of the Poisons List. 26 visits were made during the year in connection with the sale of poisons.

Public Conveniences

During the course of the year, the Social Services Health Committee accepted the responsibility for administering and maintaining new public conveniences provided by the Amenities Committee at Gorsecliff. This new provision brings the number of Council owned conveniences to 189 of which 169 are cleansed and maintained by the Health Department. The conveniences at Alum Chine were substantially extended to meet an increased need, whilst the number of facilities provided for disabled ladies and gentlemen was increased from 6 to 8.

The Council's declared policy of improving public conveniences where possible was again implemented throughout the year. The majority of buildings now have doors faced with laminated plastic which resists defacement and damage and which are easily cleansed, whilst brighter decoration in a more modern style has vastly improved many of the older premises. Attention has also been given to improved lighting systems and to more attractive external decoration.

The receipts from public conveniences under Health Department control during 1972 were as follows:—

Source		Amount
Coin locks	 	 £16,375.00
Wash and brush up rooms	 	 £272.56

Legal Proceedings

The following legal proceedings were taken in 1972:—

Proceedings under	For	Result
Section 2, Food and Drugs Act, 1955	Sale of mouldy sausage rolls	Fined £30 £10 advocate's fee
Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966	23 contraventions of Regulations	Guilty on 20 counts Total fines £100, £15 advocate's fee.
Section 93, Public Health Act, 1936	Keeping of animals as to be a nuisance	28 day Nuisance Order made
Section 2, Food and Drugs Act, 1955	Sale of breakfast cereal containing a maggot	Fined £30
Section 2, Food and Drugs Act, 1955	Sale of macaroni pasta containing beetles	Fined £50 £10 advocate's fee
Food Hygiene (General) Regulations, 1970	10 contraventions of Regulations	Total fines £115 £25 advocate's fee

Contents of Medical Officer of Health's Report

									Page
									31
Aged, Care of									
Ambulance Service									43
Atmospheric Pollution					1.5	/			67
									11
Births									12, 23
G of Mathemand	Vanna	Child	lean						22
Care of Mothers and		Chile	nen	* *					49
Cervical Cytology									36
Chiropody Service									8
Committee									24
Congenital Abnormali									51
Crematorium									
Dooth Course of						100			15
Death, Causes of									4, 11
Death Rates Dental Treatment, Mo	there								25
Dental Treatment, Mic	ment C	linice	oung						22
Developmental Assessr									78
Disinfestation								molie	28
Domiciliary Midwifery									77
Drainage							Tomas and		-hoti
E									59
Environmental Hygien	ie								-
10									73
Factories Act									36
Family Case Committ									24
Family Planning									61
Food Supply, Control	of								01
									77
General Environmenta	al Con	ditions	3						77
General Statistics									11
									-
Hairdressing Establish	ments								80
Health Education									37
Health Visiting									5, 30
Home Nursing									5, 34
Houses in Multiple O	ccupat	ion							71
Housing			=						68
25									122
Ice Cream									64
Illegitimate Births									12
Immunisation									4, 47
Infant Welfare Centre	es								22
Infant Mortality									4, 13
Infectious Disease								4, 18,	24, 76
Laundry Service									35
Maternal Mortality									13
Maternity and Child									22
Meat Inspection									63
TIAGET ALIOPOULUM	100000	100							

Meteorological Regis	trar. Re	eport o	of the				9		55
Midwifery and Mate	rnity Se	ervices							28
Milk Supplies									64
Movable Dwellings									72
Wordon Dwellings									
National Assistance	Acte								53
	ACIS			* *				4, 18	
Notifiable Diseases					**			.,	77
Nuisances			11	**					50
Nursing Homes						200			50
									73
Occupational Condit	ions						**		75
Offices, Shops and F	Callway	Premi	ses Ac	1, 1903		**			74
Outwork									14
									20
Parentcraft Classes								31	
Pets and Pet Foods,	Sale o	f							
Pharmacy and Poiso	ns Act								
Population									11
Prematurity								12	
Prevention of Illness	, Care	and A	fter-ca	re					49
Problem Families									36
Public Conveniences									81
Relaxation Classes					4.4				31
Refuse									77
Rodent Control									79
Samples of Foods a	nd Dru	198							67
Sanitary Work, Det	ails of							61	1, 75
Sewerage									55
Shops Act									76
Smoke Abatement									67
Staff									8
Statistical Summary									-11
Stillbirths									12
Swimming Baths								* *	80
Swimming Dates									
Tuberculosis								5, 19	9, 49
Tuberculosis				1000	-				
Manipolica					100				4, 47
Vaccination									11
Vital Statistics						-			
Water									54
Water									23
Welfare Foods									



COUNTY BOROUGH OF BOURNEMOUTH

EDUCATION COMMITTEE

Annual Report

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Principal School Medical Officer

Year 1972

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my second Annual Report as Principal School Medical Officer to the Education Committee.

This is the Sixty-fifth Report in a series dealing with the health of the children attending the schools in Bournemouth and as a result of reorganisation of both Local Government and the Health Services it will also be the last report. The School Health Service will in future be a section of the National Health Service and a specialist in community medicine will be appointed by the Area Health Authority, after consultation with the new County Council, as Medical Adviser to the Education Committee.

Integration of the Health Service gives an opportunity for closer co-ordination of those concerned with the health care of a child but the link between health and education could, unless care is taken, be weakened.

The physical health of the children is good but the number of children suffering from emotional and social problems is increasing and a child can be handicapped in this way as much as by any physical defect. These children, when they have become socially or emotionally maladjusted, develop inadequate personalities and may well develop mental illness and anti-social tendencies in later life.

We are still developing our system by which all children in the Borough are seen by appointment on several occasions before they start school so that their physical, mental and social abilities can be assessed and the appropriate advice given at the earliest possible time to the school teachers. We are faced with a shortage of medical and nursing staff which means that it is not possible to meet all the needs.

The important vaccination and immunisation programme in schools has been maintained at a high level with at least 80% of the children accepting immunisation at the appropriate intervals.

The Health Education Officer has continued his excellent work in schools and youth groups and for the first time arranged a course on the problems of drug addiction, which was attended by teachers of many Bournemouth schools.

My thanks are due to all members of the School Health Service and the Headteachers and staff of the schools for their help and willing co-operation.

I am,

Yours faithfully, ROBERT H. BROWNING

SCHOOL HEALTH SERVICE STAFF

(As at 31st December, 1972).

Principal School Medical Officer:
ROBERT H. BROWNING, M.B., B.S., M.F.C.M., D.P.H.

Deputy Principal School Medical Officer:

JOHN G. MEADOWS, M.B., Ch.B., M.F.C.M., D.P.H.

School Medical Officers:

C. L. R. BARTLETT, M.B., B.S., L.R.C.P., M.R.C.S. (SENIOR)

J. J. PHILLIPS, M.B., Ch.B. J. R. P. WHITE, M.A., B.M., B.Ch.

Principal School Dental Officer: MRS. M. B. REDFERN, L.D.S.

School Dental Officers: F. E. LOCKWOOD, B.D.S.

Dental Surgery Assistants:

MISS H. ALLEN, MRS. C. A. FERRIS,

MISS F. R. HICKMOTT, MRS. J. B. ORSBORNE

*R. F. ZINNA, M.D. (Naples), DIP.PSYCH. (McGill), AMER.B.P.N. *G. H. WARRICK, M.R.C.PSYCH., M.R.C.G.P., D.C.H.

Psycho-Therapist:
A. W. EDWARDS

Senior Educational Psychologist: IAN R. FERGUSON, M.A., M.Ed.

Assistant Educational Psychologist: MISS M. HERGETT, D.PHIL., A.A.P.S.W.

**Ophthalmic Surgeons (Part-time):

*R. B. de Saram, M.B., B.S.(Lon), F.R.C.S., D.O.

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

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

Orthoptist (Part-time):
*MISS O. L. NARRAWAY, D.B.O.

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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 10 537 Treat-Obser-		Child Aged 48	1 14	Other Periodic Inspections 1214 Treat-Obser-		
		ment	vation	ment	vation	ment	vation	ment	vation	
Skin		5	3	10	1	17	-	36	1	
Eyes:— (a) Vision (b) Squint (c) Other		25 23 2	<u>-</u>	86 5 2	<u>-</u>	81 2 1	<u>-</u>	117 20 5	<u>-</u>	
Ears:— (a) Hearing (b) Otitis Media (c) Other		7 -1	$\frac{14}{3}$	5 1 2	$\frac{1}{1}$	7 -	1 _	8 2 2	17	
Nose and Throat		10	39	14	10	2	4	20	45	
Speech		18	16	4	1	-	-	20	5	
Glands		-	12	-	2	-	2	1	9	
Heart		2	6	-	4	1	1	3	6	
Lungs		1	5	5	-	5	-	7	4	
Developmental:— (a) Hernia (b) Other		<u>-</u>	12	18	4	19	-	1 20	-	
Orthopaedic:— (a) Posture (b) Feet (c) Other		3 12 6	5 13 2	6 9 2	4	13 14 1	2 -	33 68 6	10	
Nervous System :— (a) Epilepsy (b) Other	1::	1	=	2	=	1	=	2	10	
Psychological:— (a) Development (b) Stability	: n	5	15	15	5	4		17 8		
Abdomen		-	-	1	-	-	1	2	-	
Other		-	-	1	-	-	-	-	100	
		125	147	194	55	169	22	399	16	

FINDINGS ON MEDICAL INSPECTION

(a) Infestation with Vermin

64 cases of personal uncleanliness were discovered, including infestation by lice. These cases tend to be grouped, and occur mainly among large "problem" families living under overcrowded conditions.

(b) General Physical Condition

Only 9 children seen in 3,006 routine medical examinations fell below the average standards of physique and build for their age groups.

(c) Defective Vision

10.3% of all children examined were found to be suffering from defective vision and were referred for further investigation either to the Special Eye Clinics or to the oculist of their parents' choice. Parental co-operation was extremely good, and of the 367 children attending the Eye Clinics for the first time 115 were recommended to wear spectacles.

195 new cases of squint attended the Orthoptic Clinic at 'Avebury' and 47 children had a corrective operation.

(d) Defects of the Nose and Throat

312 children received operative treatment for enlarged tonsils and adenoids, compared with 236 in 1971.

(e) Defective Hearing

The excellent arrangements previously described at the Hearing Assessment Clinic of the Poole Authority have continued to be available to Bournemouth schoolchildren, and during the year 4 children attended for assessment and at the end of the year 4 boys and 4 girls attended the Partially Hearing Unit.

LIST OF CLINICS HELD FOR SCHOOL CHILDREN

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Dental Clinics Central: 10 Madeira Road East Howe: Hadow Road	MORNING AND AFTERNOON Do. Do. Do.	MORNING AND AFTERNOON Do. Do. Do.	Morning and Afternoon Do. Do. Do.	Morning and Afternoon Do. Do. Do.	MORNING AND AFTERNOON Do. Do. Do.
Eye Clinics Central: 10 Madeira Road Charminster: East Way West Howe: Cunningham Crescent	Morning —	111	MORNING	Morning	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	I	AFTERNOON	-	AFTERNOON
Pokesdown: 896 Christchurch Road	AFTERNOON	MORNING	1		MORNING
East Howe: Hadow Road	AFTERNOON	The firm	as I	_//	!
Pelhams: Millhams Road, Kinson Stewart Road West Howe: Cunningham Crescent	111	AFTERNOON MORNING	MORNING AFTERNOON	AFTERNOON	AFTERNOON
Winton & Moordown: 844 Wimborne Rd.	Morning	AFTERNOON	1	1	1
(6)	101		Color		

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

ORTHOPAEDICS

Weekly orthopaedic clinics continued at Stewart Road under the supervision of the Consultant Orthopaedic Surgeon of the Bournemouth and East Dorset Hospital Management Committee, and a continuous physiotherapy service was available during the week.

As this is primarily a hospital clinic not all the children attended local authority schools, though a high proportion do so, and it has the great advantage that appointment delays are minimal and physiotherapy is immediately available.

As before, the majority of defects concerned the feet and knees, together with some postural defects, and the attendances were as follows:—

Number of pupils seen by the surg	eons	nessigno	I 1	460
Number of new cases				142
To a Continual and a second				760
		10 are 210		122
D. C. A. Counds				
Defects found:	than Irnaa	defects		150
Genu Valgum/Genu Varum and o	ther knee	detects		
Spastic conditions		-		2
Deformities of the foot		11 11112		260
Other conditions		om titebu	1000	48
Physiotherapy attendances totalle	d 1,539.			

SPEECH THERAPY

d very considerable strain on the other members of the Child

Defective speech has continued to be one of the commonest forms of handicap among schoolchildren:—

Number of children on register 1.1.72	 258
Number of new cases during 1972	 52
Number of discharges during 1972	 96
Number of children on register 31.12.72	 214
Total children treated during 1972	 310

B.C.G. VACCINATION

During 1972 children of 11 years of age and above were offered B.C.G. vaccination against tuberculosis as recommended by the Department of Health and Social Security. By the end of the year, 1,351 children had been Heaf tested; of these 1,336 were found to be lacking protection against the disease and were therefore vaccinated. In addition, 45 children were vaccinated as contacts of cases of tuberculosis.

REPORT ON CHILD AND FAMILY GUIDANCE CENTRE

By Ian R. Ferguson, M.A., M.Ed., Senior Educational Psychologist Staffing:

The two vacancies for full-time senior and second Psychiatric Social Workers, which had been vacant at the end of the previous year, remained vacant throughout 1972, in spite of repeated advertisements of the senior post, which was again upgraded in April 1972. The second post was not advertised as it seemed unlikely that, at its present salary level, it could attract a fully-trained and experienced Social Worker and it was considered inadvisable to appoint a student or partially-qualified worker without a senior to supervise.

It cannot too strongly be emphasised that these vacancies throw a very considerable strain on the other members of the Child Guidance team, all of whom have to substitute for the absent Social Workers in a variety of ways, ranging from taking social histories and supportive therapy with patients to making and receiving numerous telephone calls. There was also an increased burden placed on the clerical staff who sometimes had to undertake responsibilities in communicating with clients and other agencies which would normally have been assumed by social worker staff. Despite these serious difficulties great efforts were made by the existing staff to provide the continuity of service and to build up the relationships with parents which are so essential to successful treatment of cases.

Dr. G. H. Warrick, M.R.C.Psych., M.R.C.G.P., D.C.H. joined the staff of the Centre at the beginning of June. Dr. Warrick has been appointed by the Wessex Regional Hospital Board as an additional Consultant Child Psychiatrist in the Bournemouth and East Dorset areas, working also in Poole Child Guidance Clinic and the Paediatric Department of Poole General Hospital. His appointment did not result in an increase in psychiatric provision in Bournemouth, but it enabled Dr. R. F. Zinna to provide more clinical time to the Child and Family Guidance Clinic serving Christchurch and the New Forest area. It was agreed that Dr. Warrick should take cases from the East and West Howe and Kinson areas of Bournemouth (Social Services Department Area 1) while Dr. Zinna would continue to see cases from the rest of the Borough.

Cases

The number of referrals has remained remarkably constant over the last few years. This probably does not reflect the extent of need in the Borough, but rather the capacity to deal with cases of the existing Child Guidance staff—if waiting lists lengthen referring agencies are discouraged and the rate of referrals tends to fall off.

There was an increased number of open cases at the end of the year due to failure to close as many inactive cases as usual before the end of the year owing to pressure of work. There has been a tendency for referrals from General Practitioners and parents to rise in the last three years. The largest number of referrals is still of children of Primary school age, only 27 pre-school children being referred. The prognosis for children referred before they reach school age is often more hopeful and the staff of the Centre would welcome an increase in referrals of children who are considered disturbed before they reach school age.

Liaison with Other Agencies

Regular contacts were maintained with Westbourne School and the Bicknell School on a fortnightly basis by Dr. Zinna, Mr. Ferguson and Miss Hergett. Dr. Warrick also visited both schools from time to time concerning the pupils at these schools who come from areas for which he has now assumed responsibility. There were also occasional meetings with members of the Social Services Department staff to discuss policy matters affecting both Services. As Senior Educational Psychologist, Mr. Ferguson was co-opted to the Steering Committee of the Teachers Centre. This has proved a valuable link with current developments in related spheres of education.

The shortage of staff at the Centre made it difficult to build up or maintain adequate contact with the many Residential Schools in which Bournemouth children are placed as maladjusted pupils. Nor was it possible for as many review appointments to be offered to these children during their school holidays as would be desirable. It was sometimes impossible to pay home visits where such children and their parents had failed to attend the Centre for review appointments.

Training

Although the staff of the Centre feel they have an obligation to participate in the practical and theoretical training of potential colleagues in their own and related fields, it was not possible to offer any secondments for field placements at the Centre owing to the lack of a Senior P.S.W. There were, however, occasional contacts with student social workers from the Social Services Department who spent half a day at the Centre to discuss the nature of Child Guidance work with members of staff.

CHILD AND FAMILY GUIDANCE CENTRE

Annual Report 31st December, 1972

V 1072		anth W					
Year 1972	ra onana	1 cocos	1				228
New Cases referred (including	re-opened	1 cases)				
New Cases seen							181
Cases Re-opened							48
Uneventuated							15
Cases Closed							127
Children seen by Consultant	Psychiatris	sts					309
Total number of children seen	at the Ce	ntre					406
At 31.12.72						17.0	
							409
Open Cases	tion						21
Awaiting Psychiatric investiga	uon						21
Source of Referrals							
School Medical Officers							27
							68
General Practitioners							25
Head Teachers							
Parents							. 33
Consultants							6
Social Services Department							28
Probation Officer							6
School Psychological Service							11
Juvenile Court							10
Miscellaneous	OINGUIDON		Hillo	1100			14
Wilscenaneous	a mailto	1		blio n	libri		10/2/12
							228
And Commander							220
Age Group of Referrals							27
Pre-school							
Primary							107
Secondary		4.4					80
Grammar							7
Left School							7
							228
Reasons for Referrals							-
Behaviour difficulties					12/2		163
Psychosomatic symptoms	Total .			-		ollol s	4
	THE PARTY OF THE P	1000		5.5	Sec.		17
Educational problems							43
Nervous symptoms							
Speech problems				ART			1
							228
Closures							-
Improved by treatment							53
Parents unable to co-operate							11
Advice only					store	0	14
Left school							12
Transferred to other agencies	27 100			TEND 9	N STOR	AL:	11
							20
Moved from area	**						4
Court Report only							
Unchanged		* * *					2
							127

IMMUNISATION AGAINST INFECTIOUS DISEASES

Arrangements have continued for the protection of school children against diphtheria, whooping cough, tetanus, poliomyelitis, measles, rubella (German measles), smallpox and tuberculosis in accordance with the schedule recommended by the Department of Health and Social Security. During the year, protection was given as follows:—

						0000	Primary	Booster
Diphtheria							_	_
Diphtheria/Te	etanu	ıs					4	98
Diphtheria/W	hoo	oing Cou	gh/T	etanus	(Triple)	2	_
Totomus							1	629
Poliomyelitis							6	752
C 11							_	-
Measles							5	
Rubella (Ger	man	Measles)					653	_

B.C.G. vaccination against tuberculosis was given to 1,336 school children in addition to 45 others dealt with as contacts.

NOTIFICATION OF INFECTIOUS DISEASES

The following relate to	scho	ool childr	en:	
Measles				 31
Whooping Coug	h			 2
Scarlet Fever				 11
Food Poisoning				 2
Scabies				 43
Dysentery				 -
Infective Hepati	tis			 42
				1000000
				131

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							151
Ear, Nose and	Thro	at c	one	litic	ons	paces si	129
Skin complaints							119
Uncleanliness						saugi p	244
Miscellaneous						217.00	412
							1/3/N
						inulaises	1,055
							1911111

Exclusion from School

8 pupils were excluded from school during 1972 for uncleanliness.

Open-Air Education

Only one boy was recommended for admission to a residential open air school during 1972.

SCHOOL MEALS SERVICE

there aims in used it is necessary to review our special

and rightly so-to helping the underprivileged child.

38 Centres are in use for the provision of meals and the number of children attending on an average day in October was 11,182 out of 17,603 children attending school that day. 2,087 of these meals were provided free. On the same day 3,888 children received milk in school (one-third pint each).

STAFF EXAMINATIONS

59 lecturers and school teachers were examined by the medical staff, as a condition of appointment, and 180 applicants for entry to Colleges of Education.

EMPLOYMENT OF SCHOOL CHILDREN

A total of 481 children aged 13 or more who wished to be employed outside school hours were authorised by the School Medical Officers.

The occupations proposed were:-

Errand Boys	 	 	9
News boys	 	 	277
News girls	 	 	107
Shop assistants	 	 	66
Other	 	 	22

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

HANDICAPPED CHILDREN

The primary aims of the School Health Service are the identification and correction of defects in the young child. The secondary aims are the identification of handicaps resulting from persisting defect and the provision of educational help appropriate to those handicaps. These secondary aims have grown in importance and scope over the years and much effort and money are now directed—and rightly so—to helping the underprivileged child.

With these aims in mind, it is necessary to review our special educational provisions constantly because the needs they were designed to meet can change quickly. In addition the 1974 reorganisations of Education and Health services will provide a unique opportunity—if the participants will seize it—of replanning special education on a larger and wider scale. There is, for example, a sufficient number of deaf children in the new Dorset Education area to permit the establishment of a weekly boarding

unit within its boundaries. Similarly, it would be possible to have a unit for children with fairly severe multiple handicap, for whom existing establishments in this country are either not suitable or have no vacancies. At present some of these children have to be placed in circumstances which are less than ideal, for example residential placement at a very young age or too far away for weekends at home, or where their development potential cannot be fully exploited. In these and other ways special education could benefit from the reorganisation.

HANDICAPPED PUPILS

	Ascert	Ascertainment		Special Schools*	shools.	light logs logs
Category	New cases ascertained during 1972	Number on Register 31.12.72	Number recommended during the year for admission	Number admitted during the year	Number attending 25.1.73	Number awaiting placement 25.1.73
Blind Partially Sighted Deaf Partially Hearing Delicate Physically Handicapped Educationally Sub-normal Maladjusted Epileptic Speech Defective	11-04=24 62	3 6 32 33 35 228 105 22 214	1 1 3 39 1 1	1 33	227 28 1 1 88 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-1
Totals	150	685	75	73	288	13

Number of Handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1944 • Includes boarding houses or hostels and independent schools: excludes Hospital Schools.

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

During the early part of the year one full-time dental officer left and we were unable then to find a suitable replacement, so for the greater part of the year the East Way Clinic was manned by two excellent part-time Dental Officers for only 31 days each week. Despite this reduction in staff there was a very satisfactory output of work. There was a slight decrease in the number of fillings in permanent and deciduous teeth and a regrettable increase in extractions, with general anaesthetics up by almost a third. There was a corresponding increase in emergencies, many of whom were children who do not attend a dentist regularly and when they are in pain they have to seek prompt relief. The School Dental Service always endeavours to see any child in pain, but it is deplorable that there are so many parents who neglect their children's teeth until driven in desperation to seek treatment for them. Only regular visits can avoid this situation and consequently avoid the bogev of fear which follows on attendance for emergency treatment only. I have calculated that approximately 10% of Bournemouth's children do not attend a dentist regularly and consequently find it difficult to obtain an appointment when in pain, largely because of the pressure of demand for treatment in both the General Dental Service and the School Health Service. In addition, many dental surgeons now experience considerable difficulties in obtaining an anaesthetist for emergency cases, which further complicates the problem of coping with emergencies.

The pressure of demand for treatment remained high and it was again impossible to recall patients for regular check-ups other than those pupils who were being kept under observation for orthodontic or other special reasons. An additional member of staff is urgently required so that an equitable service can be provided for all children.

Due to strenuous efforts by the staff the number of School Inspections was increased and there was a slight but satisfactory drop in the number of children referred for treatment. Four schools were not inspected during the year and the average length of time between inspections was 14 months. The number of children caries-free remains almost exactly the same. There was a

welcome increase in caries-free children in the five to seven year olds but by eight or nine years the number drops substantially, so that in the final junior school year the number is very small. It is significant that in the schools where the Headteacher takes an active interest in Dental Health Education, and bans sweets and biscuits during school hours and offers apples and crisps for sale instead, there is an encouraging improvement in the dental health of the children.

There was an increase of almost a third in the number of new orthodontic cases commenced during the year. The orthodontic figures apply only to those pupils who are fitted with appliances. Considerably more children are treated for overcrowding by extraction of teeth only and 83% of permanent teeth extracted were for orthodontic purposes.

General anaesthetics are now given by a Consultant Anaesthetist and all patients are anaesthetised whilst lying in the horizontal position, in accordance with modern practice. Hospital trolleys are used during anaesthesia; this increases the safety factor and facilitates the transfer of patients to the recovery room.

Treatment of the Mentally Handicapped

Children attending the Turner School were examined once during the year and treatment was carried out in the Mobile Clinic on suitable patients. Unfortunately a number of these children will not submit to treatment in the surgery and have to be referred to hospital for extractions and conservation under general anaesthesia. It is hoped that it will be possible to appoint a Senior Dental Officer with special responsibility for the mentally handicapped, and who will also be able to undertake conservation under general anaesthesia on suitable patients.

The adult trainees at West Howe Industries were inspected by the Dental Service and treated by Mrs. S. P. Williams in the Mobile Clinic under the National Health Service, which again proved a very satisfactory arrangement.

Dental Health Education

Only 2.5 Dental Officer Sessions were spent on Dental Health Education, and eight talks were also given by the Health Educa-

tion Officer. Prevention should play a major role in a Public Health Dental Service but sheer pressure of demand for treatment practically rules this out, which is to be deplored.

The Mobile Clinic was in constant use and an additional Mobile Clinic would greatly facilitate treatment and reduce loss of school time. It is hoped that during the coming year a second one will become available. I am most grateful to the Ambulance Personnel who tow and service the Mobile Clinic and to the Health Department plumbers who connect and disconnect services each time it is moved.

Finally I should like to thank all members of the dental and medical staff for their loyalty and co-operation. I am grateful to the Head Teachers and staffs of all our schools, the Director of Nursing Services and her staff, the Health Education Officer, the clerical staff and the Consultants and staff of the Hospitals for the facilities they provide.

Medical Inspection and Treatment

Return for Year ended 31st December, 1972

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January 1973:

	7 Schools		***		18,868
(ii) Form (iii) Form	7M 11 Schools				268
	TOTAL	Line	i zadnio	ad	19,136

PART 1

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

TABLE A-PERIODIC MEDICAL INSPECTIONS

No. of Pupils	Physical (of Pupils	Condition	No. of Pupils	Pupils found ing dental o	Pupils found to require treatment (excluding dental diseases and infestation with	ment (exclud- station with
who mave	Satisfactory	Unsatisfactory	warrant a	01	vermin)	
rull medical examination			medical	defective	for any other	Total
	No.	No.		(excluding	recorded	pupils
(2)	(3)	(4)	(5)	squint) (6)	at Part 2	(8)
140	140			1, 36	010	10
397	396	1	1	4	117	103
146	145	2	1	13	59	53
27.5	27	1-	1.1	6 4	8 8	21
318	317	-	772	50	59	66
219	219		301	36	48	83
70	70	1	1	12	15	17
33	32	-	1	4	6	10
32	32	1	1	4	6	12
750	747	3	1	136	126	242
3,006	2,997	6	1.073	309	878	777

Col. (3) total as a percentage of Col. (2) total 99.70%

Col. (4) total as a percentage of Col. (2) total 0.30%

TABLE B — OTHER INSPECTIONS

N	umber of Special Inspections				291 20
	TOTAL	.4.		.3.5	311
	TABLE C — INFESTATION	WITH	VER	MIN	
(a	school nurses or other authorised person	ns	be inf	ested	27,121 64
(c	at 1 C ! I'- 'dead availe in seeme	ct of w	hom cl	eans-	NIL
(d	Number of individual pupils in respec	ct of w	hom cl	eans-	
,	ing orders were issued (Section 54(3), E	ducatio	n Act,	1944)	NIL

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

Defect	THE REAL PROPERTY OF	Periodic Inspections Entrants Leavers Others Total		Special		
No.	Defect or Disease (2)	Entrants	Leavers	Others	Total	tions
4	Skin T	5 3	26 —	37 2	68	6
5	Eyes—(a) Vision]	25	107	177	309	38
	(b) Squint T	23	2	25	50	6
	(c) Other	2	3 10	5 20	10 31	1 3
6	Ears—(a) Hearing 7	7 14	8 3	12 16	27 33	12
	(b) Otitis Media		6-	3	3	13
	(c) Other 7		animos s	4	5 4	=
7	Nose and Throat	10 39	3 6	33 53	46 98	10 15
8	Speech	T 18 16	=	24 6	42 22	5
9	Lymphatic Glands	$\frac{\Gamma}{12}$		1 11	1 25	
10	Heart and Circulation	r 2 6	1 2	3 9	6 17	
11	Lungs	r 1 5	1	16 4	18 9	8
12	Developmental—: (a) Hernia (b) Other	Г — — — — — — — — — — — — — — — — — — —	- 1 7 1	1 50 7	1 1 61 20	$\frac{1}{8}$
13	Orthopaedic:— (a) Posture (b) Feet (c) Other	T 3 5 12 13 T 6 0 2	6 1 3 - 4 1	46 19 88 15 5 7	55 25 103 28 15 10	3 6 17 2 5

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

Defect	Defeat or Disease		1	Periodic In	spections		Special
No.	Defect or Disease (2)		Entrants	Leavers	Others	Total	Inspec-
14	Nervous System :— (a) Epilepsy (b) Other	TOTO	=	2 	3 -2 1	6 2	1 3 -
15	Psychological:— (a) Development (b) Stability	T O T O	5 15 1	4 7 4 2	32 28 10 6	41 50 14 9	14 1 4
16	Abdomen	TO	=		3	3	1
17	Other	TO	31	9 =	1 1	1 1	=

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

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

a la real contest tuelle	to have been dealt with
External and other, excluding errors of refraction and squint Errors of refraction (including squint)	1,033
Total	1,080
Number of pupils for whom spectacles were prescribed	507

Number of cases known

Number of cases known

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

TABLE C — ORTHOPAEDIC AND POSTURAL DEFECTS

			Number known to have been treated
(a) Pupils treated a patients department(b) Pupils treated	its	 	460
postural defects		 	
Γotal	***	 	460

TABLE D — DISEASES OF THE SKIN

excluding	uncleanliness,	for which see	TABLE C of	Part I
CACALITATION.	micromining,	IOI WHICH SEE	I CARDELE TO THE	H 4111 1 H

EAL VILLES OF RES						known
Ringworm—(a) Scal	p		to	have	been	treated
(b) Bod	y					
Scabies		***			47	
Impetigo	444				_	
Other skin diseases	***				-	
Total		71.7		RIN	47	HAY

TABLE E — CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance clinics

Number known to have been treated 406

TABLE F - SPEECH THERAPY

Pupils treated by speech therapists

Number known to have been treated 310

TABLE G — OTHER TREATMENT GIVEN

(a) (b)	Pupils with minor ailments Pupils who received convalescent	Number known to have been dealt with NIL
	treatment under School Health Service arrangements	NIL
(c)	Pupils who received B.C.G. vaccina-	1,336
(d)	Other than (a), (b) and (c) above	NIL
Tot	al (a)-(d)	1,336

TABLE C -- OUTSIDE AND AND POSTULAR DESIGNATION

tot house to be stored of the form

SCHOOL DENTAL SERVICE

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1972.

1	First Visit	Ages 5 to 9 1,466 2,746 4,212	10	Ages to 14 1,222 2,818	1 6	s 15 over 83 20	Total 2,871 6,184 9,055
	Additional courses of treatment commenced	427 1,097 2,975 970 2,777 28 1,208 281 286		255 2,774 231 2,549 222 526 367 171 183	7	42 21 	724 4,592 3,206 4,233 2,999 639 1,575 469 515 468
	Prophylaxis Teeth otherwise conserved Number of teeth root-filled Inlays Crowns Courses of treatment completed						793 411 57 1 16 3,491
2	ORTHODONTICS Cases remaining from previous year New cases commenced during year Cases completed during year Cases discontinued during year Number of removable appliances fi Number of fixed appliances fitted Pupils referred to Hospital Consult	tted					85 78 52 9 106 —
3	PROSTHETICS Pupils supplied with F.U. or F.L. (first time) Pupils supplied with other dentures (first time) Number of dentures supplied	5 to 9	10	0 to 14	15 an	d over 1 6 9	Total 1 8 11
4	ANAESTHETICS General Anaesthetics administered	by Dent	al Of	ficers			_
5	 INSPECTIONS (a) First inspection at school. Num (b) First inspection at clinic. Num Number of (a)+(b) found to re Number of (a)+(b) offered tree (c) Pupils re-inspected at school of Number of (c) found to require 	ber of P equire tr atment r clinic	upils eatm	ent			14,978 1,060 6,188 4,876 2,270 997
6	SESSIONS Sessions devoted to treatment Sessions devoted to inspection Sessions devoted to Dental Health						1,348·5 132·5 2·5

SCHOOL DIGITAL STRENGER AND - C S. C. A.

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			A 100	
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