#### Contributors

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# THE HEALTH OF CHELTENHAL IBRARI T 1963

1962

# T. O. P. D. LAWSON, M.D., D.R.C.O.G., D.P.H.

ROPICAN

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

J. F. URSELL, D.P.A., F.A.P.H.I. CHIEF PUBLIC HEALTH INSPECTOR





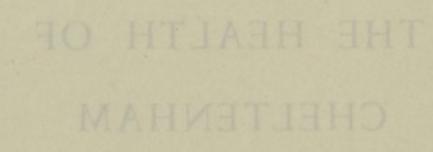
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1. Health Parcaleon

# Annual Report on the Health of the Borough of Cheltenham for the Year 1962

To the Worshipful the Mayor, the Aldermen and Councillors of the Borough of Cheltenham.

#### Mr. Mayor, Ladies and Gentlemen,

With only one exception, the Infant Mortality rate, every aspect of the health of the Borough throughout the year has been very satisfactory. This has been a fairly constant feature in recent years during which standards of personal and environmental health have continued to rise. The only departure from the normal course of events was occasioned by the outbreak of Smallpox in other parts of the country in the early months of the year and the discovery in the community of direct contacts of one of the fatal cases. Appropriate action was taken immediately and fortunately no cases occurred in or near the town.

The Infant Mortality rate is again disappointing and out of keeping with the general standards of health in the community. This problem has been again the subject of investigation and consultation with the hospital authorities and further measures are about to be taken to effect some improvement.

We are now beginning to see some progress under the new mental health legislation and in the very near future we will have in the town a residential hostel and a new adult workshop for the mentally handicapped. Under the scheme of Delegation of Welfare and Health Services, other handicapped persons are being similarly catered for as will be seen in the sections of the report devoted to the Care of the Deaf and Hard of Hearing, the Blind and Partially Sighted and the Physically Handicapped along with the ever-increasing services for Old People.

Once again the year has been free of any outbreaks of infections or other serious disease apart from the annual visitation of measles. There were no cases of poliomyelitis. The following is a short summary of the more important aspects of the Public Health in Cheltenham during the year.

#### Infant Mortality

The infant mortality rate, i.e., the number of infants who died in the first year of life per 1,000 live births was 27.4 compared with 23.58 for the previous year, a figure well in excess of the national rate of 21.6 The infant mortality rate in Cheltenham has been above the national average for the last two years. This subject will be discussed in more detail later.

#### Tuberculosis

There were 31 new cases of Tuberculosis notified during the year as compared with 20 last year and 35 the year before. In recent years the general trend has been a steady decline. There were only four deaths from the disease, the same number as in 1961.

#### Lung Cancer

Twenty-nine persons died from lung cancer during the year with the usual preponderance of males (22). The number of these deaths in Cheltenham each year shows remarkably little variation. The average number of such deaths in the town over the last ten years up to 1961 is 28.8.

#### **Other Vital Statistics**

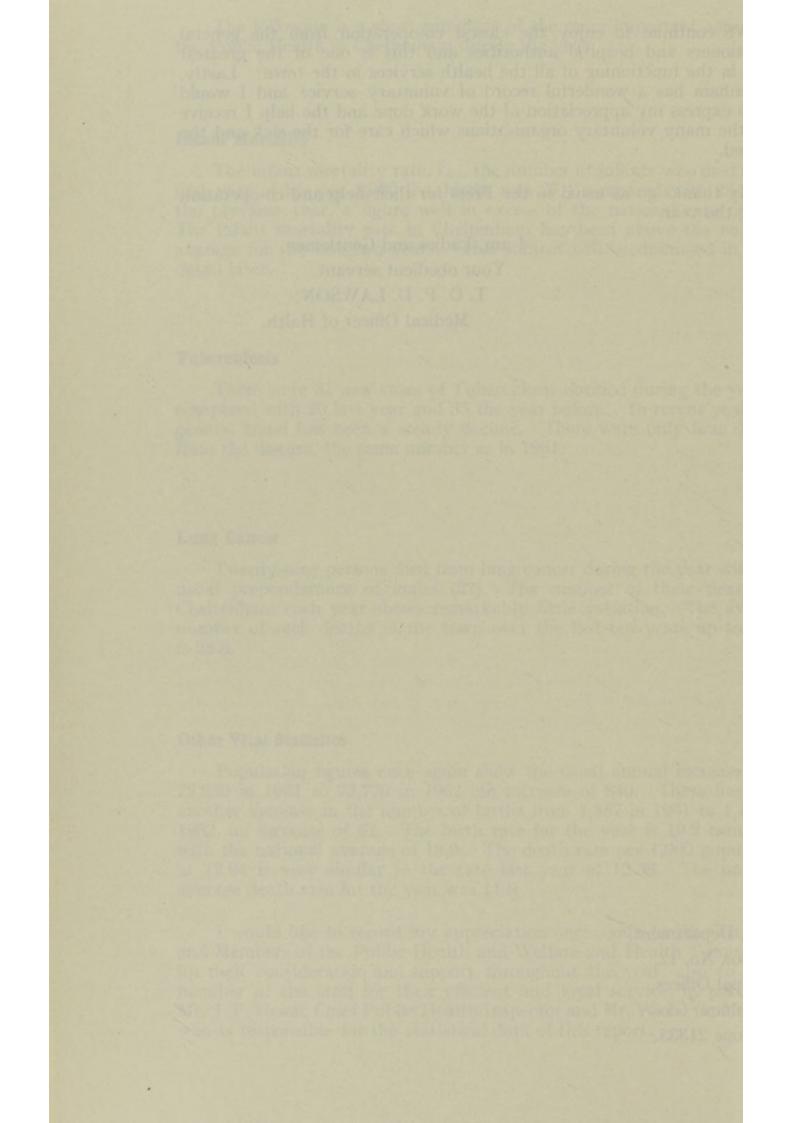
Population figures once again show the usual annual increase from 72,930 in 1961 to 73,770 in 1962, an increase of 840. There has been another increase in the number of births from 1,357 in 1961 to 1,419 in 1962, an increase of 62. The birth rate for the year is 19.2 compared with the national average of 18.0. The death rate per 1,000 population at 12.94 is very similar to the rate last year of 12.38. The national average death rate for the year was 11.9.

I would like to record my appreciation once again to the Chairman and Members of the Public Health and Welfare and Health Committees for their consideration and support throughout the year, also to every member of the staff for their efficient and loyal service, in particular Mr. J. F. Ursell, Chief Public Health Inspector and Mr. W. H. G. Meakins who is responsible for the statistical data of this report. We continue to enjoy the closest co-operation from the general practitioners and hospital authorities and this is one of the greatest assets in the functioning of all the health services in the town. Lastly, Cheltenham has a wonderful record of voluntary service and I would like to express my appreciation of the work done and the help I receive from the many voluntary organisations which care for the sick and the disabled.

My thanks go as usual to the Press for their help and co-operation during the year.

> I am, Ladies and Gentlemen, Your obedient servant, T. O. P. D. LAWSON, Medical Officer of Halth.

Health Department, P.O. Box No. 12, Municipal Offices, Cheltenham, Glos. Telephone 21333.



# **SECTION 1**

# ENVIRONMENTAL HEALTH SERVICES

#### BOROUGH HEALTH COMMITTEE 1962

The Mayor (Councillor A. E. TRIGG) (*Chairman*) Councillor R. F. BROOKES (*Vice-Chairman*)

Councillor D. G. ALDRIDGE	Councillor W. BULLINGHAM
Councillor J. A. Aston	Councillor C. W. A. Foster
Councillor C. Barlow	Councillor A. G. K. FREWIN
Alderman A. J. BETTRIDGE	Councillor D. M. Morris
Councillor	Mrs. M. F. Yeates

(Co-opted Member, Charlton Kings U.D.C.: MRS. E. L. F. ALLPRESS)

#### STAFF OF THE BOROUGH HEALTH DEPARTMENT

Medical Officer of Health

Deputy Medical Officer of Health Chief Public Health Inspector

Deputy Chief Public Health Inspector Public Health Inspectors

Chief Clerk Senior Clerk Medical Officer of Health's Secretary Chief Public Health Inspector's Secretary Clerical Assistant Shorthand Typist Enquiry Office Clerk Junior Clerk Pupil Disinfection Officer

- Thomas O. P. D. Lawson, M.D., D.R.C.O.G., D.P.H.
- P. M. Lambert, M.B., Ch.B., D.P.H.
- J. F. Ursell, D.P.A., F.A.P.H.I., M.R.S.H.\*†
- A. L. Jones, M.A.P.H.I., San.Science R.S.H.\*†
- G. J. C. Buck, M.A.P.H.I., M.R.S.H.\*† A. H. Carling, M.A.P.H.I., A.R.S.H.\*† R. Hullah, M.Inst.M., M.A.P.H.I.\*† H. Stone, M.A.P.H.I.†\* R. J. Wintle, M.A.P.H.I.\*† W. H. G. Meakins D. Y. Harrison

Miss G. W. Hiron

Miss M. E. Edden Miss E. M. Oliver Miss J. Pickering Mrs. N. Blatchly Miss C. J. Begley D. M. Wise G. Cross

\* Certified Meat and Foods Inspector, R.S.H.
† Public Health Inspector's Education Board Certificate.

NOTE. For Rodent Control and Abattoir Staff, see report of Chief Public Health Inspector, page 96.

#### SUMMARY OF GENERAL AND VITAL STATISTICS, 1962

Area of Borough	5,146 acres 62,823
Population { Census 1951, Corrected Figure Mid-year, 1962. Registrar General's Estimate	73,770
Number of inhabited houses $\int (a)$ Houses and Flats	22,514
(as at 31.3.63) $(b)$ Theres, occupied Shops, etc	587
Rateable Value (as at 31.3.62)	£1,356,762
Sum represented by a penny rate (1962-63)	£5,585

#### **TABULAR STATEMENT OF THE MAIN VITAL STATISTICS FOR 1962**

(with comparative figures for England and Wales).

	М.	F.	Total	Cheltenham	England & Wales
LIVE BIRTHS Legitimate Illegitimate	675 67	620 57	1295 124		
TOTALS	742	677	1419	19.2	18.0
Rate per 1000 population	1 25 - 15 - 15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. M. 1. M. 1.	19.2	18.0
ILLEGITIMATE LIVE BIRTHS Per cent of total live	67	57	124		
births				8.7%	
STILL BIRTHS Legitimate Illegitimate TOTAL	$ \begin{array}{r} 9\\1\\-\\10\end{array} $	8 - - 8		IN HEN	
Rate per 1000 total live an	d still births			12.5	18.1
TOTAL LIVE AND STILL BIRTHS	752	685	1437	L. L	
INFANT DEATHS (Death Legitimate Illegitimate TOTAL INFANT MORTALITY .R. Total infant deaths per 10 Legitimate infant deaths Illegitimate infant deaths Neo-natal Mortality Rate	20 2 22 	16 1 	births 1000 total	27.4 29.3 24.0	21.6
live births) Early Neo-natal Mortality total live births) Peri-natal Mortality Rate combined per 1000 total	(still births live and sti	and deaths u		17.6 16.2 28.5	15.1 30.8
(including abortion) Rate per 1000 total live an	-		R Dou		0.35
DEATHS (all ages) Rate per 1000 population	460	495	955	12.94	11.9

**IOTE.** The figures for births and deaths are corrected for inward and outward transfers in order that the statistics may give as true a picture as possible of local conditions.

MAIN VITAL STATISTICS-10 YEAR PERIOD 1953-62 (inclusive).

	CH	CHELTENHAM	IAM		INFANT DE Per 1,000	ATH RATES Live Births	TOTAL DEATHS		I Per 1	DEATH RATE Per 1,000 of Popula	RATE Population	She St
dv an	Estimated	No. of	Birth Rate	Total Deaths of		England		Cheltenham	nham	England	Tuberculosis (Cheltenham)	(heltenham)
TEAN	ropulation RG	Births	population	(under 1 year of age)	Cneltennam	Wales	Cheitennam	Recorded	Corrected	wales	Pulmonary	Other
1953	66210	1077	16.3	33	30.64	26.8	842	12.72	11.18	11.4	0.166	0.045
1954	67450	1132	16.78	33	29.15	25.5	877	13.0	10.66	11.3	0.119	0.029
1955	67730	1125	16.61	34	30.22	24.9	816	12.05	9.88	11.7	0.118	0.015
1956	68010	1187	17.45	33	27.8	23.8	863	12.69	11.17	11.7	0.103	0.00
1957	68230	1210	17.73	33	27.27	23.1	815	11.94	10.51	11.5	0.073	0.00
1958	68610	1153	16.81	24	20.82	22.6	889	12.96	11.01	11.7	0.058	0.015
1959	69490	1235	17.77	24	19.43	22.2	835	12.02	10.21	11.6	0.00	0.00
1960	70370	1306	18.56	18	13.78	21.9	870	12.36	10.5	11.5	0.04	0.00
1961	72930	1357	18.61	32	23.58	21.6	903	12.38	11.1	12.0	0.05	0.00
1962	73770	1419	19.2	39	27.4	21.6	955	12.94	11.7	11.9	0.05	0.00

#### Population

The Registrar's estimate of the population of Cheltenham for midyear 1962 is 73,770 which is 840 more than the estimate for 1961.

#### **Death Rate**

The Crude Death Rate was 12.94 a slightly higher figure than that of last year. The corrected Death Rate (Registrar's correction factor 0.91) was 11.7 compared with the figure of 11.9 for England and Wales.

#### **Birth Rate**

Live Births in 1962 totalled 1,419 which is 62 more than the figure for the previous year.

The Birth Rate was 19.2 and is slightly higher than the figure for 1961. The Registrar now provides a correction factor for birth rates. For Cheltenham this factor is 0.94 which gives a rate of 18.0 which is the same as for England and Wales.

The number of Still Births, per 1,000 live and still births, was 12.5 (or 11.7 corrected) compared with 18.1 for England and Wales.

#### Causes of Death relating to Cheltenham Residents as given by the Registrar General for the year 1962

						Male	Female
1	Tuberculosis, respirator	w				4	
2	Tuberculosis, other						_
3	Syphilitic disease					1	2
4	Diphtheria					-	
5	Whooping Cough					_	-
6	Meningococcal infection	1S				1	-
7	Acute Poliomyelitis					-	-
8	Measles						_
9	Other infective and par	asitic dis	seases			-	1
10	Malignant neoplasm, st	omach				8	4
11	Malignant neoplasm, lu	ng, bron	chus			22	7
12	Malignant neoplasm, br					—	15
13	Malignant neoplasm, ut						4
14	Other malignant and ly		neopla	sms		42	53
15	Leukaemia, aleukaemia					1	3
16	Diabetes					5	3
17	Vacular lesions of nervo	<i></i>	ms			48	77
18	Coronary disease, angin					112	84
19	Hypertension, with hea	rt diseas	e			6	11
20	Other heart disease					54	66
21	Other circulatory diseas	se				15	19
22	Influenza					1	6
23	Pneumonia					47	48
24	Bronchitis					33	10
		Tot	al carri	ied forv	vard	400	413

				Male	Female
	Total	brought	forward	400	413
25	Other diseases of respiratory syste	em		1	4
26	Ulcer of stomach and duodenum .			3	5
27	Gastritis, enteritis and diarrhoea.			3	1
28	Nephritis and nephrosis			2	5
29	Hyperplasia of prostate			4	and applied
30	Pregnancy, childbirth, abortion .		AN	1	-1.40
31	Congenital malformations		10120000	5	9
32	Other defined and ill-defined disea	ases	1 darsyste	29	35
33	Motor vehicle accidents			6	1
34	All other accidents			3	16
35	Suicide	balle	5991	4	6
36	Homicide and operations of war			-13	Idit the Di
All	Causes		in the	460	495

#### DISCUSSION

The main causes of death show little change, viz. heart disease and cancer. In the latter group, lung cancer accounts for around 30 deaths each year and in the former, disease of the coronary arteries accounts for nearly 59 per cent of all deaths due to heart disease. The total number of deaths from cancer (155) is lower than the previous year (167). Although one cannot place much significance in the statistical comparisons of two succeeding years, it may be worth noting, in view of the current interest in the subject, that there has been more than twice the number of suicides (10) in 1962 as compared with 1961 (4).

#### **Deaths from Accidents**

The table below shows the number of deaths from accidents during the last five years, deaths caused by motor vehicle accidents being shown separately.

Ē		M	lotor Vehicle Accidents	Other Accidents
1958	 	 	8	29
1959	 	 	9	17
1960	 	 	13	22
1961	 	 	10	23
1962	 	 	7	19

#### **Infant Mortality**

There were 39 infant deaths during the year as compared with 32 last year, giving an infant mortality rate of 27.4 as compared with 2358 the previous year. The infant mortality rate for England and Wales in 1962 was 21.6. The causes of the 39 infant deaths were as follows:—

			N	eo-Natal	1 mth-1 yr.	Total
*Prematurity (stated	or co	nsidere				
the second se				14	2	16
Respiratory				102-10164	6	6
Congenital Defects				8	2	10
Accidental Death				ATRA-LA DATA	1	1
Cerebral Haemorrhage	3			3	and sidescores	3
Other Causes				Harris Such	3	3
				_	n solon - so de ci	-
				25	14	39
				and a series	Te unit the state of a	
*Total under 5lbs. 8 o	zs.—	22.				

The Registrar General's figure for the year shows a total of 40 infant deaths in Cheltenham but one of these deaths was included in the Annual Report for the previous year. The baby died in the last week of 1961 and the death was not registered till January 1962. The Registrar General was notified.

The infant death rate for 1962, as in 1961, is disappointingly high. It should at least equal the national average. It should not be well in excess of it. As in previous years when we have experienced a high infant death rate, the two main causes remain the same, prematurity and congenital defect. These two causes account for 26 (66 per cent) of the infant deaths. In the present state of our knowledge there is not much we can do to prevent congenital defects, and although we do not have an excessive number of babies born prematurely, we do seem to have a large number of babies born so premature that they have very little chance of survival. Of the 39 babies who died in the first year of life during the year, 22 were premature according to their birth weights which are shown as follows:

3 lbs. 4 ozs. or less	 	 12
Over 3 lbs. 4 ozs.—4 lbs. 6 ozs.	 	 5
Over 4 lbs. 6 ozs.—4 lbs. 15 ozs.	 	 4
Over 4 lbs. 15 ozs.—5 lbs. 8 ozs.	 	 1
		22

1118

Over half of these babies had a poor chance of survival even under the best conditions and treatment.

The infant death rate, however, cannot be looked at in isolation, but must be related to the still birth rate and the Peri-natal Mortality Rate which is the combination of still births and deaths under one week per 1,000 live and still births. The number of still births in Cheltenham during the year was 18, giving a still birth rate of 12.5, well below the national average (18.1). Similarly, the Peri-natal Mortality Rate (28.5), is below the national average (30.8). Nevertheless, the infant death rate is far from satisfactory and efforts are being made to improve it.

#### WATER SUPPLY OF THE BOROUGH

Regular samples have been taken throughout the year at the sources providing the town's water supply. These samples are taken by the Public Health Inspectors of the Health Department and submitted for bacteriological and chemical analysis. In addition, one member of the staff is responsible for the sterilizing and testing of the Spa water at the Pump Room and delivering supplies to the Town Hall.

All samples of water supplies, including Spa waters, are examined by Mr. J. Henderson, Analyst to the Cheltenham and Gloucester Joint Water Board, who has provided the following report showing the number of samples examined bacteriologically and chemically during 1962 with a statement on radioactivity.

CHEMICAL EX	AMINA	ATIONS	5	N	o. of sa	mples exa	mined.
						1961	1962
Cheltenham							
Dowdeswell				 		5	4
Northfield				 		5	4
Sandford				 	<i></i>	5	4
Pittville Spa				 			1
Miscellaneous				 		9	1
						94	14

**BACTERIOLOGICAL EXAMINATIONS** 

No. of Samples examined. 1961 1962

Cheltenham					
Dowdeswell Raw		 	 	1	3
Dowdeswell Final		 	 	13	12
Hewletts Raw		 	 	5	11
Hewletts Reservoir	'	 	 	28	62
Northfield		 	 	13	12
Sandford		 	 	13	12
Swimming Pools		 	 	40	37
Miscellaneous		 	 	37	19
Spa Waters		 	 	26	12
				176	180

			No.	of San	mples exa	mined.
Tewkesbury					1961	1962
Raw River Water			id		170	167
Coagulated water at outlet, fro	m tan	ks			57	60
Coagulated water above filters				nid ()	58	60
Filtered water					625	721
Final Chloraminated water					757	762
					1667	1770

With the exception of 3 swimming pool samples, the bacteriological condition of the local potable water supplies and swimming pool waters of Cheltenham has been very satisfactory throughout the year.

Intermittent contamination of a variable nature at an open reservoir called for an extensive investigation and for the withdrawal, for a period, of the source from supply. Covering of the reservoir is to be undertaken.

The greater proportion of Cheltenham's water supply is derived from the River Severn at Tewkesbury and, despite the intense pollution to which this source is subject, the bacteriological condition of the final water going into supply has been maintained at its normal high level. The wholly-exceptional weather in late January gave rise to treatment difficulties, but these were overcome by unorthodox emergency measures, without undue effect on the condition of the supply.

The problem of sewage pollution of the River Severn continues and, in volumes of raw water of 0.01 ml. or less, coliform organisms were present in 80.8% of the samples examined, contrasted with 73.4% in 1961. Confirmation of excremental bacteria (Bact. Coli I) was reduced from the 52.6% of samples in 1961 to 42.3% during 1962.

#### **RADIOACTIVITY OF WATER SAMPLES AND RAINFALL**

Examinations of water samples and rainfall for radioactivity have been continued throughout the year.

Despite the programme of Russian and American nuclear explosions which continued intermittently, but frequently, from April until December 1962, the effect on the rainfall was surprisingly less than had been anticipated, and the level of activity in the river water showed no sensational abnormality. However, in respect of precipitation, the picture changed rapidly with the first snowfall at the year's end when the radioactivity of the snow rose to a figure about three times that of the maximum previously recorded. This new record was doubled again on the next snowfall, although the activity of succeeding falls decreased in intensity. These unusual results demonstrated once more the greater efficiency of snowfall, compared with rainfall, as a leaching agent for radioactive debris.

In general, this gross contamination did not communicate itself to the watercourse of the River Severn. The reason for this is somewhat interesting. With normal precipitation, run-off to a watercourse is generally sufficiently rapid as to communicate to a stream much of the radioactive contaminant which it may be carrying. During the severe weather of this winter, nearly all the precipitation was of snow and in the subsequent gradual thaw its dispersal was activated almost entirely by evaporation. With the continued decay of radionuclides and the greater opportunity for absorption by the soil, the river was spared the excessive contamination which it might otherwise have received. Some of the raw water samples recorded new high peaks of activity at this time, as did a few of the final water samples which exceeded the Medical Research Council's standard of 20 uuc/l. However, since the latter has a safety factor of 40 and, moreover, is based on the assumption of the continuous ingestion of such water over a life-time, the high results, whilst deprecated, were not critical.

#### SEWERAGE

As reported last year, stage 2 of the extensions to the Hayden Sewage Disposal Works had started and although the new works are still some way from completion, the contractors have made fair progress with regard to the reinforced concrete work. The severe winter conditions brought the work to a virtual standstill for some 6—8 weeks. A considerable amount of new machinery has been delivered to the site, and the erection of some part of this will shortly be undertaken. To date the total expenditure is in the region of  $f_294,500$ .

The Council have now sanctioned the installation of a sludge drying and pulverising plant and other improvements at an estimated cost of approximately £56,000 and have also approved a proposal for a new final effluent culvert between the works and the River Chelt at an estimated cost of £59,000. It is hoped that a start will be made on the sludge drying plant towards the end of the summer.

#### SWIMMING BATHS

There are two public swimming baths in the town, a covered bath and an open-air pool. In both cases the source of the water used for filling is the mains supply and the method of treatment is filtration and automatic chlorination. In the covered bath there is a complete change of water every 4 hours, both in the main pool and the instructional pool. In the open-air pool there is a complete change every 6 hours.

Regular samples of water from the swimming baths are submitted for bacteriological examination. They showed that a satisfactory standard had been maintained throughout the year.

#### MILK (SPECIAL DESIGNATION) REGULATIONS

During 1962, licences to use special designations in relation to milk sold within the Borough, totalled one hundred and twenty as follows:—

and a second in the second	Type of 1	Licence	
Designation	Pasteurisers	Dealers	Total
Tuberculin Tested	_	46	46
Pasteurised	1	58	59
Sterilised	-	15	15
TOTALS	1	119	120

Samples are taken fortnightly for analysis and the reports are submitted to the Health Committee.

Very few results during 1962 failed to satisfy the standards of the Ministry of Health.

#### PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

The following statement shows the corrected numbers of cases notified during 1962. (Tuberculosis is dealt with separately). An analysis of the notifications according to age and sex is set out on page 21.

Erysipelas	4	 	 	 2
Measles		 	 	 831
Meningococcal Int			 	 1
Pneumonia (all fo	orms) .	 	 	 13
Puerperal Pyrexia	ι.	 	 	 39
Scarlet Fever		 	 	 18
Whooping Cough		 	 	 26
Ophthalmia Neon	atorum .	 	 	 1

#### NOTES ON INFECTIOUS DISEASES

Apart from an expected increase in the incidence of Measles, the town was free of any serious infectious disease throughout the year.

#### **VENEREAL DISEASES**

The following report has been received from A. E. Tinkler, M.A., M.D., D.P.H., Consultant Venereologist, South Western Region Hospital Board.

The number of new patients attending the Venereal Disease Clinic at Cheltenham General Hospital remains very small.

TABLE 1. New Cases: All Conditions-Cheltenham 1958-1962.

1958	88
1959	83
1960	94
1961	124
1962	106

#### Syphilis

A remarkable decline in the incidence of this disease took place in England and Wales since the peak war years. Unfortunately in the past three years there has been a very significant increase, although the total numbers still remain low. The number of cases of early (infectious) syphilis seen at the Cheltenham Clinic in 1962 was the same as the previous year, viz.: one primary and one secondary syphilis.

#### Gonorrhoea

The most disturbing feature of the venereal disease rate has been the constant rise in the incidence of gonorrhoea since 1954/55. During this period the incidence has more than doubled in England and Wales as a whole. It is thus most encouraging to note a reversal of this trend in 1962. Undoubtedly, one of the main factors in this increasing incidence was the very high rate amongst male immigrants infected after entering this country. Possibly the restriction of immigration in 1962 has played a significant part in the reversal of this trend. The incidence of gonorrhoea in Cheltenham in 1962 also shows a decrease over the previous year and remains at a very low level (Table 2).

TABLE 2. Incidence of Gonorrhoea—Cheltenham 1958—1962.

18
15
13
23
16

The sociological conditions which give rise to a high incidence of venereal disease are to be found mainly in the large cities and ports. Nevertheless, at times of high incidence the smaller cities and rural areas are also affected, although to a lesser extent. Thus, it is important, even in areas of low incidence, to maintain adequate measures of control. The prompt tracing and treating of all contacts is a most important measure in preventing the spread of these diseases. In this respect, I am happy to report excellent co-operation between the Clinic and the Health Authority.

	21													
		ARTER STREET		1. 1. L	Fevers	M		•						
Dishtheria	Lupata	M. F.	1	Enteric or	I ypnoid Fever	M. F.		Food Poisoning	M. 					
Manalas	Measles	$ \begin{array}{cccc} M. & F. \\ 200 & 97 & 97 \\ 97 & 105 \\ 100 & 120 \\ 163 & 148 \\ 7 & 21 \\ 3 & 15 \\ 8 & 10 \\ 8 & 10 \\ \end{array} $	401 428	ephalitis	Post-infectious	M. H. H.	1	Malaria						
omyelitis	Non-Paralytic			Acute Encephalitis	Infective		1	Ophthalmia neonatorum	Ж.					
Acute Poliomyelitis	Paralytic	Ж.                   Ч.		Condland	xodupme	M. F	   	Puerperal Pyrexia	н.     39     8 39					
Whooning	Cough	M. 3 2 2 1 1 1 6 3 2 2 4 F. 1 1 1 1 6 6 1 2 2 4 F.	12 14	Ducantan	nysemery	M. F.		Meningococcal infection	M. 1          F. 1          F.					
Scorlat	Fever	M. + + +     F. -   2 2 2 4 +     F.	13 5	Acuta	Pneumonia	M. 1 1 1 22. 1 2. 4 2 1 22. 1 2. H	3 10	Erysipelas	M. F					
-	ALANDID - DI	Under 1 year 1 to 2 years 3 to 4 years 5 to 9 years 10 to 14 years 15 to 24 years 25 years and over Age unknown	Total (all ages)			Under 5 years 5 to 14 years 15 to 44 years 45 to 64 years 65 years and over Age unknown	Total (all ages)		Under 5 years 5 to 14 years 15 to 44 years 45 to 64 years 65 years and over Age unknown Total (all ages)					

Plant         Image: Second efficiency of the second efficiency													_
Paralytic         Paralytic         Paralytic         Processing	ilosis	Оťћет .	7	4	7	8	8	7	4	5	1	61	
Malaria       Malaria         Image: Searlet Fever       Image: Searlet Fever         Image: Searlet Fever       Ima	Tubercu	Ријтопагу	40	53	46	34	29	36	31	30	19	29	
Restant       Malaria         Image: Second seco		Whooping Upooling	283	145	109	148	70	143	10	64	11	26	
Pre-Paralytic       Paralytic         Pre-Paralytic       Prection         Paralytic       Prection         Prection       Post-Intection         Prection       Prection         Prection       Proceeded         Prection       Prection         Prection       Proceeded         Prection       Proceeded         Prection       Proceeded         Prection       Proceeded         Proceeded       Proceeded         Prectrice       Precopenenee		Reasles	376	530	797	545	739	499	764	622	516	831	
Paralytic       Paralytic       Malaria         Prepretive       1			P.	Τ	Τ	Т	Τ	Т	Т	Τ	Ι	Τ	
Perparatitic       Presentery       Malaria         Presentery       1		941194		1	1	1	1	63	1	1	1	1	tious
Perparative         Propried         Malaria           Presentative         1	-		=	14	14	1	33	16	9	10	3	1	ifective ost-Infec
RP-Paralytic       Presentation       Contribution       Contribution       Contribution         NP-Paralytic       NP-Paralytic       NP-Paralytic       NP-Paralytic       NP-Paralytic         NP-Paralytic       NP-Paralytic       NP-Paralytic       NP-Paralytic       NP-Paralytic		Dysentery	3	5	9	12	1	9	19	10	4	1	
P=Paralytic     P     Nalatria       Material     1     1     1     1     1       Material     1007     61     83     5carlet Fever       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1			5	1	9	1	1	5	I	1	1	1	
Perparalytic         Perparalytic         Province         Malaria           Image: Second structure         Source         Source         Source           Image: Second structure         Image: Second structure         Source         Source           Image: Second structure         Image: Second structure         Source         Source           Image: Second structure         Image: Second structure         Image: Second structure         Source           Image: Second structure         Image: Second structure         Image: Second structure         Image: Second structure           Image: Second structure         Image: Second structure         Image: Second structure         Image: Second structure           Image: Second structure         Image: Second structure         Image: Second structure         Image: Second structure           Image: Second structure         Image: Second structure         Image: Second structure         Image: Second structure           Image: Second structure         Image: Second structure         Image: Second structure         Image: Second structure           Image: Second structure         Image: Second structure         Image: Second structure         Image: Second structure           Image: Second structure         Image: Second structure         Image: Second structure         Image: Second structure           Image: Second st	le:		5	5	1	4	1	5	3	7	1	1	
Paralytic       Paralytic       Paralytic       Poliomyelitis         Paralytic       Pre-paralytic       1<		Erysipelas	9	S	4	5	7	3	1	3	5	63	
Paralytic       Paralytic         Paralytic       Prescandation         Paranalytic       Prescandation	-		NP	12	S	1	3	5	1	1	-	1	
Perparalytic     Perparalytic       NP=Non-Paralytic     Perparalytic	S	Poliomyeliti	P	1	2	1	9	1	1	1	1	1	1
Planting       Malatia         NP=Non-Paralytic       Scattlet       Puerperal         NP=Non-Paralytic       NParalytic       Puerperal		Pneumonia	68		36	46	43	35	37	23	12	13	
sinslem     -     -     -     -     -       xoqlism2		Pyrexia Puerperal	18	26	54	44	80	62	99	44	44	39	0
sinelem     -     -     -     -     -       xoqliem2     1     1     1     1     1     1	VêT	Typhoid Fe	1	1	I	1	1		67	1	1	I	ytic
sinslam          xoqlism2     1     1     1     1     1		Diphtheria	1	1	I	I	1	1	I	1	1	1	= Paral
	ST.	Scarlet Feve	87	61	107	50	35	23	32	30	14	18	P. NP.
		xoqlism2	1	1	1	1	1	1	1	1	1	1	
<sup>1953</sup> 1953 1954 1955 1955 1955 1959 1959 1960 1961 1962		Malaria	1	1	1	1	Ι	1	١	1	I	Ι	
		Year	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	

NOTIFICATIONS OF INFECTIOUS DISEASES 10 YEAR PERIOD 1953-62 INCLUSIVE

#### ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS

There were no Food Poisoning notifications during the year.

#### **PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952**

Part I Summary of notifications of Tuberculosis during the period from the 1st January, 1962 to the 31st December, 1962.

	14	Formal Notifications												
	Number of Primary Notifications of new cases o Tuberculosis												es of	
Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total all ages
Respiratory, Males	-	-	-	1	-	1	2	4	5	-	2	2	-	17
Respiratory, Females	-	-	-	-	1	-	2	2	7	-	-	-	-	12
Non-respiratory, Males	_	-	-	1	_	-	-	-	-	-	-	-	-	1
Non-respiratory, Females	_		_					-	1	-	_		-	1

#### Part II Deaths from Tuberculosis during the above-mentioned period.

elate relievensals		Number of cases in age groups												
Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total all ages
Respiratory, Males	-	-	-	-	-	-	-	-	1	2	1	-	-	4
Respiratory, Females	-	-	-	-	-	-	-	-	-	-	-	-	-	- 4
Non-respiratory, Males	-	-	-	-	-	-	-	-	-	-	-	-	-	_
Non-respiratory, Females		_	_	_	_	_	_	_	_	_	_	_	_	_

As will be seen from the above figures there were 31 new cases of tuberculosis notified throughout the year. There were 20 the previous year. There were 4 deaths from the disease.

#### **Death Rates**

The Tuberculosis death rates for Cheltenham during 1962 were as follows:---

Pulmonary Tuberculosis 0.05 Non-Pulmonary Tuberculosis 0.00

Total 0.05

Per 1,000 of Population

Comparative Figures England and Wales Total 0.06

23

The following report has been received from Dr. F. J. D. Knights, M.D., M.R.C.P., Senior Chest Physician, North Gloucestershire Clinical Area:—

#### Tuberculosis in Cheltenham Borough, 1962

During the year, 31 new cases of tuberculosis were handled in the Chest Clinic service.

One was non-respiratory, five were primary infections and twentyfive were cases of phthisis. Of the cases of phthisis, three were minimal, seventeen were moderately advanced and five were advanced.

Fifteen of the cases were referred from general practitioners, eight from other Hospital departments, four were discovered by Mass Radiography, two were contact pick-ups and two were routine X-rays for other purposes.

The Register of Persons notified as suffering from Tuberculosis now stands as follows:—

RED (markedly infectious)		 23
YELLOW (potentially infectious)		 79
GREEN (non-infectious)	T	 149
		251

Of the 23 REDS, 13 are chronically infectious cases. Four are known to be harbouring tubercule bacilli resistant to one or more of the main drugs. 7 are unco-operative to a greater or lesser extent. 8 are receiving hospital treatment.

Contact examinations arising out of Cheltenham Borough cases notified in 1962.

Average number of contacts per case: Listed 6.3 Seen 5.7.

#### ADULTS

Under 45		Over 45	
Called	102	Called	44
Response	90	Response	39
(88%)		(88%)	

Overall percentage of attendance: 88%

One adult was notified as a result of these investigations—a young woman, a contact of her father who was known to be infectious.

#### CHILDREN

Of 49 children called, 3 did not attend at all, and two were kept under observation at the Clinic following positive tuberculin tests.

The remaining 44 were healthy, and are analysed as follows:----

Tuberculin positive.	Age 0—4. To G.P. and H.V.	 	3
., ,,	Age 5—11. ,, ,,	 	5
ni L"aiving " nd in	B.C.G. vaccinated at school, for radiological follow-up	 	1
Tuberculin negative.	Successfully B.C.G. vaccinated	 	23
,, ,,	Defaulted during B.C.G	 	4
	Awaiting B.C.G	 	1
Tuberculin tested and	l/or X-rayed and discharged	 	7

No case of significance was found among the children.

#### HOUSING

44

Regular visits were made with members of the Public Health Committee to houses considered unfit for human habitation and appropriate recommendations made to the Housing Committee.

The following is the number of cases dealt with during the year :---

Number of cases rehoused because of Tuberculosis 2 (3)

The 1961 figures are shown in brackets.

#### REGISTRATION AND INSPECTION OF NURSING HOMES SECTIONS 187-194. PUBLIC HEALTH ACT, 1936

At the commencement of 1962 there were 8 Nursing Homes on the Register.

The total number of beds available at the end of the year was 115 classified as follows :—

A MORE A FORSE AND A STATE OF A ST	Number	Number of	Number of beds provided for			
A STREET STREET	of Homes	Maternity	Others	Totals		
Homes first registered during the year.	3	and second as a	31	31		
Homes whose registra- tions were withdrawn during the year.			-			
Homes on the register at the end of the year.	11	_	115	115		

Private Nursing Homes in Cheltenham still provide a most valuable addition to the accommodation available for sick persons.

Many of the homes provide mainly for old persons and help in no small way to solve a problem which yearly becomes more difficult.

Visits were paid to all Nursing Homes on two or more occasions during the year.

As will be seen in the above table, 3 new nursing homes were opened and registered by the Council during the year, increasing the places available from 86 to 115.

#### MEDICAL EXAMINATIONS

The following examinations for the purpose	of employ	ment were
carried out during the year :	Numbers 1	Examined
Purpose of Examinations	Borough	County
Superannuation Act, 1937 and 1953 and National Health Service (Superannuation)	87	91
Candidates for admission to Teachers Training College	. –	46
Candidates for Employment as Teachers	-	10
On behalf of other Authorities	-	17
	87	164

#### Total examinations

Total examinations carried out during 1961 amounted to 286.

251

# SECTION II

National Health Services Act 1946

PERSONAL HEALTH SERVICES

#### WELFARE AND HEALTH COMMITTEE 1962

Alderman A. J. BETTRIDGE (Chairman)

Councillor C. W. A. FOSTER (Vice-Chairman)

Councillor J. A. Aston Councillor C. Barlow Councillor R. F. BROOKES Alderman Miss F. L. Carter Councillor Miss M. N. P. DENT Alderman A. W. MANN Councillor C. H. MARKHAM, O.B.E. Councillor T. E. PARKER

Councillor Mrs. M. F. YEATES

CO-OPTED MEMBERS

Mrs. G. Mellersh Mrs. D. M. Mann Mr. A. F. NUTTER Mrs. H. Smith

#### WELFARE AND HEALTH STAFF

Medical Officer of Health

Deputy Medical Officer of Health Senior Health Visitor

Health Visitors Home Help Organiser Assistant Home Help Organiser

Cheltenham Nursing Association: Superintendent

Assistant Superintendent

Day Nurseries Whaddon Road

Swindon Road

Eildon Training Centre: Supervisor

Health Centre:

Welfare Foods Centre: Senior Mental Welfare Officer: Home Teacher for the Blind: Administrative Staff: Chief Clerk Clerical Staff T. O. P. D. Lawson, M.D., D.R.C.O.G., D.P.H.
P. M. Lambert, M.B., Ch.B., D.P.H.
Miss E. M. Tatlow, S.R.N., S.C.M., D.N.
9 in number
Miss M. Langford
Mrs. R. Langton
80 Home Helps

Miss D. E. Tate, S.R.N., S.C.M., Q.N.S. Mrs. P. Huxford, S.R.N., S.C.M., Q.N.S. 7 Midwives 19 Home Nurses 1 Part-Time Nurse

Miss E. J. Pugh (Matron) N.S.C.N. 6 Staff 6 Student Nurses Miss M. Lee (Matron) N.N.E.B. 6 Staff 6 Student Nurses

Mrs. I. Halsall 10 Staff 2 Nurses 3 Clerks (2 Part-Time) 2 Part-Time Clerks Mr. G. H. Watts Miss J. B. Finley

Mr. W. H. G. Meakins Miss G. Kear Mrs. P. Butfield Mrs. M. McCabe Miss S. M Davis Mrs. E. Hunt

#### **SECTION 21**

#### **Health Centres**

The Health Centre continues to provide general medical services for Hesters Way and surrounding estates. Both the population of the area and the demands for the facilities provided are increasing.

Adaptations have been completed during the year which have made available an additional room equipped for the doctors to do minor surgical operations or the nurses to do dressings. This resulted in the loss of the original pram shed, but a new one has been erected at the back of the building with access from the front and entry to the Health Centre by a new doorway at the rear. The next addition will have to be the enlargement of the office which is no longer sufficient to accommodate the clerical staff and medical records.

Attendances during the year are shown in the following tables:-

General Practitioner Consultations	Treatment and Casualties	Child Welfare	Ante and Post Natal	Total
18325	4139	4737	1025	28226

#### **SECTION 22**

#### Care of Mothers and Young Children

#### **Child Welfare Centres**

These are held weekly throughout the town as follows:--

St. Michael's Hall, Whaddon R	oad		Thursday
St. Paul's Hall, Swindon Road			Tuesday
Hesters Way Health Centre			Tuesday and Thursday
Bethesda Church Hall			Wednesday
Highbury Church Hall			Tuesday
Leckhampton Church Hall			Friday
Gloucester Road Methodist Sun	iday	School	Wednesday

In addition, a mobile Child Welfare Centre attends fortnightly at St. Thomas' Hall on the Alma Road Estate. Toddlers clinics for older children are held separately or in conjunction with these Centres.

Records of attendances are as follows:----

No. of Centres provided						8
No. of Sessions held per me	onth					33
No. of children aged under	1 year	who	attende	ed a Cer	ntre	
for the first time						1,146
Total No. of children who						
year				· · · · · · · · · · · · · · · · · · ·		2,984
Total attendances made:-						
Children under 1 year						11,154
Children 1 to 5 years						

At all centres certain proprietory brands of dried milk and other proprietory food supplements at near cost price are available.

All these child welfare clinics are conducted by a voluntary committee of ladies who do splendid work throughout the year and are responsible for the efficient running of one of our most important health services. The increasing attendances at these clinics is a tribute to their work. It has not yet been possible to find permanent clinic accommodation on the Alma Road Estate. Renewed efforts are being made to find suitable premises.

#### Welfare Food Centre

The Health Department undertakes the distribution of various welfare foods and diet supplements provided by the Ministry of Health. The distribution of welfare foods is carried out from the Welfare Food Centre in Clarence Street and from Child Welfare Centres in various parts of the Borough.

Since an economic charge for the vitamin supplements was introduced in June 1961, there has been a reduction in the sale of these commodities. As compared with the previous year, the sale of orange juice has dropped by approximately 10,000 bottles, Cod Liver Oil by approximately 1,400 bottles and Vitamin Tablets by approximately 1,200 packets.

The amounts distributed during 1962 were as follows:—

National Dried Milk—tins	 	 	25,741
Orange Juice—bottles	 	 	21,475
Cod Liver Oil—bottles	 	 	1,888
Vitamin Tablets—packets	 	 	2,345

#### **Family Planning Clinic**

On 1st January, 1962, the Cheltenham Branch of the Family Planning Association took over the work of the Women's Welfare Clinic and became the Council's Agents for this purpose. The clinics which are well attended are held in the school clinic premises on the 1st and 3rd Thursday of each month. Patients are referred to the clinic on medical grounds.

#### Care of the Unmarried Mother and Child

Arrangements for the care of the unmarried mother are provided on behalf of the Council by the Cheltenham Deanery Association for Social Work. This service is grant-aided by the Council. The number of cases dealt with in Cheltenham during the year was 132. There were 124 illegitimate births out of a total of 1,419 births, a percentage illegitimate birth rate of 8.7 per cent compared with 6.9 per cent in 1961.

St. Catherine's Home in Cheltenham provides accommodation for the admission of unmarried mothers but they are also admitted to similar homes run by the Diocesan Moral Welfare Association in other parts of the country.

#### **Dental Treatment for Expectant and Nursing Mothers**

The following report has been supplied by Mr. J. S. MacLachlan, L.D.S., Area Dental Officer.

#### A. NUMBERS PROVIDED WITH DENTAL CARE

(Figures for 1961 in parentheses)

(1)	Examined (2)	Needing Treatment (3)	Treated (4)	Made Dentally Fit (5)
Expectant and Nursing Mothers	228 (122)	187 (103)	125 (86)	55 (43)
Children under Five	215 (151)	143 (94)	120 (89)	53 (21)

#### **B. FORMS OF DENTAL TREATMENT PROVIDED**

(1)	/Scalings and gum Treatment (2)	Fillings (3)	Silver Nitrate Treat- ment (4)	Crowns or Inlays (5)	Extrac- tions (6)	General Anaesthetics (7)
Mothers	47 (4)	142 (87)	0 (0)	0 (0)	195 (170)	18 (31)
Children	0 (0)	70 (52)	1 (4)	0 (0)	150 (159)	45 (68)

	Dentures	Dentures Provided			
	Full Upper or Lower (8)	Partial Upper or Lower (9)	Radiographs (10)		
Mothers	7 (8)	33 (22)	27 (28)		
Children	0 (0)	3 (0)	1 (0)		

During the year the equivalent of 79 sessions were spent on the inspection and treatment of the Priority Classes. This compares with 53 last year, and it would seem that the growing demand for treatment is largely due to the increased awareness of the importance of dental health brought about by visits of the dental staff to Toddlers Clinics and Welfare Centres and to the Maternity Hospital, and by the efforts of the Health Visitors in underlining the importance of dental health.

Since the appointment of Miss Oldham to the New Post of Dental Hygienist, it has been possible to intensify the dental health education programme and, during the year she has made 42 visits to Welfare Centres. She has found that she has attained considerably more success by talking to small discussion groups of mothers than by talking "at" them in a formal lecture, and that there is, in Cheltenham, a very lively and growing interest in Dental Health, and that the young mother is very anxious to learn. In the past, the majority of parents considered that, so long as their children brushed their teeth once or possibly twice, daily, then any ensuing dental disease was not their fault. Now, many of them are doing all they can to implement a correct dietary regime of three to four well-balanced meals a day, with no between meal snacks, and are naturally indignant at the kindly friend, or grandparent, who distributes sweets and biscuits indiscriminately. Such comments as: "I don't want my children to have teeth like mine. I never bothered." Or that from a mother at a Welfare Centre: "I am really trying to do the right things about my children's teeth, but it's impossible when all the time my neighbours and relatives are against me. They think I'm being mean and unfair when I don't let them have sweets between meals," are indicative of the changing attitude toward dental health.

A debt of gratitude is due to the Health Visitors in Cheltenham, not only for referring patients to the Clinic for inspection, but also for assisting in the dissemination of dental health education, especially that concerned with the abuse of the miniature feeding bottle, into the use of which they carried out a most interesting survey. These miniature feeders consist of a small container holding some 6 c.c. of fluid and attached to a teat. They may be of some value when used for their original purpose of giving medicines to a recalcitrant child, but nothing but condemnation can be accorded to their use as a nightly comforter or "sweet suck" when the container is filled with honey or undiluted vitamin syrup, and the child goes to sleep sucking it. Their use in this manner ensures that the teeth will erupt into the best possible environment for the production of dental decay and that the child will develop the habit and desire for sweet things that is the root cause of so much dental decay today.

The fact that this year, for the first time on record in Cheltenham, three partial dentures were fitted to pre-school children, is indicative of the need for the continued intensification of the dental health education programme.

### **Orthopaedic Clinic**

An Orthopaedic Clinic is held on three occasions each month where children under five years can have postural and other defects remedied. Two sessions are held in the same premises as the School Physiotherapy Clinic and the third at the Health Centre.

### **Care of Premature Infants**

No

The number of premature babies, i.e. babies with a birth weight of 51 lbs. or less is a little higher than last year. Prematurity is still a problem, but not by itself. The main problem is the increase in the number of babies born alive but so grossly underweight that they have little chance of survival under any conditions.

Under the special arrangements made for the care of premature babies at home those infants in the middle range of prematurity or above do very well. Eight premature babies in this category were cared for at home during the year with very satisfactory results.

The majority of the very small babies are retained in hospital after birth or transferred there from home.

Premature live births and still births notified during the 12 months under review were as follows:-

No. of Premature Live Births notified:-

(a)	In hospital			 	 106
(b)	At home			 	 12
o. of Prema	ature Still Births	s notifie	-:b		
(a)	In hospital			 	 9
(b)	At home			 	 1

The following table shows in more detail the distribution of premature babies born during the year by weight and survival rate:-

and the second second		Р.	REMATUI	RE LIV	E BIR	THS			
Weight at Birth	Born in Hospital			Born and nursed at home			Born at home and transferred to Hospital before 28 days		
bitti	Total	Died in 24 hrs.	Survived 28 days	Total	Died in 24 hrs.	Survived 28 days	Total	Died in 24 hrs.	Survived 28 days
3 lbs 4 oz or less	17	8	9	-	1	_	1		-
Over 3 lbs 4 oz up to 4 lbs 6 oz	21	2	16	1	E1	1			- 12
Over 4 lbs 6 oz up to 4 lbs 15 oz	25	_	23	3	12	2	1		1
Over 4 lbs 15 oz to 5 lbs 8 oz	43	1	42	5		5	1		1
TOTALS	106	11	90	9	-	8	3		2

The total of 118 premature babies born alive during the year represents 8.3 per cent of the total number of live births. This is an increase on last year's percentage (7.9). The most significant feature of the above table is the figure of 17 premature babies in the lowest weight range, i.e. 3 lbs. 4 ozs. or less. This is more than double the number in 1961 (8) and contributes largely to the high infant death rate, as the chances of survival in this group are very poor. As will be seen from the table, eight of these seventeen babies did not survive more than 24 hours. Nearly all the babies in the very low weight range received specialist care in hospital.

### Notification of Births

The following table shows the actual number of births notified in Cheltenham during the period 1st January to 31st December, 1962, and the number is adjusted by any notifications transferred in or out of the area:—

	na la construite da la	Live Births		Still	Births	Total		
	di nyahita	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
(a)	Domiciliary	454	452	1	1	455	453	
(b)	Institutional	1563	933	31	16	1594	949	
(c)	Total	2017	1385	32	17	2049	1402	

#### **Day Nurseries**

There are two Day Nurseries in the town and both are well attended. One nursery has places for 40 children, the other for 50 children. Admission is on priority grounds only, but if vacancies are available, children in the non-priority class can be accepted on payment. This only rarely occurs in fact, and the extension of the Whaddon Day Nursery to cope with the large demand for places among the priority group was opened during the year.

The following table shows children on register and average daily attendances at the Nurseries during the year.

	Number of approved places		Number of children on the register at the end of the year		Average daily attendance during the year	
	under 2 yrs.	over 2 yrs.	under 2 yrs.	over 2 yrs.	under 2 yrs.	over 2 yrs.
Swindon Road Day Nursery	15	25	10	29	10	25
Whaddon Road Day Nursery	15	35	17	35	13	27

### Nurseries and Child Minder Regulations Act, 1948

There have been a few changes in the Child Minders registered during the year, some additions approved by the Welfare and Health Committee and some cancellations. On December 31st, 1962, there were 6 child minders registered with the Borough in accordance with the above regulations to look after a total of 44 children.

### National Society for the Prevention of Cruelty to Children

Very close co-operation is maintained between the Health Department and Inspector Hammer of the N.S.P.C.C. Frequent joint visits are made to homes, either on the initiative of Inspector Hammer or the Health Department and these visits are of mutual benefit. I would like to record my appreciation of the many instances in which Inspector Hammer has given valuable assistance both to the Health Department and the School Health Service in the welfare of children. Inspector Hammer and the Medical Officer of Health attend the Joint Committee of Officers concerned with problem families where Cheltenham cases are discussed and appropriate measures taken following joint consultation.

### **SECTION 23**

#### **Midwifery Services**

### **Ante-Natal Clinics**

Ante-Natal Clinics are held at the Cheltenham Maternity Hospital and Hesters Way Health Centre. At the Health Centre the clinics are run by family doctors and midwives. At the Maternity Hospital, hospital medical staff, family doctors and midwives are in attendance. At both clinics, health education activities are run by our health visitors who give talks or individual instruction to expectant mothers. Also at both clinics relaxation classes are held and are conducted by a qualified physiotherapist.

Maternity beds for hospital confinement are allocated for medical and social reasons. About half the confinements take place in hospital and half at home. Each applicant is visited by a health visitor who makes an assessment of the need for institutional confinement in all cases where the reason for the application is other than medical. All institutional confinements take place at the Maternity Hospital or the Victoria Home, but occasionally when accommodation is over-booked, some cases are transferred to the Cirencester or Stroud Maternity Hospitals.

Records of attendances of ante-natal and post-natal clinics for the year were as follows:—

Ante-natal Clinics		
No. of Ante-natal Clinics provided	 	 2
No. of sessions held per month	 	 10
New cases attending	 	 594
Total cases attending	 	 949
Total attendances made	 	 4,364
Post-natal Clinics		
No. of Post-natal Clinics provided	 	 1
No. of sessions held per month	 	 1
New cases attending	 	 17
Total cases attending	 	 17
Total attendances made	 	 17

### **Domiciliary Midwifery**

The Midwifery Service in Cheltenham is based at the Victoria Home in charge of a Superintendent and an establishment of seven domiciliary midwives. The service is provided by the Cheltenham District Nurses Association on behalf of the Council. The service is administered by an Executive Committee on which the Borough Council has six representatives. The following is a summary of the work of the Domiciliary Midwifery Service for 1962:—

### Number of deliveries attended by Midwives

Doctor booked and present at time of delivery	88
Doctor booked and not present at time of delivery	363
Total number of deliveries	451
Number of cases in which gas and air analgesia was	
administered	179
Number of cases in which Pethidine was administered	226
Number of cases in which Trilene was administered	234
Number of Ante-Natal visits	3,182
Number of Post-Natal visits	-
Number of attendances at Ante-Natal Clinics	303
Number of cases attended on discharge from Hospital	
before 10th day	207

#### Midwives

At the end of the year we had our full establishment of midwives (7) and were in a very fortunate position. However, at the time of writing, this number had already been reduced to six and may be still further reduced in the near future. With the birth rate increasing every year and half of these births taking place at home, the recruitment of domiciliary midwives is a constant problem.

### **SECTION 24**

#### **Health Visitors**

Fortunately, we have been able to maintain our staff of Health Visitors which remains as last year, one Senior H.V. and nine Health Visitors. However, with the increase in the amount of work, provision has been made for the appointment of an additional Health Visitor in 1963.

Six are based on the Health Department, two on the Health Centre at Hesters Way and one at the Maternity Hospital where she is responsible for Health Education in the Ante-Natal Clinics.

In addition to their visits to mothers and young children and expectant mothers, Health Visitors now visit old people requiring care and attention in their own homes. The rising birth rate, already referred to, adds to their work each year, as does the increasing population of old people. There has therefore been an appreciable increase in the domiciliary duties of the Health Visitors and one aspect of this work not often appreciated is the increasing number of evening visits where both parents are working during the day. It may be necessary in the near future to appoint a Health Visitor to be employed full-time in the care of old people. The following is a summary of the work done by the Health Visitors during the year. The total number of children visited has increased by over 500, but the total visits to infants under one year of age has increased by over 2,000. There has been a similar increase in visits paid to children between one and five years of age.

Number of children visited during the year		6,027
First visits to infants under 1 year of age		1,439
Total visits to infants under 1 year of age		7,591
Visits to children aged 1-5 years		9,656
Visits to Expectant Mothers		683
Tuberculosis Visits		324
Investigations of Social Conditions for Hospitals, Visits	s to	
sick persons, old people, etc		1,304
Total number of families or households visited		5,143
Number of attendances by Health Visitors at Clinic		
Sessions		818

#### **SECTION 25**

### **Home Nursing**

The Home Nursing Service is based on Victoria Home and comprises a Superintendent with 20 full-time and 5 part-time Home Nurses. These numbers include 3 full-time male nurses and one full-time nurse who is responsible for the domiciliary nursing care of children. The male nurses and the children's nurse cover the whole town, but the other nurses work in specified districts. Nursing duties include all illnesses occurring in the home and also the care of patients discharged from hospital. Much time is taken up with the nursing care of the elderly, many of whom would have to be admitted to hospital but for the domiciliary care provided by the Family Doctor, the Home Nurse and the Home Help, with the very useful addition of the Meals on Wheels Service provided by the Women's Voluntary Organisation.

The number of visits paid by home nurses have tended to fall in recent years, but there has been no lessening of the demand for nurses in the home, especially for the care of the aged. The decrease in the number of visits over the last few years corresponds almost entirely with the fall in the number of injections given. Antibiotic and some other drugs no longer require to be given twice daily by injection. In most cases one injection daily suffices and in others the injection can be spaced at longer intervals. This has happily led to an appreciable fall in the number of visits required per patient and although the increase in other types of nursing attention does not completely balance the decrease, the nurses on the whole now have more time to spend with their patients. Work carried out during the year is shown in the following table. The figures are very similar to those of the previous year.

### Summary of Work of Home Nurses

1st	January,	1962	2		358
d du	ring year	r:—			
					1,084
			1		173
	· ·····				2
					3
	····				T 22
	bres. This		a anglin		215
					1,477
					1,477
31st	Decemb	er, 1	962		345
nurses					
					48,337
					48,337 89
		···· ···	 		
		···· ···			89
	 	···· ··· ···		 	89
	 	 	 	 	89 75 —
	ed du    31st	ed during year     31st Decemb	ed during year:—      31st December, 1	ed during year:	ed during year:—

### **SECTION 26**

### Vaccination and Immunisation

The results of vaccination and immunisation are taken for granted as the serious infectious diseases gradually disappear from the community. However, nearly every year provides a warning of what can happen if there is any relaxation on the part of the authorities or any disinclination on the part of the parents to accept these simple, safe and effective procedures.

### Vaccination against Smallpox

The number of children under one year vaccinated against smallpox (802) shows a further welcome increase over last year's figure (746). This represents 56.5 per cent of the children born during the year and although not high enough, has been increasing every year for several years past. Efforts are being made continuously through our health education services to persuade mothers to take their children for vaccination to their family doctor or to one of our infant welfare clinics.

### Vaccination against Diphtheria, Whooping Cough and Tetanus

The following figures show the number of completed courses carried out during the year and the number of booster doses:—

### Complete Courses.

	Diph.	Diph./ Whooping Cough	Diph./Tet.	Diph./ Whoop./Tet.	Total
L.A.	69		69	528	666
P.Ps.	3	28		386	417
		n tea	1000-000	alor <u>ta al</u> ralo	marin T
	72	28	69	914	1,083
	-	if they were subdivity	addent - dame	Anter All	
Booste	rs.				
L.A.	1,395	berna want mi ou	a since and	263	1,658
P.Ps.	21	6	L In the second	71	98
				- The Local Day	10000 C
	1,416	6		334	1,756

(L.A. = Local Authority. P.Ps = Private Practitioners).

### **Vaccination against Poliomyelitis**

The following table shows the results of the poliomyelitis vaccination programme for the year:—

	Number of persons	who have received:
Age Group	Salk Vaccine	Oral Vaccine
	Two Injections	Three Doses
<ul> <li>(a) Children born in 1962</li> <li>(b) Children born in 1961</li> </ul>	11 220	78 422
<ul> <li>(c) Children and young persons born in years 1943-1960</li> <li>(d) Young persons born in</li> </ul>	297	334
years 1933-1942 (e) Others (f) Total	230 251 1,020	264 362 1,460
Reinforcing Doses	HUR BEIGHERT OF	To your formation of the se
<ul> <li>(a) Number of persons given third</li> <li>(b) Number of persons given fourt</li> <li>(c) Number of persons given a rein</li> </ul>	h injections of Salk Vac forcing dose of Oral Vac	cine 95 cine
	after two Salk doses after three Salk doses	1,537 3,349
The following vaccinations completing the	eted by Private Practit above figures	ioners, are included
Persons given two injections of Sal Persons given three doses of Oral		1,009 643

No cases of poliomyelitis were reported in the town during the year. The total number of cases in England and Wales (271) last year, was the lowest for nearly half a century.

The Sabin (oral) poliomyelitis vaccine was introduced during the year and has proved very popular. It is equally safe and effective and although the Salk vaccine is still available on request it is rarely asked for.

### **SECTION 28**

### **Prevention of Illness, Care and After-Care**

### Tuberculosis

All new notifications of cases of Tuberculosis are sent through the Health Department to the Health Visitors who visit the family for the purpose of giving advice and tracing contacts who are referred for chest X-ray. They also visit patients who are being nursed at home or who have been discharged from hospital. A total of 324 visits were made during the year.

At 31st December, 1962, 28 persons suffering from Tuberculosis were receiving free milk, which is granted in all cases where the income falls below a fixed minimum. Apart from other benefits received from National sources, these patients receive considerable help from the Cheltenham Tuberculosis Care Committee. This is a voluntary organisation which raises its own funds and makes financial grants in needy cases. The Borough's Health and Welfare Services Committee is represented on the Tuberculosis Care Committee, and both the Medical Officer of Health and the Health Visitors attend so that it is known from personal experience what a worthwhile job this Committee is doing with the limited funds available and how many tuberculosis patients have received substantial benefits. This Committee deserve every encouragement and the gratitude of the community.

#### General

The general work of the Health Department in the prevention of illness, care and after-care, although a delegated function under the new scheme, is very much a joint effort between our own staff, Health Visitors, Home Helps, District Nurses, etc., and other bodies, such as the National Assistance Board, Women's Voluntary Service, Red Cross, the County Welfare Department and the Tuberculosis Care Committee already mentioned. The Hospital Authority and the family doctors are very closely associated in this work, especially as it concerns the care of patients discharged from hospital and the welfare of old people, and altogether it is this co-operative effort which achieves results. Cheltenham is also very fortunate in the amount of voluntary effort put into this work. I need only mention the Local Spastics Committee who run their own excellent school for spastic children, the Cheltenham Branch of the Infantile Paralysis Fellowship, the Cripples Aid Committee, the Muscular Dystrophy Group, and the well-known and greatly appreciated work done by the Committee who arrange for the weekly swimming sessions for handicapped persons at Alstone Baths. The latest venture, the opening of a Cheshire Home in the town, is already doing wonderful work.

Sick room equipment is available on loan when required for patients being nursed at home. Large items, such as wheel chairs, etc., can be obtained from the Red Cross at a small charge.

### **Chiropody Service**

This service is provided on behalf of the Borough Council by the Cheltenham Old People's Welfare Association. Owing to the shortage of qualified Chiropodists the service is only available for priority cases: viz. old people, expectant mothers and the physically handicapped, but even with this restriction there is always a long waiting list of old people. It has not been possible to obtain the services of a sufficient number of suitably qualified chiropodists to cope adequately with the demand. The majority of Health Authorities are finding the same difficulty in recruiting chiropodists.

Owing to the shortage of chiropodists there is no longer a domiciliary service, but with the co-operation of the ambulance service, transport is provided when recommended by the patient's doctor.

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

Cases on the waiting list at 1st January, 1962				17
Cases on the waiting list at 31st December, 196	62			16
Cases seen by chiropodists				518
Appointments not kept by patients				49
Sessions during year				81
Chiropodists employed				3
Sessions per month—April and July				5
January and February				6
March, June, August,	Sept	ember	and	
November				7
May, October and Decem	ber			8

### **SECTION 29**

### **Home Help Service**

The demand for this service continues to grow and additional home helps were recruited during the year. As before, the greatest demand continues to come from the aged and chronic sick, and many of these require continual assistance over long periods. General sickness makes the next largest call on the service but we can expect an increase in maternity cases with the steadily increasing birth rate. There is still only a small demand for the night-sitter service.

There are still occasions when we cannot meet all demands on the service either because of a shortage of home helps or because of priority calls, but the majority of reasonable demands are met promptly.

Some 80 Home Helps are now working in the town under the supervision of the Home Help Organiser.

	Mater- nity	Chronic Sick and Old Age	General Sickness	Tuber- culosis	Night Sitters	Total
No. of cases being assisted 1st Jan- uary, 1962	8	234	17	2	bit Legal	261
No. of applications received during year	1741-24s		102.00	and the second	1012	909
No. of new cases	150	190	153	a sulines	9	502
Total number of cases assisted in 1962	158	424	170	2	9	763
No. of cases being assisted at the end of 1962	3	259	27	1		290

The following is a summary of the work done during the year.-

### MENTAL HEALTH

### Mental Health Act, 1959

The new Mental Health Act has now been in operation for the past two years and is working smoothly and efficiently. The few problems introduced by the Act have been overcome without difficulty, but the knowledge and experience of the Mental Welfare Officer is being used more widely now than at any other time.

A continuous 24 hourly service is provided for the Borough to deal with emergency calls; such calls are covered by a rota system in conjunction with other Mental Welfare Officers in the County.

### Staff

Stat	ff employed as at 31st December	r, 196	2.			
	Senior Mental Welfare Officer					1
	Trainee Welfare Assistant					1
						1
	Training Centre Assistant Supe	erviso	rs			10
						1
	Part-time staff, Clerical Duti	ies, I	Dinner	Attend	lants	
	and Transport Guides					9

### Work in the Community

The Consultant Psychiatrist attends the General Hospital, Cheltenham, twice weekly. He is also avialable for domiciliary visits on the request of the General Medical Practitioner. The close co-operation between the Hospital and the Local Authority Mental Health Services continues; this is most valuable as it often means that persons are treated in the community who would have otherwise required hospital care.

After-care visits at the special request of the Consultant Psychiatrist continue for patients discharged from hospital; numerous visits at frequent intervals are often necessary. These visits continue until the condition of the patient is considered satisfactory by the Consultant concerned.

### **Hospital Admissions**

During the year, the Mental Welfare Officer was directly concerned with the admission of 89 mentally ill patients to Hospital.

Informal	(Section 5)	 	 18
Observation	(Section 25)	 	 33
Treatment	(Section 26)	 	 1
Emergency	(Section 29)	 	 35
Magistrates			
Order	(Section 60)	 	 2
			89

All patients from the area of this authority are admitted generally to Horton Road and Coney Hill Hospitals, Gloucester.

Number of								
								30
Number of	patients	referred	during	the	year for	after	-care	00
visits					)//			20

### **Mental Subnormality**

Admissions to Hospitals—The following table shows the number of admissions of subnormal and severely subnormal patients to Hospital.

H	ospital	Informal	Subject to Detention	Total
Stoke 1	Park Hospital		and the constants	
	istol	3	1	4
Sandhi	ll Park.			
	. Taunton	1		1
		study fits wills		
8			Total (All	males) 5
			Mail and the second second	
		list for urgent adm		Nil
Numbe	er on waiting l	list and not being	in urgent need	5
100			Total	5
1000				
Numbe	r of natients	admitted to Hosp	ital for periods of Short 7	Cerm care
	ious reasons.	admitted to 1105p	ital for periods of bhore i	Total 8.
ior var	ious reasons.			Total 0.
Maria		1	1 1 1 1	. h 1

Number of referrals during the year of subnormal and severely subnormal. Total 14.

Che fallowing in a support								_	
moble at motion means	N PA	Subno	ormal	and a	Severely Subnormal				-
Source of referral:—	Under 16 Over 16			r 16	Under 16		Ove	r 16	hupe
Constitute 1 See District	M.	F.	М.	F.	М.	F.	М.	F.	Total
By Local Education Authority as being unsuitable for Education	Trans.				Lan	Ann II Marinos	est la		diczołł
at School	T	-	-	1	4	2	-	1	6
Care and Guidance after leaving School	-	-	2	_	-	-	-	-	2
Others	-	-	-	-	-	-	4	2	6
Total	-	-	2	-	4	2	4	2	14
Total number on subnormal register at 31.12.62 174									
Receiving care Under Guardia In hospital or	anship	)			nunit 	у.		94 3 77	
Total 174									
<i>Employment.</i> Out of a total of 94 receiving Care and Guidance there are 17 in full-time employment, viz. :—									
Agricultural2Domestic Work6General Labouring, etc9									
Training Centre, Nu Cheltenham	Number on Register Av. Daily Full-time at 31.12.62 attendance Staff					taff			
	1-	44			1	10			12

Cheltenham	.12.62 44	attendar 110	nce	lake	Staff 12
This is made up as f		hire C. C. Borough	l  	··· ··· ···	32: 63 47 2:
				Total	144

### **Eildon Training Centre**

It was hoped during the year to have additional accommodation available at the Centre when the workshop group moved out. However, owing to unavoidable delay in opening the new Adult Industrial Centre, this accommodation will not be available until 1963. Plans have been approved to convert the present workshop accommodation at the Centre into a nursery unit which will make available much needed additional space in the main building. It is hoped to complete the conversion during 1963.

### **Adult Industrial Centre**

The new Adult Industrial Centre to which reference was made in last year's report had not been completed by the end of the year, although it was hoped that it would be in operation by that time. The building, however, was well advanced and will be opened during 1963. It will allow for expansion of the very successful work which has been carried on at the smaller workshop for the past two and a half years. The trainees there are continually developing new skills and taking on new work whenever we can obtain contracts from local firms. The work is not only of a very high standard, but the finished article can compete successfully with similar products on the open market. Any local firm mass producing an article not requiring special skills could profitably get in touch with us, and like other firms for whom we do contract work, would be agreeably surprised at the high standard achieved. The installation of machinery is no bar. We are prepared to "tool up," provided the contract is a long-term one. I would like to thank those managers of local firms who have given us work during our first two and a half years "in business." The financial return to the trainees is very small although we hope to increase it, but the effect on morale of these mentally handicapped people, when they find that they can be usefully and gainfully employed, makes well worth while any effort made on their behalf. It would be greatly appreciated if other firms could join in.

The new Centre will be under the supervision of Mr. J. Naylon, supervisor of the present workshop, who completed a year of training in July and was successful in obtaining the Diploma of the National Association for Mental Health.

### WELFARE SERVICES

### **Residential Accommodation**

Under Section 21 (1) (a) of the National Assistance Act, 1948, the Welfare Department of the County Council is responsible for the provision in Cheltenham of residential accommodation "for persons, who by reasons of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them."

Mr. H. D. Nichols, County Welfare Officer, has kindly supplied the following information concerning the number of Cheltenham old people in residential accommodation, as at 31st December, 1962.

Arle House	 	55
Sunnyside Old People's Home	 	72
Swindon Road Home (St. Pauls)	 	56
Waiting List	 	38

### **Temporary Accommodation**

Under Section 21 (1) (b) of the National Assistance Act, 1948, the Local Authority has a duty to provide temporary accommodation "for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen, or in such circumstances as the authority may in any particular case determine."

This type of accommodation is provided by the County Welfare Department at the hostel at Newent.

#### Welfare of the Deaf

During the year, 238 visits were made to deaf and hard of hearing people in Cheltenham Borough, covering all age groups from pre-school to ninety-one years.

From February, the Club for the Deaf and Hard of Hearing has held its fortnightly evening meetings in Dowty House, which, being so central has resulted in increased membership and a greater variety of programme is now possible. The Club would like to pay tribute to Councillor Foster who arranged and covered the expenses of these premises until the Club was sufficiently established to pay its way. As Chairman he has given unfailing help and support, not only to the Club in general, but to individual members also.

The peripatetic teachers of the deaf have continued to visit partially deaf children attending normal schools in the Borough according to their needs.

Two partially deaf pre-school children have attended Whaddon Road Day Nursery where they have benefited by integration with normal hearing children. They will both go to normal schools in the coming year.

An adult rehabilitation class was started in June at the Gloucester Royal Infirmary and two young adult deaf from the Borough attended regularly for auditory training, etc., until the severe weather stopped them for the winter. There is a great need for such a class to be held in Cheltenham, but as it has to be of necessity in the evening, and at the moment there is only one Welfare Officer to carry out training, etc., it is impossible to start further classes until more trained staff is available.

The Welfare Officer has been perturbed by the numbers of school leavers from residential special schools who have not seen an Ear, Nose and Throat Consultant since their original assessment. With electronics and surgery making such rapid strides in the deaf field, she feels that there is a great need for these young people to have a final audiological assessment, which would cover not only hearing loss, but also estimate the need for further auditory, language and speech training. This would not only facilitate their suitable placement in employment, but give the Welfare Officer an up-to-date picture of individual problems. The Borough Education Officer has written to the Headmasters of those schools where Cheltenham deaf children are resident, asking for a full auditory examination and report during the pupil's final school term.

### Welfare of the Blind

During the year 25 Blind (5 from the Partially-Sighted register) and 4 Partially-Sighted were certified by the Ophthalmic Surgeons; 6 Blind were transferred into Cheltenham from other Local Authorities, making a total of 30 additions to the Borough registers.

During the same period there were 12 deaths (11 Blind, 1 Partially-Sighted), 2 Blind were transferred out of the Borough, and 10 Blind were transferred internally to Gloucestershire County register; 2 Blind were de-certified, making a total of 26 removals from the Borough registers.

Registers	as	at	31.12.62:-	-Blind			 180
				Partiall	y-Sight	ed	 15

The Home Teacher carried out routine monthly visits to the Blind in their own homes, and continued to take those attending the various Clinics at the General Hospital. Visits were also made to the "C" cases now resident in County Homes and Hospitals. Lessons were given to readers of Braille and Moon, and books and magazines of both types were supplied. Goods made by the Blind were sold at Sales arranged by the County Organizer.

The Home Teacher attended a residential course at Brunel Manor, Watcombe, Torquay, from April 2nd—7th; this was on Social Science and Welfare topics, and was most interesting.

The two Deaf-Blind men attended the Deaf-Blind study group at Weston-super-Mare from October 6th—12th; they enjoyed this and have benefited from it.

The weekly Social Club has been attended regularly by members and by Voluntary Helpers; we are most grateful to these loyal Helpers, who collect members and help with all Club activities, including the annual Outing (this time to Oxford and thence by Steamer to Abingdon), also the Christmas Party.

We are also grateful to members of Toc H (Women's branch) for their New Year's Party, in February, and for the Summer Outing to Broadway; these were greatly enjoyed. The Inner Wheel very kindly gave their annual Party on June 5th, and this was much appreciated.

The Cheltenham and District Ladies' Licensed Trading Association gave a generous donation of  $\pounds 50$  to the Cheltenham Blind, and this was immediately put to good use.

As always, members of the Committee of the Gloucestershire County Association have given great help and encouragement, and have also supplied funds for extra gifts, comforts, etc.

Summary of the year's work done by the Home Teacher:-

Visits to	the	Blind a	nd Par	tially-S	Sighted	 	1940
Other Vi	isits					 	250
Lessons						 	59
Socials						 	48
Letters						 	310
Miles						 	6,422

### **Physically Handicapped Persons**

At the end of 1962 the number of physically handicapped persons on the register was 412, and numbers continue to increase.

40 patients have been receiving regular visits from the Occupational Therapist, who has helped them with aids to daily living and craftwork.

The Occupational Therapy Centre which meets each Wednesday afternoon at the R.A.F.A. Headquarters, Monson Avenue, has expanded and 14 people now attend. As there is now a waiting list for the Centre, efforts are being made to obtain extra assistance so that numbers can be increased.

The B.R.C.S. Club which meets monthly on Tuesday afternoons at the Ambulance Headquarters, under the leadership of Mrs. Sadler, has made great strides in the past year, and is planning a special holiday at Weymouth in May.

Thanks are due to Mrs. Sadler and her helpers for filling a real need by getting the club going again.

The Cheltenham Cripples Aid Committee continue to carry out regular visiting and have dealt with many difficult cases during the past year, where their personal help and voluntary funds have been invaluable.

#### Meals on Wheels Service

This service has operated successfully during the year in the capable hands of the Women's Voluntary Organisation, providing a much needed and highly appreciated help for old people.

**Removal to Suitable Premises of Persons in need of Care and Protection** (National Assistance Act, 1948, Sec. 47 and Amendment Act, October, 1951)

4 persons in need of care and protection were removed during the year under the above Act.

### **HEALTH EDUCATION**

Good Health should be the heritage of our people and Health Education is carried out by the Health Department Staff for the promotion of Health and Prevention of Disease.

Our aim is to realise the fact that the needs of individual families and their growth differs, and we can only succeed with our health education programme if we give them the advice they ask for, coupled with what we realise they need, taking into account the progress of research work in this and other countries.

The disappearance of tuberculosis as a cause of death is possible within the next decade, given that present trends continue and that there is no relaxation of the two-pronged curative and preventative attack on the disease. Diseases such as smallpox, whooping cough, diphtheria, tetanus, poliomyelitis and as stated above, tuberculosis, are now mainly under control, but still need constant vigilance, not only by the trained personnel, but also by the general public, especially those responsible for the bringing up of children.

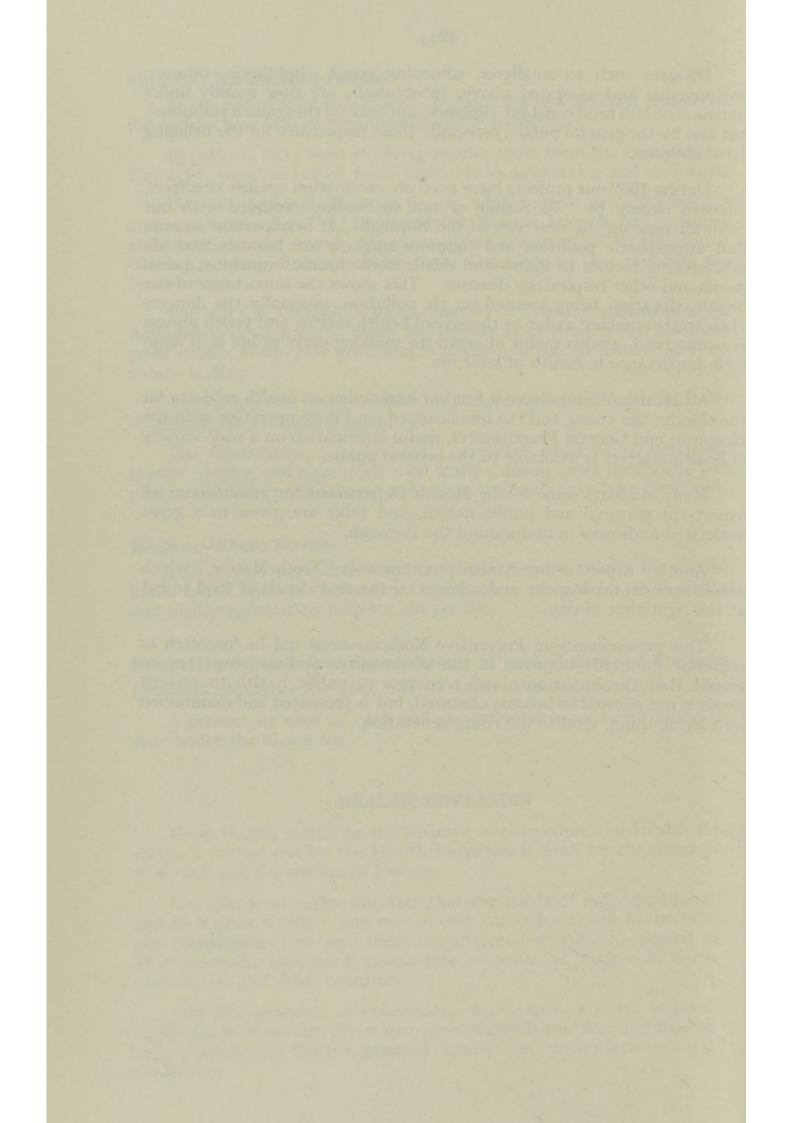
During 1962 our projects have been on vaccination against smallpox, followed closely by "To Smoke or not to Smoke," coupled with our clean air zone on the west side of the Borough. It is important to note that atmospheric pollution and cigarette smoking are hazards that are predisposing factors to illness and death from chronic bronchitis, pneumonia and other respiratory diseases. This shows the importance of our health education being focused on air pollution, especially the dangers of cigarette smoking as far as the school health service and youth groups are concerned, as this factor of cigarette smoking early in life is of longterm importance to health in later life.

All Health Visitors have a fund of knowledge on health subjects for the elderly, the young and the handicapped, and in co-operation with the Hospitals and General Practitioners, useful information on a wide variety of health matters is available to the general public.

Many students come to the Health Department for guidance on all aspects of personal and public health, and talks are given to a great variety of audiences in and around the Borough.

Another aspect of our health programme is "Teeth Matter," which encourages dental hygiene and advises on the right kinds of food to eat at the right time of day.

This pre-eminence of Preventive Medicine must not be forgotten as material standards improve in the community, and we must try to ensure that the importance and relevance of public health to present needs is not allowed to become obscured, but is presented and maintained as a living thing, vital to the rising generation.



# SECTION III

# SCHOOL HEALTH SERVICE

## SCHOOL HEALTH SERVICE

SCHOOL MEDICAL SUB-COMMITTEE

Alderman Miss F. L. CARTER (Chairman)

Alderman A. G. Dye Rev. J. K. Cavell Mr. H. F. Cooper Miss D. Horton Mrs. I. M. B. James Mr. H. J. NORRIS Councillor T. E. PARKER Mr. L. J. RICHARDS Councillor A. H. YATES Councillor Mrs. M. F. YEATES

### STAFF OF THE SCHOOL HEALTH SERVICE

Borough School Medical Officer

Assistant School Medical Officers

Area Dental Officer School Dental Officer School Clinic Nurses

Physiotherapist Speech Therapist Chief Clerk School Clinic Clerks

School Dental Attendants

T. O. P. D. Lawson, M.D., D.R.C.O.G., D.P.H.

P. M. Lambert, M.B., Ch.B., D.P.H.

Brenda G. King, M.B., B.S., M.R.C.S., L.R.C.P. J. S. MacLachlan, L.D.S.

A. W. McCarthy, L.D.S.

Nurse M. Laffineur, S.R.N., R.F.N. Nurse M. S. Read, S.R.N. Nurse A. Wood, S.R.N.

Mrs. V. Keene

Mrs. M. Heaven

W. H. G. Meakins

Miss J. Beach Miss A. Clark Miss M. Thomas

Mrs. P. Huntley Miss M. Walton

### SCHOOL HEALTH SERVICE

### ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER

To the Chairman and Members of the School Medical Sub-Committee

Madam Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the School Health Service for the year 1962.

The high standard of health among our school children is such a regular feature of this report that it can almost be taken for granted, but the amount of routine, and in many ways unspectacular work, revealed in the following pages will show that this result is not achieved without a lot of effort by many people. It is only because there is no relaxation in the effort to maintain the standard that our children continue to be healthier than ever before.

Apart from the usual outbreak of measles there is scarcely any infectious disease to report. National standards continue to be very high and the infestation rate, once an intractable problem, is not only very low, but becomes further reduced each year.

Vaccination and Immunisation, continue and must continue, to play a large part in the work of the School Health Service. The results are self-evident and are largely due to the co-operation we now receive from parents.

The School Health Service team is a large and comprehensive one, but it is the happy co-operation between ourselves, parents, teachers, family doctors and hospital staffs which ensures continued success.

I would like to record my appreciation of the support and encouragement which I always receive from Chairman and Members of the School Medical Sub-Committee and for the co-operation of Mr. Simmonds, the Borough Education Officer and his staff. My thanks are also due to my own medical nursing and clerical staff for their loyalty and support throughout the year.

I am,

Your obedient servant,

T. O. P. D. LAWSON, School Medical Officer.

### **School Medical Inspections**

The routine medical inspections of school children have continued during 1962 and 4,338 children were examined throughout the year.

Children are examined:-

- (a) on entry for the first time to a maintained school;
- (b) during the year in which they are 8 years old;
- (c) after entry to a secondary school when they are 12 years old and
- (d) in the last year of their attendance at a secondary school.

These examinations are full routine medical inspections.

In addition, older pupils are examined before they leave school at the higher age groups in Pate's Grammar School for Girls, the Boys' Grammar School and the Technical High School.

As a result of these inspections, 580 pupils were found to have defective vision (excluding squint) and where necessary were referred to the Eye Specialist. A further 805 children were found to be suffering from other defects or diseases requiring treatment, and the necessary action was taken in all cases. The number of defects requiring to be kept under observation but not requiring treatment was 1,744 and the children concerned were kept under special observation during the year. This latter group, of course, includes very many minor defects which may be remedied spontaneously and never require treatment. They are kept under observation merely as a precautionary measure. This is of course the main purpose of the routine medical inspections, to prevent the minor defect becoming a major one.

The school population at the end of 1962 was 11,948 and every child has an up-to-date school medical record.

### **Special School Medical Inspection**

These inspections cover children examined other than at a routine medical inspection for some special reason. During 1962, 57 children were examined at these inspections, and the appropriate action taken.

#### **Re-Inspections**

Re-inspections have been held each term in all schools in the Borough, when children who had previously been noted at routine or special medical inspections to be in need of further observation and advice, were seen by the School Medical Officers.

During 1962, 1,309 children were examined at these inspections.

### PART I

### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

### (Including Special Schools)

Table A. Periodic Medical Inspections

Age Groups	No. of	Physical Condition of Pupils Inspected						
Inspected (By year of Birth)	Pupils Inspected	Sati	isfactory	Unsatis	sfactory			
(1)	(2)	No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)			
1958 and later 1957 1956	78 655 325	78 653 323	100 99.7 99.4	2 2	0.3 0.6			
1955 1954 1953	35 938 70	35 934 70	100 99.6 100	4	0.4			
1952 1951 1950	93 846	93 845	100 99.9	=				
1949 1948 1947 and earlier	93 874 331	93 873 331	100 99.9 100	1	0.1			
TOTAL	4338	4328	99.8	10	0.2			

### Table A.-(continued).

Pupils found to require treatment at periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint) (7)	For any of the other conditions Recorded in Pt. II (8)	Total Individual Pupils (9)
1958 and later		17	17
1957	18	153	163
1956	12	78	86
1955	1	6	6
1954	93	200	265
1953	9	9	17
1952			
1951	23	11	31
1950	150	158	276
1949	18	11	27
1948	152	128	258
1947 and earlier	104	34	131
TOTAL	580	805	1277

### Table B. Other Inspections

Number of Special Inspections	57
Number of Re-Inspections	1309
TOTAL	1366

### Table C. Infestation with Vermin

(1)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	23,906
(2)	Total number of individual pupils found to be infested	144
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	120
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	

### Table D. Screening Tests of Vision and Hearing

1.	(a)	Is the vision of entrants tested?	Yes
	(b)	If so, how soon after entry is this done?	First or second term
2.		If the vision of entrants is not tested, at what age is the first vision test carried out?	
3.		How frequently is vision testing re- peated throughout a child's school life?	Age 8, 12 and 14 years
4.	(a)	Is colour vision testing undertaken?	Yes
	(b)	If so, at what age?	12 years
	(c)	Are both boys and girls tested?	No, boys only
5.		By whom is vision and colour testing carried out?	Vision by Nurses, Colour testing by Doctor
6.	(a)	Is audiometric testing of entrants carried out?	Yes
	(b)	If so, how soon after entry is this done?	Age 6 years
7.		If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	Work or Brukeni More or Brukeni More Series
8.		By whom is audiometric testing carried out?	Audiometrician

56

### PART II

### Defects found by Medical Inspection during the year

### Table A. Periodic Inspections

PROTECTION OF A	in the second		Per	riodic 1	nspecti	ons			
Defect or Disease	Entrants		Lea	vers	Ot	hers	To	otal	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(0)	
Skin	18	35	20	23	43	40	81	98	
Eyes (a) Vision	31	25	198	15	351	30	580	70	
(b) Squint	43	25	18	2	48	10	109	37	
(c) Other	15	4	7	4	17	11	39	19	
Ears	10						00	10	
(a) Hearing	9	72	12	22	31	62	52	156	
(b) Otitis Media	15	28	5	1	16	17	36	46	
(c) Other	3	10	2	3	7	11	12	24	
Nose and Throat	52	182	13	36	49	126	114	344	
Speech	11	18	1	1	20	14	32	33	
Lymphatic Glands	_	45	-	10	1	29	1	84	
Heart	1	35	1	15	1	51	3	101	
Lungs	20	43	6	13	13	47	39	103	
Developmental	1.12					eenw			
(a) Hernia	3	12	-	1	3	4	6	17	
(b) Other	7	24	7	12	9	50	23	86	
Orthopaedic				5 1910		1. 1940	No.	and the second	
(a) Posture	2	20	12	38	22	61	36	119	
(b) Feet	55	34	24	8	65	35	144	77	
(c) Other	28	35	17	25	38	64	83	124	
Nervous System						In the second	1000		
(a) Epilepsy	1	-	4	3	7	8	12	11	
(b) Other		4	1	1	6	7	7	12	
Psychological	1.					00	1	00	
(a) Development		12	1	4	16	23	17	39	
(b) Stability	-	22	3	2	7	31	10	55	
Abdomen		11	-	7	11	19	15	37	
Other	6	24	7	14	17	14	30	52	

(T)—Treatment. (O)—Observation.

Table A. Eye Diseases, Defactive Vision that

Defect or 1	Disease			Special Inspections			
Delect of A	Disease	albeite		Requiring Treatment	Requiring Observation		
Skin				1	The second s		
Eyes (a) Vision				11	1		
(b) Squint				1	_		
(c) Other							
Ears			weeks 1	20 40 10			
(a) Hearing				1	4		
(b) Otitis Media				-	2 2 8		
(c) Other				1	2		
Nose and Throat				1	8		
Speech				-			
Lymphatic Glands				-	_		
Heart				2	2		
Lungs Developmental					1		
(a) Hernia				24 1 - 10 0	Country and Column		
(b) Other				2	1		
Orthopaedic (a) Posture				1	2		
(b) Feet				3	1		
(c) Other				1	3		
Nervous System							
(a) Epilepsy				2	and the second s		
(b) Other				12 - 22			
Psychological			111		1111 12 13 (BRD) (D) 1		
(a) Development				2	1.000		
(b) Stability				$2 \\ 2 \\ 1$	1		
Abdomen				1	La contra de la		
Other					2		

### Table B. Special Inspections

### PART III

### Treatment of Pupils attending maintained Primary and Secondary Schools (Including Special Schools)

### Table A. Eye Diseases, Defective Vision and Squint

	No.	of Cases known to have been dealt with
External and other, excluding errors of refraction and squint		31
Errors of refraction (including squint)		815
	Total	846

No. of Pupils for whom spectacles were prescribed 522

Table B. Diseases and Defects of Ear, Nose and	Throat
	Number of Cases known
Received operative treatment :	to have been dealt with
	12
	277
Passived other forms of treatment	··· 42 ··· 167
Received other forms of treatment	
	Total 498
Total number of pupils in schools who are know	n
to have been provided with hearing aids :-	
(a) in 1962	4
(b) in previous years	7
Table C. Orthopaedic and Postural Defects	Number of Cases known
Niet in water and the dire new will gut	to have been treated
(a) Pupils treated at clinics or out-patient	
departments	398
(b) Pupils treated at school for postur	al
defects	"Tore externing tory all hereiter
	Total 398
Table D. Discours of the Ohis (and aline a	
Table D. Diseases of the Skin (excluding u Table D of Part I)	ncleanliness, for which see
	—
	2
	60
Other skin diseases	43
	Total 105
Table E Child Cuidence Treatment	in the second
<b>Table E.</b> Child Guidance TreatmentPupils treated at Child Guidance Clinics	218
Table F. Speech Therapy	210
Pupils treated by Speech Therapists	147
Table G. Other Treatment Given	Number of Cases known
Table G. Other Treatment Given	to have been dealt with
(a) Pupils with Minor Ailments	1522
(b) Pupils who received convalescent	
treatment under School Health	
Service arrangements	6
(c) Pupils who received B.C.G. Vac-	
cination	517
(d) Other than (a) (b) and (c) above (specify)	
U.V.L. Treatment	31
Anaemia	4
Chest	29
Debility	16
Total	2125

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### Table B. Diseases and Defects of Ear, Nose and Throat

The foregoing tables record the general range of examination and treatment carried out within the school health service during the year and the various defects found to require treatment or observation. Except for defects of vision, no treatment is undertaken or arranged without the concurrence of the child's own family doctor. These statistics do not demonstrate a high rate of defects or disease. Much of the treatment undertaken is preventive or remedial and this is the main purpose of the school health service.

#### **Minor Ailments Clinics**

These clinics serve a useful purpose for the referral of children from school or for special examinations.

### Audiometry

The routine testing of school children for hearing defect has continued in the schools during the year with the co-operation of head teachers, and is proving one of the most effective preventive measures of the School Health Service. The County Education Authority provide the services of a skilled examiner and the six year old group are selected for examination, although the examiner will test any special case referred to her by the head teacher. This is proving a very useful means of discovering early cases of hearing defect and where necessary, treatment can be started at an early age before the disability can affect the child's education. Details of 1,183 audiometric examinations carried out in Cheltenham schools during the year, are shown in the following tables:—

### **Routine Tests**

Number Tested	Number Failed	Referred Hospital
1100	93 (8%)	17

### Special Cases and Re-tests

Number Tested	Number Failed	Referred Hospital
83	28 (34%)	3

A measure of the usefulness of this work can be gauged by the fact that whereas the failure rate was only 8 per cent in routine testing, those children specially referred, in most cases by the teacher, or who required a further test, produced a failure rate of 34%. Only 1.5 per cent of the routine group were referred to hospital or were under treatment. 3.6 per cent of the special group were in this category.

I am greatly indebted to Mr. G. N. Barker, M.B., B.S., F.R.C.S. Ed., D.L.O., Ear, Nose and Throat Surgeon, Cheltenham General Hospital, for his co-operation in the examination and treatment of cases referred to him by our School Medical Officers.

### PART IV

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

### Staff

Provision was made in the estimates for 1962/63 for the appointment of a full-time Dental Hygienist and Miss M. Oldham was appointed to this new post on 7th April, 1962.

Mrs. S. Trafford, who had been employed as a dental surgery assistant since 1957, left in November and was replaced by Miss M. Walton, on transfer from the County Dental Staff. It is worthy of note that both Mrs. Trafford and Miss Walton were successful in obtaining the Dental Nurses Society Certificate "A" at the examination held in June, 1962.

### **Dental Health Education**

In 1961 the Standing Committee to the Ministry of Health asked Gloucestershire to undertake a three-year Pilot Study in dental health education with the dual purposes of "providing means of ascertaining the possibilities of improving and maintaining dental hygiene by sustained and long-term campaigns of dental health education," and of gaining further knowledge of the most practical methods of education in the subject. The value of the study was to be determined by social surveys and the clinical examinations of schoolchildren's teeth.

Cheltenham having accepted an invitation to co-operate in the scheme, a preliminary explanatory meeting was held in May and a voluntary lay working Committee was formed to act independently of the Dental Staff of the Borough and to assist in improving the Dental Health of the Community.

The Pilot Scheme proper was inaugurated by a Dental Health Exhibition lasting a week and being officially opened by the Deputy Mayor, Alderman Miss F. Carter, on May 31st. This Exhibition was seen by some 1,200 members of the general public, including parties of school children.

Satisfactory publicity for the campaign was given in Press and Radio, and interviews with Cheltenham School Children were televised in the Midland Region programme "Scan."

Since the initiation of the scheme, dental health education has proceeded steadily, if less spectacularly, throughout the area, talks having been given to over three thousand children in twenty-two schools. Our thanks are due to all head teachers who have co-operated by allowing the inclusion of matters of dental interest in their already over-crowded syllabus, and the entry of members of the dental staff into their schools.

It is now possible to be guardedly optimistic about the progress of dental health education in Cheltenham. It seems that already some of the school children are considerably better educated—dentally speaking than are their parents, and certainly more than their grand-parents. Until Grannie—and Grandpa—can be made to realise that the sweet confections they so lovingly bestow can be the cause of so much needless suffering, the way of the dental health educator will be hard. Many school children are now beginning to realise that the between meal snack of sweet and sticky foods is not compatible with healthy teeth—and some even allow this realisation to affect their way of life. If they, in their turn, so instruct their children in dietary matters, it seems possible that the coming generation will have a better chance of achieving dental health than did their parents.

### General

It does not seem to be sufficiently well realised in Cheltenham that the School Dental Service is not a remedial service for the simple and speedy relief of pain, but that its main function is the prevention of dental disease. It is perhaps unfortunate that the close proximity of the Dental Clinics to the Minor Ailments Clinic may lead some to regard it as an emergency service—and to value it as such. A considerable amount of the time of the dental officers is wasted owing to appointments not being kept. In 1962, over 900 were broken—over fifteen per cent of all appointments made. The frustration engendered by this wasted time is often aggravated by the later appearance of one of these children at a casual session demanding treatment for the relief of pain and the consequent extraction of a tooth which might have been saved.

Due to rebuilding operations on the Borough Offices, working conditions have been far from perfect, noise and dust placing an inevitable strain on the staff. They are to be congratulated that the quality and amount of work done throughout the year has suffered so little. As will be seen from the accompanying tables, slightly less time has been devoted to inspections and treatment, due to the intensification of the dental health education campaign and concomitant increase in administration. In spite of this, some fifteen hundred more children were inspected and the number of children treated rose slightly. This, in view of the decrease in the number of attendances for treatment, would seem to indicate that the provision of more modern equipment has enabled the dental staff to make more effective use of their time.

### **Dental Inspection and Treatment**

The following table gives the details of inspections and treatment carried out in the year 1962. Corresponding figures for the year 1961 are given in parentheses:—

 Number of pupils inspected by school dental officers:—

	(a) At Periodic Inspections	8241	(6733)
	(b) As Specials	799	(994)
	Total	9040	(7727)
(2)	Number found to require treatment	6027	(5297)
(3)	Number offered treatment	4938	(4700)
(4)	Number actually treated	2671	(2435)
(5)	Number of attendances made by pupils for		and the first
. ,	treatment	5089	(5272)

(6)	Half-days devoted to:— Periodic School Inspection Treatment Administrations of general anaesthetic	76 739 —	(54) (795) (3)
	Total	815	(852)
(7)	Fillings: Permanent teethTemporary teeth	3346 410	(3373) (313)
	Total	3756	(3686)
(8)	Teeth filled: Permanent teeth Temporary teeth	3078 402	(3142) (302)
	Total	3480	(3444)
(9)	Extractions: Permanent teeth Temporary teeth	649 1582	(812) (1811)
	Total	2231	(2623)
(10) (11)	Administrations of general anaesthetics Orthodontics	734	(1103)
in the	(a) Cases commenced during the year	27	(20)
	(b) Cases carried forward from previous year	12	(8)
	<ul><li>(c) Cases completed during the year</li><li>(d) Cases discontinued during the year</li></ul>	16 4	(12) (3)
	(e) Pupils treated with appliances	26	(20)
	(f) Removable appliances fitted	27	(20)
	(g) Fixed appliances fitted	0	(0)
(10)	(h) Total attendances	211	(142)
(12)	Number of Pupils fitted with artificial	50	(41)
(13)	teeth Other Operations: Permanent teeth	50 1014	(41) (1144)
(10)	Temporary teeth	224	(137)
	Total	1238	(1281)
(14)	Number of Radiographs	110	(106)

### INFECTIOUS DISEASES

As the figures below show, the number of cases of notifiable infectious disease among school children in the Borough is almost insignificant, apart from the usual outbreak of measles.

		Scarlet	Whooping	Pol		
Measles 339	Diphtheria Nil	Fever 9	Cough 13	Paralytic Nil	Non-Paralytic Nil	Dysentry Nil
000	1411	0	10	1411	1411	1411

### Tuberculosis

There were three notifications of tuberculosis among school children during the year.

### **B.C.G.** Vaccination

The following table shows details of tuberculin testing and vaccination against tuberculosis, a means of protection against the disease which has been available to school children between the ages of 13 and 14 years since 1954. It is now available to older age groups. Although only available to children attending Local Authority Schools it could be extended to all private schools and carried out there by their own medical officers. It is encouraging to report a further increase in the acceptance rate from 75% in 1961 to 80% in 1962. This simple, safe and effective protection against tuberculosis is obviously acceptable to parents and it is hoped it will continue to be so.

No. of		1	uberculi	n No.	No.	%	Vaccin-	Vaccin-
Schools	Invited 1099	Accepted 889	Tested 785	Positive 228	Negative 517	Positive 29.04	ated	ated
11	1099	009	105	440	517	29.04	-	517

### SPEECH THERAPY

The main Clinic in the Municipal Offices was completed in January of this year and has made the work much more pleasant and easier, particularly as small groups of children can now be accommodated. The other centres are used as before though St. Paul's School has temporarily not been visited through lack of time. Two half-sessions each week are spent at St. Vincent's Remedial School for Spastics.

Details of the work accomplished are shown in the following analysis. In addition, 75 children had their speech analysed when it was found Speech Therapy was not indicated.

Number of Clinics held		343
Number of Sessions for School Visiting, Clerical, etc.		112
Number of Consultations		172
Number of Treatments given		1,610
Number of Children admitted		61
Number of Children discharged		58
Number of Children on Register, 31st December, 1962	2	125

#### Discharges

Andrea (1281) Andrea (1281) 		nmer Girls	ai Dys	nmer nd Ialia <i>Girls</i>		lalia <i>Girls</i>	Pal	eft late Girls	Diso	her rders <i>Girls</i>	Total
Provisionally Cured	1		1	1	13	5	-	-	-	1	22
Much Improved	2	1	1	1	6	9	0-dod	1	2	nh-	23
Slightly Improved/ Unco-operative	2	1	2	1	110.5	A DEC			2		8
No Improvement	-	1 a		-	-	-			-	No. Pres	-
Left District and School	3	_	_	_	1	-	-		-	1	5
TOTAL	8	2	4	3	20	14		1	4	2	58

### Physiotherapy

A physiotherapy clinic is held on two days per week. Children are referred by the School Medical Officer from the routine school medical inspections or from minor ailments clinics. Treatment consists of graduated exercises and ultra violet light. Progress is watched and the children are re-inspected at school.

The following statistics show the work done during the year:-

Exercise ... ... 1515 U.V.L. Treatment ... 564

### **Recuperative Holidays**

We are indebted to the Cheltenham Rotary Club for generously providing a free fortnight's holiday for Cheltenham schoolboys at Westonsuper-Mare.

The boys selected by the school medical officers, are convalescent or debilitated children, whose parents would not be able otherwise to provide them with a recuperative holiday by the sea. The boys stay at the Rotary Boys House where a healthy and happy holiday, with good food and regular hours, does much to restore them to their normal vigour. Travelling expenses are also provided by the Rotary Club.

The Cheltenham Rotary Club has been providing these holidays for schoolboys in the town since 1928 and up to four boys per month can be sent to Weston. On behalf of the School Medical Committee, I would like to express our sincere thanks for this very fine example of "Service Before Self" and couple with it the gratitude of many parents in the town.

### **Child Guidance Clinic**

The Child Guidance team was increased during the year by the addition of an Educational Psychologist and we continue to refer many cases for consultation and treatment. I am indebted to Dr. P. R. Doherty, the Medical Director and his staff for their helpful co-operation in dealing with the many problems we send them.

#### **Employment of Children and Young Persons**

During the year, 160 school children were examined as to fitness for employment before or after school hours and the necessary certificate was granted in each case. The standard of fitness among Cheltenham school children is such, that it is exceptional if a certificate of fitness has to be refused to an applicant.

These children are kept under medical observation and there has never been any evidence that the part-time employment has been in any way detrimental to their physical or mental welfare.

All children leaving school are examined and advised in the light of their known medical histories as to any type of work for which they may have been found to be physically unsuitable and good liaison has been maintained with the Youth Employment Officer in this respect.

### Handicapped Children

In accordance with the requirements of the Handicapped Pupils and Special Schools Regulations, 1959, 56 pupils have been examined or re-examined during 1962 for the purpose of ascertaining whether or not they are suffering from a disability of the mind or body, and if the disability is such as to fall within a category requiring special educational treatment as prescribed by the Regulations. Of the pupils examined during 1962:—

21 have been ascertained to be educationally sub-normal.

- 5 have been reported to the Local Health Authority under the Mental Health Act.
- 9 were found to have no disability.
- 20 were found to be suitable for education in an ordinary school.
  - 1 was found to require education in a special residential school.

# SECTION IV

## ENVIRONMENTAL HYGIENE

Report of Chief Public Health Inspector

## ENVIRONMENTAL HYGIENE

## REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR AND MANAGER OF THE PUBLIC ABATTOIR

#### To the Mayor, Aldermen and Councillors of the Borough of Cheltenham.

#### Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the work carried out in the Department during the past year. There has been a considerable increase, both in the number of inspections carried out and in the variety of duties brought about by new legislation.

Cheltenham's first Smoke Control Order came into force in October and, throughout the Spring and Summer the Inspectors were visiting dwelling-houses, business premises and factories, giving general advice in connection with the Order and dealing with the estimates for the conversion of fireplaces. This entailed some 5,500 visits and alterations to 1,214 heating appliances.

Arrangements were made for the Solid Smokeless Fuels Federation to bring to the area their Mobile Exhibition Vehicle and, later in the year, the Coal Utilisation Council provided a similar Unit. These Exhibitions, together with a Demonstration House staffed by the Gas and Electricity Boards, performed an excellent service in showing, not only the types of approved appliances that were available, but the different kinds of authorised fuels that could be used to advantage.

A daily  $SO_2$  and Smoke Recorder in the centre of the town, together with three deposit gauges situated in representative areas, continue to be maintained. It is obvious that, whilst the problem of smoke and grit emission is being solved, a great deal still remains to be done in relation to the pollution of the air by sulphur oxides and oil fumes. Further investigation is also necessary into the question of exhaust fumes emitted at ground level from internal combustion vehicles, especially with illmaintained diesel engines.

The Public Health Committee authorised proceedings in six cases under the Food and Drugs Act and fines totalling  $\pounds 250$ , together with costs, were imposed. 243 formal and informal samples were taken for analysis during the year, only six being adversely reported upon by the Public Analyst. Earlier in the year, carcasses of beef were arriving from Ireland, the kidneys having been removed. Investigations revealed that these carcasses had been subjected to a process called "ProTen," which consists of injecting an enzyme called papain into the jugular vein of the animal a short while before slaughter, resulting in a tenderising effect on the beef. The Ministry of Agriculture, Fisheries and Food raised no objection to the importation of such carcasses, but the Public Health Committee felt most strongly that any of this meat sold within the Borough should be properly marked "ProTen Treated" or "Tenderised Papain Treated." to ensure that the public would be fully aware of the type of meat they were purchasing.

A further case occurred emphasising the weakness of the Meat (Staining and Sterilization) Regulations, 1960. An inspection of a pet meat premises revealed that the proprietor was engaged in flaving some 15 dead calves varying from new-born to approximately one week old. It was noted that the veal from these carcasses was being sold to customers without being stained and it was obvious that they were not aware of the dangers of handling such meat. Unfortunately, it was not possible to take action against this man, as the carcasses had not come from a knacker's vard and legally the meat could not be termed "knacker meat" requiring staining under the Regulations. Further, as it could not be proved that the owner made a practice of flaving animals, no action could be taken against him for skinning and dressing of the dead calves. This hawking around of diseased and unfit meat which has been neither stained nor sterilised, is undoubtedly one of the greatest public health dangers with which we have at present to contend and legislation to prevent it is long overdue.

The throughput of the Abattoir continued to rise and some 47,000 animals were slaughtered and inspected during the year, being almost double the number killed in 1955. The rate of infestation of Cysticercus Bovis is still falling, being only 0.99% this year. A similar trend exists in the case of Tuberculosis in home-bred cattle which, if one excludes the reactors sent by the Ministry from a very wide area, is very low, being .02%. The income to the Abattoir has also increased and it continues to make no demand on the rates. Two essential facilities still required are additional covered bovine lairage, in order to prevent animals having to be kept in open lairs during winter, and a chilling room, which is considered an integral part of every modern Abattoir. Its provision would greatly improve the keeping qualities of the meat, especially in the summer months, and would lead to a steady balanced kill throughout the week.

There has been a considerable increase in the demand for market stalls, which has resulted in an additional revenue during the current financial year in excess of  $\pounds 450$ . Proposals have now been submitted to reorganize the auction site and remove some of the unsatisfactory features in this area.

The Council have submitted two programmes to the Ministry of Housing and Local Government to deal with a total of 581 unfit premises not repairable at reasonable cost in 10 years. 7 years of this period have now elapsed and 589 premises have been the subject of action taken under the Housing Acts. The biggest problem at the present time is the prevention of the creation of new slums by allowing old, but sound houses, to deteriorate. Improvement Grants have, in the main, been requested by owner/occupiers, but the existing scheme has had little success in the case of tenanted property. Every house should have such fundamental amenities as a bath, hot water and internal W.C., but if these are to be required, new legislation will have to be introduced, together with measures that will produce an economic return for the financial outlay involved.

The Housing Committee continued to purchase houses suitable for reconditioning and modernisation, 5 being completed during the year. As an Improvement Grant is obtained, these are an attractive financial proposition, in addition to providing an example to the private owner of what can be accomplished in making an old-fashioned house into an attractive and modern home.

Mr. Russell Jones, who was articled to this Authority for 4 years as a Pupil Public Health Inspector, qualified in April and was subsequently appointed as Public Health Inspector with the Cheltenham R.D.C.

I should like to express my sincere appreciation to the Chairman and Members of the Public Health and other Committees of the Council for their continued support and encouragement and also to thank my Deputy and the staff for their contribution to the work summarised in the following report.

#### I am,

Your Obedient Servant, I. F. URSELL, D.P.A., F.A.P.H.I.

## SUMMARY OF VISITS TABLE I

## **General Sanitation**

.

Water Supply						 165
Drainage						 1,854
Stables and Piggeries	s					 11
Offensive Trades						 10
Fried Fish Shops						 30
Common Lodging Ho	ouse					 23
Houses Let in Lodgin						 47
Tents, Vans and She	-					 151
Factories						 220
Outworkers						 29
Bakehouses						 50
Public Conveniences						 68
Theatres						 3
Refuse Collection						 208
Pest Control						 107
Smoke Observation a	and Ati	nosphe	ric Pol	lution		 23
Marine Stores						 4
Schools						 10
Miscellaneous Sanita		ts				 1,816
Interviews						 528
				To	tal	 5,357

## TABLE II

Housing	DEL			
Housing				
Under Public Health Acts:				
No. of Houses Inspected		 		 606
Re-Visits		 		 522
Under Housing Acts:				
No. of Houses Inspected		 		 517
Re-Visits		 		 2,451
Certificates of Disrepair:				
No. of Visits		 		 8
Overcrowding:				
No. of Houses Inspected		 		 10
Re-Visits		 		 _
Verminous Premises:				
No. of Houses Inspected		 		 11
Re-Visits		 		 7
Miscellaneous Housing Visits		 		 686
		To	tal	 4,818

		-		
- A	DI	100		
- A	<b>D</b>			
1 1 1	1 1	111	III	

Food Hygiene, etc.				
Inspection of Meat:				
Additional Visits for Meat Inspection	(Full-	time		
Meat Inspector at Abattoir)				84
Visits to Other Premises				34
Food and Drugs Act:				
School Canteens				45
Butchers				153
Fishmongers and Poulterers				18
Grocers				221
Greengrocers and Fruiterers				59
Dairies and Milkshops				34
Ice Cream Premises			000	80
Food Preparing Premises				113
Restaurants and Hotel Kitchens, etc.				263
Licensed Premises				134
Market Stalls				68
Street Vendors' and Hawkers' Carts				23
Food Inspection and Condemnation Visits				219
Visits in Connection with Sampling:				
Milk-Bacteriological	10.100		·	23
Food and Drug Samples			2	240
Miscellaneous Food Visits				118
	Te	otal		1,929
TABLE IV				
Infectious Diseases and Disinfestation				
Infectious Diseases and Disinfestation Disinfestation:				-
Infectious Diseases and Disinfestation Disinfestation: No. of Premises Treated				
Infectious Diseases and Disinfestation Disinfestation: No. of Premises Treated No. of Articles Treated				-
Infectious Diseases and Disinfestation Disinfestation: No. of Premises Treated No. of Articles Treated Infectious Diseases:				
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated				84 65 4
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected				84 65
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles Disinfected         Removal of Articles for Destruction:				84 65 4 62
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles Disinfected         Removal of Articles for Destruction:         No. of Visits				84 65 4 62 179
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles for Destruction:         No. of Visits         No. of Visits				84 65 4 62 179 1,998
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         Removal of Articles for Destruction:         No. of Visits         No. of Re-Visits				84 65 4 62 179 1,998 420
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles for Destruction:         No. of Visits         No. of Visits				84 65 4 62 179 1,998
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         Removal of Articles for Destruction:         No. of Visits         No. of Re-Visits	   			84 65 4 62 179 1,998 420 224
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         Removal of Articles for Destruction:         No. of Visits         No. of Re-Visits	   			84 65 4 62 179 1,998 420
Infectious Diseases and Disinfestation:         No. of Premises Treated         No. of Articles Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles for Destruction:         No. of Visits         No. of Re-Visits         Fumigation of Non-Infectious Articles	   			84 65 4 62 179 1,998 420 224
Infectious Diseases and Disinfestation:         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles for Destruction:         No. of Visits         No. of Re-Visits         Fumigation of Non-Infectious Article	   			84 65 4 62 179 1,998 420 224
Infectious Diseases and Disinfestation:         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles for Destruction:         No. of Visits         No. of Re-Visits         No. of Re-Visits         Fumigation of Non-Infectious Article         TABLE V         Rodent Control	   			84 65 4 62 179 1,998 420 224
Infectious Diseases and Disinfestation:         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles for Destruction:         No. of Visits         No. of Re-Visits         No. of Re-Visits         Fumigation of Non-Infectious Article         TABLE V         Redent Control         Rats and Mice:	   			84 65 4 62 179 1,998 420 224 3,036
Infectious Diseases and Disinfestation:         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles for Destruction:         No. of Visits         No. of Visits         No. of Re-Visits         No. of Re-Visits         No. of Re-Visits         TABLE V         Rodent Control         Rats and Mice:         No. of Visits for Inspection	   			84 65 4 62 179 1,998 420 224 3,036 1,881
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles for Destruction:         No. of Visits         No. of Visits         No. of Re-Visits         No. of Re-Visits         No. of Non-Infectious Article         Kedent Control         Rats and Mice:         No. of Visits for Inspection         No. of Visits for Treatment	   			84 65 4 62 179 1,998 420 224 3,036
Infectious Diseases and Disinfestation Disinfestation: No. of Premises Treated No. of Articles Treated Infectious Diseases: No. of Premises Fumigated No. of Articles Disinfected Removal of Articles for Destruction: No. of Visits Special Visits No. of Re-Visits Fumigation of Non-Infectious Article TABLE V Rodent Control Rats and Mice: No. of Visits for Inspection No. of Visits for Treatment Other Pests:	   			84 65 4 62 179 1,998 420 224 3,036 1,881 1,572
Infectious Diseases and Disinfestation         Disinfestation:         No. of Premises Treated         No. of Articles Treated         Infectious Diseases:         No. of Premises Fumigated         No. of Articles Disinfected         No. of Articles for Destruction:         No. of Visits         No. of Visits         No. of Re-Visits         No. of Re-Visits         No. of Non-Infectious Article         Kedent Control         Rats and Mice:         No. of Visits for Inspection         No. of Visits for Treatment	   			84 65 4 62 179 1,998 420 224 3,036 1,881

Total

3,855

...

## TABLE VI

### **Other Visits**

CL.L. A.

Shops Act:					
Closing Hours		1 10		 	190
Employment of Young	Persor	IS		 	18
Welfare				 	159
Merchandise Marks Act				 	106
Rag Flock and other Filling	Mater	ials Act		 	4
Pet Animals Act				 	15
Removal of Unsound Food:-	-No. 0	f Visits		 	196
Waste Food Order				 	7
Agricultural (Welfare) Act				 	- 1
Animal Food Shops				 	10
Pharmacy and Poisons Act				 	4
Clean Air Act			/	 	1,906
Noise Abatement Act				 	78
		T	i pool		0.000
		То	tal	 	2,693
Total of Tables I II III I	VV	nd VI			21,688
Total of Tables I, II, III, I	v, v, a	III VI		 	21,000

### **NOTICES SERVED**

During the year the following notices were served and/or complied:-

		al Notices Complied		l Notices Complied
Public Health Act, 1936	100	98	19	23
Water Act, 1945 Prevention of Damage by		-	1	1
Pests Act, 1949	6	_	_	
Shops Act, 1950	4	4		_
Housing Act, 1957	2	3		1
Factories Acts, 1937-1961	3	4	1	_
Clean Air Act, 1960			25	20
	115	109	46	45

The Notices complied with include those outstanding from the previous year.

### Information in Regard to Land Charges

Requests for information under the Land Charges Act were received and dealt with during the year in respect of 1,594 Official Searches.

# PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE

## FACTORIES ACT, 1961

### PART 1 OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

	Salari Sabistina.	Number	Number of				
	Premises (1)	on Register (2)	Inspections (3)	Written notices (4)	Occupiers prosecuted (5)		
(i)	Factories in which Sec- tions 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	30	17	real (R al)	Interna Interna Interna		
(ii)	Factories not included in (i) in which Section 7 is enforced by the Local Authority	343	192	2	_		
(iii)	Other Premises in which Section 7 is enforced by the Local Authority (ex- cluding out-workers' premises)	11	11	Tabida T	Indiato T		
	TOTAL	384	220	3	-1.2		

the energy of the	Nun	Number of			
Particulars			Ref To H.M. Inspector	erred By H.M. Inspector	cases in which prosecutions were instituted
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	_	-			
Overcrowding (S.2)	100 m			-20-C	
Unreasonable temperature (S.3)	2-		and The second	-	
Inadequate ventilation (S.4)			- 1		
Ineffective drainage of floors (S.6)	11- 	_		-	
Sanitary Conveniences (S.7) (a) Insufficient			pa BROAM		
(b) Unsuitable or defective	3	3	101 <u>0</u> 1	inoz an	
(c) Not separate for sexes	-	400 <u>22</u> 696			
Other offences against the Act (not including offences relating to Outwork)		ante pola de la Alterneta —			
TOTAL	3	3	-	_1000	allun guon

### 2. Cases in which DEFECTS were found

## PART VIII OF THE ACT OUTWORK

L

I

			(Section	ons 133 and	104/		
	a brolling	Lanning	Section 133			Section 134	
	Nature of Work	No. of out- workers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prosecu- tions
-	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Wearing apparel (Making			01 122		in and an	
	etc).	19	-	-			_
	(Cleaning and Washing)	-	TIN	-		TES	01-
	TOTAL	19	-	-	-	-	-

(Sections 133 and 134)

#### ATMOSPHERIC POLLUTION

#### No. 1 (Hesters Way) Smoke Control Order, 1960

This Order came into force on 1st October, 1962. It covers 588 acres and includes 1,481 premises.

The adaptation of fireplaces was carried out during the Spring and Summer months. 1,389 of the houses in the area are owned by the Council and it was found necessary to modernise 1,005 of these appliances by changing the bottom bars for a new set with  $\frac{5}{8}$ " bar spacing. 61 Council houses had loose stool and fret fireplaces, which were replaced by new approved fires and gas pokers were provided to 30 Independent boilers. 96 deepening bars were required to be fitted to already approved grates.

There are 44 privately owned houses in the area and 18 owned by the County Council. Of these, 47 premises required replacement of one or more grates by an approved appliance or modification of an existing appliance. Applications for grants totalled  $\pounds$ 415 5s., the average grant approved being  $\pounds$ 8 16s. 8d. for each property. The Council contribution amounted to 3/10ths of the expenses reasonably incurred in carrying out conversions, although two Old-age Pensioners received a full grant.

Most householders still desire to heat their homes by solid fuel, although there is increased use of electric and gas fires. Smokeless fuels in use are Gloco, Coalite, Rexco and Cleanglow, the latter being a more reactive fuel than Gloco.

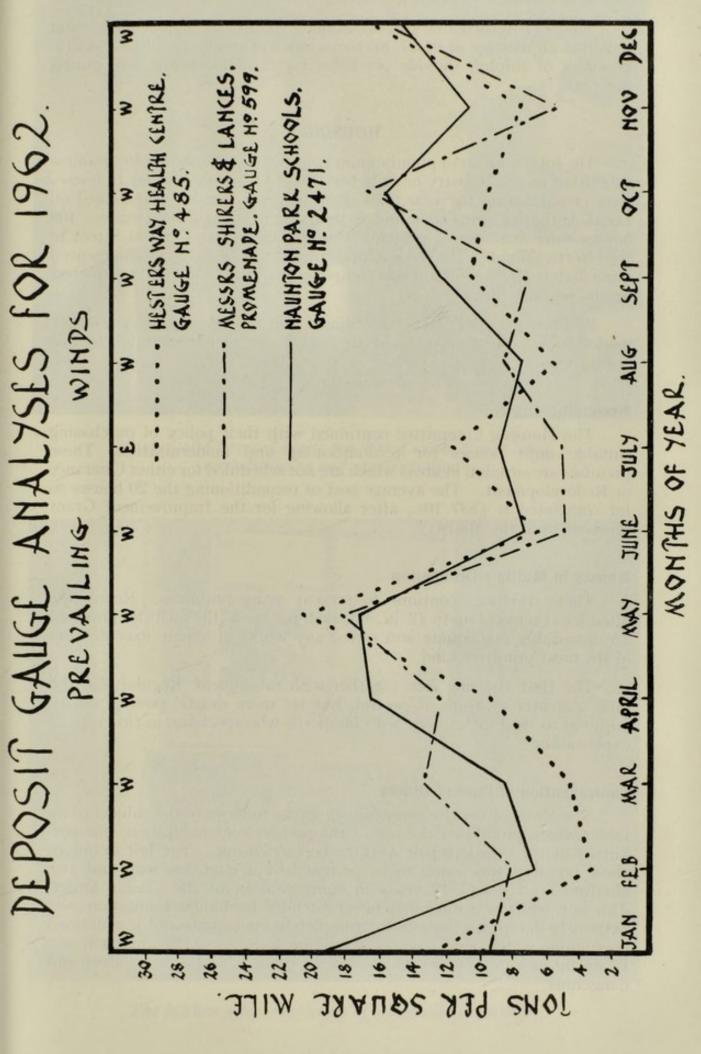
The implementation of the Order has been carried through quite smoothly, but entailed a great deal of work, often during the evenings and at weekends. However, its establishment is a great contribution towards cleaner air within the Borough.

#### **Smoke Nuisances**

Few complaints were received in respect of smoke nuisances from factory chimneys. This is undoubtedly due to the introduction of oil firing to boilers which were formerly coal-fired. Greater control and flexibility is thereby achieved and smoke emission from the chimneys of oil-fired boilers is rare. It should, however, be realised that the  $SO_2$ content of such emissions is high, as there is no commercial method at present available of removing sulphur oxides from solid fuels or petroleum oils. The pollution of the atmosphere by sulphur dioxide has serious effects on human beings and on property and the Department of Scientific and Industrial Research is now carrying out extensive research on this problem.

#### Deposit Gauges and SO<sub>2</sub> Recorder

The three deposit gauges remained in the same positions as the previous year, the averages recorded in tons of solids per square mile per month being 9.86 at Hesters Way, 10.49 at Shirers and Lances and 12.16 at Naunton Park Schools. The average over the whole town was 10.84 tons.



The SO<sub>2</sub> Recorder is still maintained at the Municipal Offices and recorded an average of 61.37 microgrammes of smoke and 61.83 microgrammes of sulphur dioxide per cubic metre of air per month during the year.

#### HOUSING

The total number of premises now dealt with in the second Programme submitted to the Ministry has reached 277. 11 basements and 18 houses were closed during the year, 37 Certificates of Unfitness were issued on Local Authority properties and 6 Demolition Orders were made. 109 houses were demolished, principally in Sun Street and Queen Street in the North Ward. The redevelopment of this area was commenced immediately the demolition was completed and works are still in progress on the new dwellings.

24 Closing Orders were determined and 3 Undertakings cancelled, works having been carried out to render the premises fit for human habitation.

#### Reconditioning

The Housing Committee continued with their policy of purchasing suitable unfit houses for reconditioning and modernisation. These premises are situated in areas which are not scheduled for either Clearance or Redevelopment. The average cost of reconditioning the 20 houses so far completed is £537 10s., after allowing for the Improvement Grant received from the Ministry.

#### **Houses in Multiple Occupation**

These dwellings continue to present many problems. Rooms are often let at rents of up to  $\pounds 2$  0s. 0d. each per week, the facilities provided are invariably inadequate and often, any works of repair executed are of the most primitive kind.

The 1961 Housing Act, together with subsequent Regulations, did give a greater measure of control, but far more drastic powers will be required to deal effectively with landlords who specialise in this type of exploitation.

#### **Contravention of Closing Orders**

The Mews of two Regency houses in the town were the subject of an Order which prohibited the use of the premises for habitation, but permitted motor vehicle repair work to be carried out. The loft in one of these premises was found to be occupied by a man, his wife and two children aged 6 and 12 years in contravention of the Closing Order. This loft, which was obviously never intended for human habitation, was extremely damp, ventilation was completely inadequate and it contained no running water, food storage or cooking facilities. The approach was by means of a step ladder which was decaying as well as being steep and dangerous.



Kitchen of a terraced house purchased by the Council for reconditioning and modernisation



The kitchen after completion of reconditioning works



The occupier of the premises, who had permitted this contravention of the Order, was summoned to the Magistrates' Court and fined  $\pounds 10$  plus costs.

#### **Common Lodging House**

Of the many facets to housing, one which presents special problems is that of providing accommodation for men of the itinerant class, men without family ties and frequently referred to as of "no fixed abode." Their mode of life excludes them from being able to obtain lodgings with private families.

In the district there is one common lodging house, namely The Rowton House, Grove Street, with accommodation for 50 men. These premises appear to adequately fulfil the needs of the town as, during the year under review, no request for accommodation has had to be refused, with the exception of two or three men who are "barred" because of misbehaviour and creating a nuisance on the premises. The lodging-house is privately owned and day-to-day supervision is carried out by a resident Deputy Keeper. The charge is  $f_1$  per week or 3/6d. per night.

It will be appreciated that the costs of running a lodging house of this size are very high. In addition to the essential expenditure of rates, heating, lighting, laundry, cleaning materials and labour, there are other numerous incidental expenses. During the current year redecorations cost  $f_{400}$  and major repairs were also carried out to the main roof.

In view of this it is considered appropriate to record that the owner, Mr. A. Griffiths, who runs the lodging house without subsidy from any organisation, provides many additional amenities for the comfort and welfare of the lodgers. There is a modern ablution room containing two shower baths with adequate supplies of hot water always available and a recreation and reading room equipped with television and billiard table. The most recent innovation is the conversion of an outside wash-house into a boot and shoe repair shop, which is fitted with a work bench and lasts. The various tools and sprigs are provided free and leather soles may be purchased at the wholesale cost. The only stipulation laid down by the owner is that the lodgers must not carry out repairs for anyone not resident in the lodging house.

Another pleasant gesture on behalf of the owner was a gift of  $\pounds 1$  each to 48 lodgers at Christmas.

### HOUSING ACT, 1957.

The following action under the above Act was taken during the year (figures for 1961 are given for comparative purposes) :---

		1961	1962
(a)	Closing Orders (Basement Dwellings)	14	11
(b)	Closing Orders (Parts of Houses, etc.)	1	_
(c)	Closing Orders Determined	23	24
(d)	Demolition Orders	1	6
(e)	Houses Closed	7	18
(f)	Undertakings to render premises fit	3	3
(g)	Undertakings cancelled	6	3
(h)	Undertakings not to use premises for human	Amp I	10 minstel
dit ann	habitation	5	3
(i)	Houses demolished	34	109
(j)	Local Authority owned houses certified unfit	70	37
	and another a multiplice on the president line		10.51

Action taken since the end of the War is as follows:-

luing house of liture of rates there are offici		No. of Houses	No. of persons displaced
(a) Houses	s closed	168	524
	of buildings closed	366	954
(c) Houses	s closed in pursuance of an	i theiris it is	In view c
unde	rtaking by Owner	48	168
	s demolished	313	779
	s made fit as a result of formal	Inducera	and to another
notic		228	adjust manade

### **NEW HOUSES**

New houses completed in the Borough since June, 1945 are as follows:

sale cost. The only stipulation laid down	By the Council	By Private Enterprise
Up to 31st December, 1960 During 1961 ,, 1962	4,648 187 117	not resident i
Up to 31st December, 1962	4,952	3,145

#### RENT ACT, 1957

App	lications for Certificates of Disrepair, during 1962.	
1.	Number of applications for certificates	
2.	Number of decisions not to issue certificates	_
3.	Number of decisions to issue certificates:—	
	(a) in respect of some but not all defects	
	(b) in respect of all defects	
4.	Number of undertakings given by landlords under para-	
	graph 5 of the First Schedule	-
5.	Number of undertakings refused by Local Authority under	
	proviso to paragraph 5 of the First Schedule	-
6.	Number of certificates issued	-
App	lications for Cancellation of Certificates, during 1962.	
7.	Applications by landlords to Local Authority for cancellation of certificates	1
0		

8.	Objections by tenants to cancellation of certificates	1
9.	Decisions by Local Authority to cancel in spite of tenant's	
	objection	1
10.	Certificates cancelled by Local Authority	1

#### **MOVABLE DWELLINGS**

There are now 10 caravan sites in the Borough licensed for 210 caravans. By far the largest site is that at Harthurstfield Farm, where ultimately 150 caravans are to be stationed. The owner and his architect submitted detailed proposals for consideration and were advised that provision should be made for drainage to the public sewer, even though a pumping station would be required due to the lack of fall. Work is now in progress at this site, which is to be developed in accordance with the Model Standards issued by the Ministry. Caravans are of the latest design, the majority being equipped with internal W.C.'s and baths, main water will be laid on inside each van and the whole site will have main drainage to the sewer by means of a sewage lift. Electricity will be available to all vans, together with wired Television. Carriageways will be 16 feet wide, properly formed and kerbed; there will be concrete paths to every van and, when trees and shrubs have been planted and grass verges laid, this site should be one of the finest in the country.

All other sites in the Borough have been brought up to the requirements of the Model Standards with two exceptions. One of these sites is licensed for 10 caravans and the site operator received a licence on 28th December, 1960, subject to certain necessary works being carried out within 6 months. A start was made, but the work was never completed and, as repeated warnings had little effect, the Public Health Committee authorised legal proceedings. In consequence the owner was fined  $\frac{1}{50}$  in the Magistrates' Court and has since made a more serious effort to put the site in order. The other site was licensed for 4 caravans and, here again, the conditions attached to the site licence granted on 28th December, 1960, were not complied with. Proceedings are being taken against the owner.

The effect of the Caravan Sites and Control of Development Act, 1960, has been to secure an all-round improvement in basic amenities on most sites in the Borough and to eliminate a number of the smaller and less desirable sites.

#### SAMPLES OF FOOD AND DRUGS SUBMITTED FOR ANALYSIS

In accordance with Ministry of Health requirements, the following samples were taken :---

Commodity	Fe	ormal	Informal	Commodity	I	Formal	Informal
Acid drops		1		Curry Powder		10 10	1
Ale		1	ne <u>m</u> alio,	Custard Powder		1	a
Almond Paste		2		Dates		1	1
Almonds, Ground		1	COLUMN OF A	Demerara Sugar		1	10 13.C
Apple Dumpling		1		Diabetic Marmalad		and a state	1
Apple Flakes		1	inch Inch Is	Dried Apricots		1	1.01
Apple Juice			1	Dried Fruit		1	
Apricot Dumpling		1		Essence		-	2
Asparagus			1	Essence of Rennet		_	1
Aspirin Tablets		201	1	Evaporated Milk		2	
Beef Suet		3	Training and the	Fish Cakes		2	1
Beer		2	Call International	Fish Paste		-	1
Biscuits		-	1	Flour		1	
Blackcurrant Drink		1	a ta da	Fritter Mixture		_	1
Black Pudding		2	11000 <u>60</u>	Fruit Sweets		1	STREET HUT
Brandy Snaps		1	-	Gin		2	sult
Bubble Gum		1		Glucose Drink		-	1
Butter		3		Grapefruit Juice		1	
Butter Fudge		1	00 200 00	Green Beans		1	1
Buttered Nuts		<u>1</u> 8138	1	Hamburgers		1	BOW BUL
Cereal		1	1	Herbs		2	1
Cheese		1	The second	Honey		1	1
Cheese Spread			1	Honey Sweets		1	
Cherries		2	the transfer that	Ice Cream		4	and strength
Chlorophyll Tablets		AN ALSO	1 1	Ice Cream Mix		and the	1
Chocolate Drops		1	lenter dir.	Isinglass		-da	1
Chocolate Rolls		1	mait on h	Jam		4	in the second
Christmas Pudding		-	1	Jelly		1	
Cider		1	and the state of	Laxative			1
Cochineal		in strange	1 100	Lemon Squash		1	SV
Cockles			1	Lime Juice Cordial		1	-
Coconut		1	0.000-00701	Liver Sausage		1	1
Coffee		2		Lolly Syrup		-	1
Condensed Milk			1	Magnesia			1
Cough Mixture		1	2	Margarine		1	ano <u>nn</u> eme
Cough Tablets			090 100 10	Mayonnaise			1.1
Cream Caramels			Ind Ibain	Meat Tenderizer		in 6-1	Line 1 me
Cream Eclairs		1	alter bad	Meringues		1	a later la
Cream Wafers			1	Mincemeat		2	1
Cream Pies		1	and section	Milk		41	THUR DO.
Currants		2	and parts	Milk and Oil		1	of pour
Curried Chicken			1	Milk Shake Syrup			1
				and the second			

Commodity	1	Formal	Informal	Commodity	1	Formal	Informal
Mint Cake			1	Rum Butter			2
Mint Sauce			1	Rum Sauce		_	1
Mixed Peel		1		Salt		-	1
Mixed Salad		1	100	Sauce		1	2
Mouth Ulcer Table	ts	1		Savoury Ducks		1	
Muscatels		1		Scampi		-	1
Mushrooms			1	Scotch Egg			1
Mustard		1	1	Sherry		2	
Nuts		1		Sodium Glutamate			1
Nut Savouries		-	1	Soup		-	2
Oil of Cassia		_	1	Sponge Cake		1	_
Orange Juice		1		Stew		1	
Orange Squash		1		Strawberries		1	
Pain Tablets		_	3	Stuffing		3	-
Paracetamol Table	ts	-	1	Sultanas		1	
Pearl Barley		1		Sweet Corn		1	-
Peas		1		Throat Lozenges			1
Pepper		1	2	Tomato Juice		2	—
Pickle		1		Tomato Ketchup		2	_
Pilchards		1	-	Tomato Paste		-	1
Poppodums		1		Tomato Puree		1	
Pork Pie		-	1	Tongues		-	1
Pork Roll			1	Tonic		1	-
Pork Sausages		5		Tonic Tablets		-	1
Potato Mash		1	-	Veal		-	1
Potato Puffs		1	-	Vegetable Oil		1	-
Prawns			1	Vinegar		3	-
Prunes		3		Weight Reducing			
Punch		-	1	Compound			1
Raisins		2		Whisky		2	
Rum		2					

# Number of samples taken during 1962 :--

Formal	 	 167
Informal	 	 76
	Total	 243

AUI	ION TAKEN IN C	UNNECTI	on with roc	D AND DRUGS
Sample No.	Description	Formal or Informal	Report of Public Analyst	Action Taken
172a, 172b & 173	Milk containing sediment	Complaint	Not sent	Warning letter to Dairy
211	Glass in milk	Complaint	Not sent	Warning letter to Dairy
25	Mouldy Bread	Complaint	Not sent	Warning letter to Vendor
44	Dirty bottle of Milk	Complaint	Not sent	Proceedings taken, Dairy Company fined £5 plus £3 3s. 0d. costs
45	Mouldy steak and kidney pie	Complaint	Not sent	Warning letter to Vendor
46	String in Bread	Complaint	Not sent	Warning letter to Baker
52	Mouldy pork pie	Complaint	Not sent	Proceedings taken, Vendor fined £50 plus £3 3s. 0d. costs
63	Cold milk (taken in Cafe)	Formal	12% deficient in milk fat	Proceedings taken against Cafe pro- prietor, fined £20 plus £2 3s. 0d. costs
67	Dried Apricots	Informal (Com- plaint)	Contaminated by presence of insect frag- ments and dead ants	Same source, pro- ceedings taken
68	Dried Apricots	Informal	Contaminated by presence of insect frag- ments and rodent drop- pings	against Vendors, fined £50 plus £8 19s. 6d. costs
96	Pork pie	Informal (Com- plaint)	Contaminated by presence of earwig	Manufacturers fined $\pounds 25$ plus $\pounds 3$ 3s. 0d. costs
110	Pebble in dates	Complaint	Not sent	Warning letter to Vendor
112 & 113	Mouldy Sausage Rolls	Complaint	Not sent	Proceedings taken, Vendor fined $£50$
172	Brandy Snaps	Formal	Ingredients printed on label in wrong order	Warning letter sent to Manufacturer
177	Nut Savouries	Informal (Com- plaint)	Adulterated by presence of insect frag- ments and pieces of glass	Proceedings taken, Manufacturers fined £50 plus £3 3s. 0d. costs

## ACTION TAKEN IN CONNECTION WITH FOOD AND DRUGS

#### FOOD HYGIENE

12 complaints in respect of unsatisfactory food were received from members of the public. The Public Health Committee authorised proceedings in respect of 6 of these, details of which are given below.

#### Sample No. 44—Dirty Bottle of Milk

A pint bottle of pasteurised milk brought to this office was found, on inspection, to be marked with a number of black deposits adhering to the inside surface, the cap having not been removed. The Dairy Company concerned stated that the soiling was obviously due to the bottle being left out in the atmosphere for a considerable time, the black spots appearing to be of a carbon-like nature, extremely difficult to remove mechanically.

A fine of  $f_5$  plus  $f_3$  3s. 0d. costs was imposed.

#### Sample No. 52 – Mouldy Pork Pie

Following a complaint that a pork pie, purchased at a local grocer's shop, was affected with mould, inspection of the remainder of the stock in the shop revealed all pies on display to be similarly affected and unfit for human consumption. The pies had been in stock for periods of 6 and 8 days and for the greater part of this time had been kept at atmospheric temperature. The incident took place in June when the maximum "shelf" life of a pork pie is considered to be 48 hours.

The firm pleaded guilty to selling a pork pie to the prejudice of the purchaser and offering food for sale which was unfit for human consumption. They were fined  $\pm 50$  with  $\pm 3$  3s. 0d. costs.

#### Samples Nos. 67 and 68—Dried Apricots

A packet of dried apricots was brought to the office by a member of the public, who alleged that it contained dead ants. A 1 lb. sample, purchased by the Sampling Officer from the shop concerned, was found on microscopical examination by the Public Analyst, to contain fragments of insect bodies, legs and wings such as from spiders or flies, together with dead mites. Two other dark particles contained rodent hairs and had the appearance and characteristics of rodent droppings.

The apricots were delivered to the shop in wooden boxes and were divided there into one-pound packets in the rear store room. It was for this reason that the Magistrates found the vendors guilty of selling food to the prejudice of the purchaser and they were fined  $\pounds 50$  plus  $\pounds 8$  19s. 6d. costs.

#### Sample No. 96—Insect in Pork Pie

A local housewife purchased a pork pie during August and discovered an insect embedded in the meat filling. The pie was sent to the Analyst who identified the insect as an earwig. The Public Health Committee resolved that proceedings be taken against the manufacturers under Section 2 of the Food and Drugs Act, 1955. The company pleaded guilty and were fined  $f_{25}$  with  $f_{3}$  3s. 0d. costs.

#### Samples Nos. 112 and 113-Mouldy Sausage Rolls

Three sausage rolls, one of which had been partially consumed, were brought to the office a short time after purchase at a local snack bar, with a complaint that they were mouldy. The rolls were inspected and it was found that the meat in all three was affected with spots of mould. In a letter of explanation, the cafe proprietor, who was also the manufacturer, stated that the sausage rolls in question had been put in a container to be returned to the bakery and disposed of but, due to the fact that they had sold out of rolls, some were taken from this container and inadvertently used.

The case was heard at the Magistrates' Court, when the cafe proprietor was fined  $\pm 50$ .

#### Sample No. 177—Nut Savouries

Foreign bodies embedded in the bottom of a sealed jar of 'Nut Savouries'' were confirmed by the Public Analyst to be legs and parts of bodies of insects, in addition to two fragments of glass.

The manufacturers were summoned and a fine of  $\pm 50$  was imposed plus  $\pm 3$  3s. 0d. costs.

#### FOOD SAMPLING

#### Sample No. 63-Cold Milk

During the course of routine Food and Drug Sampling, two glasses of cold milk were purchased at a cafe as a formal sample. The Analyst's report showed a deficiency of milk fat to the extent of 12%.

Proceedings were taken against the vendor, who was fined  $f_{20}$  and  $f_{2}$  3s. 0d. costs.

### PARTICULARS OF FOODSTUFFS EXAMINED AND REJECTED AS UNFIT FOR HUMAN CONSUMPTION

Tinned For	ods			Tins	Tons	cwts.	qrs.	lbs
Meat		ð a		1,027	d bene 1 lab	6	The meneo	12
Fish				263	land purchased	1	1	23
Vegeta	ables			1,122	THE PRODUCT OF	8	3	13
Milk				132	Non me	-	3	23
Fruit				3,738	2	2	3	3
Soup				94	in P <u>ori</u> ci Pio	10 ozal	2	22
Jam				52	purchased a		2	7
Rice	10 H			51	sound the los		1	18
Miscel	laneous	tinned f	loods	33	dia) 🕂 epail		1 1 beer	1
		Total		6,512	4	2	and Transit	10

General				Tons	cwts.	qrs.	lbs.
Mea	t			 -	17	1	19
Fish				 	2	1	14
Baco	on			 		2014	4
Chee	ese			 -	1	1	15
Vege	etables			 	3	2	thenself.
Cool	ked Meat			 - 10 - 10 h		_	4
Pou	ltry		B	 NISNSTRU	-	1	2
Froz	en Food			 	1	1	12
But	ter			 ni p <u>ul</u> se a	19 <u>-</u> . 16	1	12
Drie	d Fruit			 Statement A		2	17
Cont	fectionery			 -		2	19
Flou	ir and Cer	reals	bi	 10	(//)	doit <u>eis</u> ner	10
Misc	ellaneous			 	-	inter internet	16
		To	tal	 1	8	1	4
		Gran	d Total	 5	10	1	14

ICE CREAM

Number of Ice Cream Premises Registered at 31st December, 1962.

Storage and Sale	Manufacture, Storage and Sale	Storage only
279	11	4

## ICE CREAM CHEMICAL EXAMINATION

Ref. No.	Fat %	Non-Fatty milk solids %	Sugar %	Remarks
98	8.70	13.10	10.32	Contained vegetable fat, genuine
100 (dairy)	7.10	12.70	10.48	Contained butterfat, genuine
102	10.90	12.50	10.16	Contained vegetable fat,
141	6.70	13.70	teresth <u>ad</u> ? no base baseque	genuine Genuiue

87

#### **HEALTH EDUCATION**

Several lectures were given during the year on various aspects of environmental hygiene. These included a series of talks to the Student Health Visitors. Trainees for certain qualifications were also taken round the department and shown different sides of the work, including meat inspection, food and drugs, reconditioning and duties under the Housing Acts.

#### LICENSING ACT, 1961

This is a new provision which, as from 1st March, 1962, required the registration of all Clubs selling intoxicating liquor and their inspection as to suitability from a hygienic point of view. 43 such applications were received and inspections were carried out at each Club. At 16 of these, various recommendations were made regarding inadequate sanitary accommodation, the provision of hot and cold water supply, especially over wash-hand basins for use by members preparing food and serving drinks, together with necessary repairs and decorations.

#### **PUBLIC ABATTOIR**

The total throughput of animals during the year again increased to an all-time record of 46,932, some 6,915 (or 17.3%) over the previous year.

Whilst the facilities for slaughter of animals at the Abattoir are adequate for this figure, some difficulties arise at certain peak periods with regard, on the one hand, to the provision of lairage accommodation and, on the other, to hanging space for carcasses. In the case of the former, it is most apparent with cattle—a much bigger proportion are slaughtered in the winter months when it is essential that they be housed prior to slaughter in covered lairage, rather than in open yards I think that some consideration should be given to the provision of additional covered lairage to meet this need. In the latter case complaints have been made by the Wholesale Companies that the existing cooling halls/ sales rooms are inadequate in the summer months and the keeping quality of the carcass meat is impaired. I would again stress that this problem could best be overcome by the addition of "chilled" accommodation giving, as well as extra hanging space, some control of the temperature and humidity at which the meat is kept.

The Ministry of Agriculture, Fisheries and Food Tuberculosis Eradication Scheme was completed in 1959 and the County of Gloucestershire was declared an "Attested Area," but routine tuberculin tests of cattle on the farms by the Ministry's Veterinary Officers is still bringing to light numbers of animals with tubercular infections. Under the Scheme these animals must be slaughtered and the majority of those found in the County are dealt with at the Abattoir. No fewer than 427 were dealt with during the year under review and, of these, 60% were found to have tubercular lesions evident. In the main, these lesions were confined to either the digestive or respiratory tracts, but in 17 cases the disease was widespread and required total rejection of the whole carcass. Apart from reactors, only 2 cases of tuberculosis were found in home-bred cattle from attested herds during the year—both were localised infections and the Ministry's Veterinary Officers were informed so that the herds from which they came could be fully tested.

An interesting and indirect result of the Tuberculosis Eradication Scheme has been the gradual reduction over the past few years of the incidence of tuberculosis in pigs. Pigs were not, of course, a part of the Scheme, but the type of Tuberculosis with which they are affected is often of bovine origin. In 1960, 4.26% of all pigs slaughtered at the Abattoir showed evidence of tuberculosis, the figure in 1961 was 3.1% and in 1962 2.15%. Only 1 pig was totally rejected with generalised tuberculosis in 1962.

## CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART AT CHELTENHAM PUBLIC ABATTOIR

ANNUAL SUMMARY ENDING 31st DECEMBER, 1962

ouse, a pair writer	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Number killed	5,261	633	1,895	22,316	16,827	46,932
Number inspected	5,261	633	1,895	22,316	16,827	46,932
All diseases except Tuberculosis and Cysticerci Whole carcasses condemned	6	16	43	24	102	191
Carcasses of which some part or organ was condemned	1,128	161	9	478	1,733	3,509
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	21.55%	27.98%	2.74%	2.20%	10.90%	7.88%
Tuberculosis only : Whole carcasses condemned	1	13	3		1	18
Carcasses of which some part or organ was condemned	49	217	5		361	632
Percentage of the number inspected affected with tuberculosis	0.95%	36.33%	0.42%		2.15%	1.38%
<b>Cysticercosis only :</b> Carcasses of which some part or organ was condemned	52				chilled' av	52
Carcasses submitted to treatment by refrigeration	10	_				10
Generalised and totally condemned		_	_	-		-

ined band reportions

	Tons	Cwts.	Qrs.	Lbs.	Tons	Cwts.	Qrs.	Lbs.
Bovine Meat in Carcass Meat not in Carcass Organs and Viscera	8 2 8	5 1 7	0 0 3	13 4 3				
TOTAL	18	13	3	20	18	13	3	20
Ovine Meat in Carcass Meat not in Carcass Organs and Viscera	111	8 3 10	3 2 0	15 24 20				
TOTAL	1	2	3	3	1	2	3	3
Swine Meat in Carcass Meat not in Carcass Organs and Viscera TOTAL	5 3 2 12	19 7 19 6	1 2 1	25 1 6 4	12	6	1	4
TOTAL CARCASS MEAT	20	5	2	26	12		-	4
TOTAL ORGANS AND VISCERA	11	16	5	1				
TOTAL	32	2	3	27	32	2	3	27

## TOTAL WEIGHTS OF MEAT AND ORGANS REJECTED, 1962

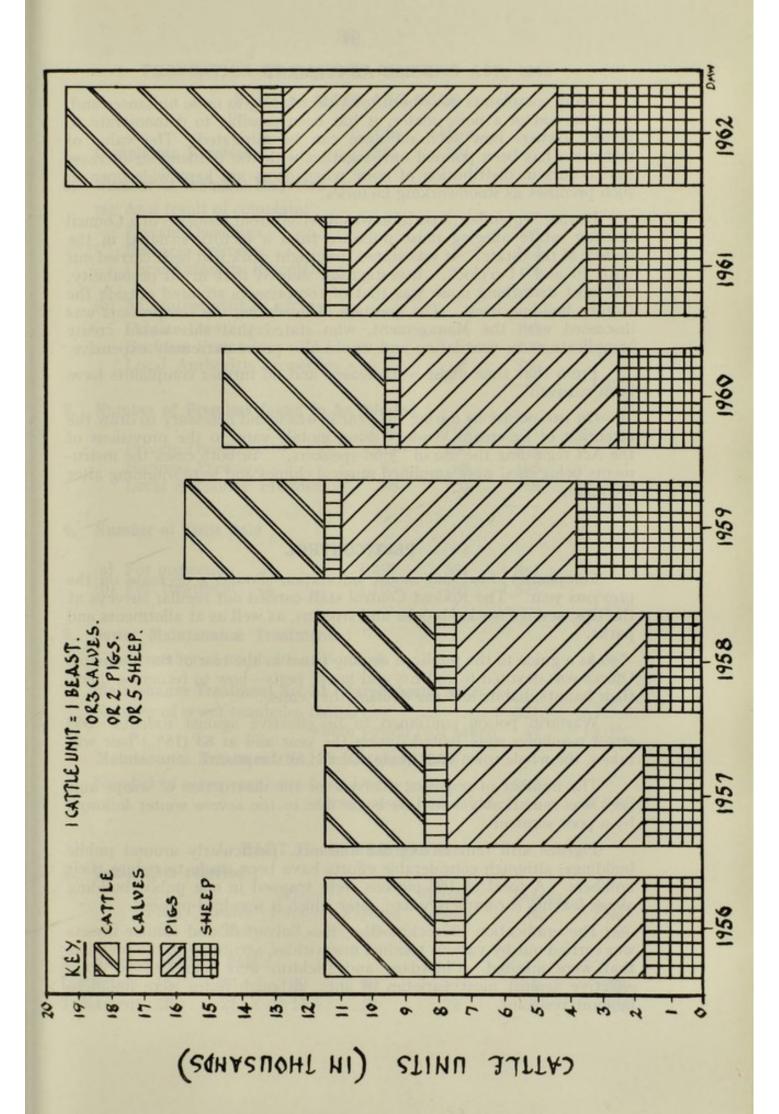
### **CYSTICERCUS BOVIS**

There were fifty-two cases of Cysticercus Bovis during the year, the overall rate of infestation being 0.99%.

### CARCASSES REJECTED AS TOTALLY UNFIT FOR HUMAN FOOD

190				
100		-	n	
			v.	f

Diseases	Bulls	Cows	Heifers	Steers	Calves	Sheep	Pigs	Total
Actinobacillosis, generalised,	1 .61		1.1			12262.0	TRANS	
actinomycosis, generalised	-			_				
Anaemia, advanced		_				1		1
Anthrax				_		_	5	5
Blackleg	1 <u>1</u>		1	-		_	_	1
Bruising, extensive and severe		2			-		2	4
Cysticercus bovis, generalised				_		_		- 1
Cysticercus cellulosae	<u> </u>			_	- 1			
Cysticercus ovis, generalised	_	_		-	-		_	_
Decomposition, generalised				_	<u></u>	1		1
Emaciation, pathological	-	3		_	1	9	6	19
Fever (including salmonellosis		4		_	3	_	4	11
Foot and mouth disease	-				_		-	
Immaturity							BET BY &	
(a) Stillborn or unborn	1. 1. 69					1210 6 1	1000	
carcasses				124			1000	_
(b) Oedematous carcasses and	-1-20	A COMPANY		1	1111111	Cliffeddar -	- 68	
carcasses in poor physical	1000			1				
condition		_	1-		8			8
Jaundice		10000		_	_	_	1	1
Malignant catarrhal fever				_	_			
Mastitis, acute septic						1	_	1
Melanosis, generalised				_				
Metritis, acute septic	1	_		_	-	1	1	3
Moribund				_	1	3	5	9
Abnormal odour, associated	-						Ŭ	
with disease or other conditions			1.1					
prejudicial to health				1 - 1	101	_		_
Oedema, generalised		2			2	3	4	11
Pericarditis, acute septic				-	_	_		
Peritonitis, acute,	STAL	a ch	Constant and					
diffuse, septic	-	1	1	_	2		18	22
Pleurisy, acute, diffuse,	ED IT	00200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 10 10 10	-	2.66 335	10	
septic ·	-	1.0360.1	1.20000	2	121 10 3		4	6
Pneumonia, acute, septic		1		_		1	4	6
Pyaemia, including joint-ill	_	î		1	18	_	5	25
Sarcocysts, generalised				_	1		_	1
Septicaemia or toxaemia		1		2	4	3	35	45
Swine erysipelas, acute	_			_	_	_	8	8
Swine fever				_			_	
Tetanus	_	_		_				_
Trichinosis				-	_			
Tuberculosis, generalised	_	13	1	_	2		2	18
Tuberculosis, congenital				_	ī			1
Tumours	-	and the second second						
(a) Malignant with				3				
secondary growths	1 Martin			_				-
(b) Multiple	1		_			_		
Uraemia			_	_	-		2	2
Contraction of the second s								
TOTALS	1	28	3	5	43	23	106	209
					-			-



#### NOISE ABATEMENT

Many complaints have been received relating to noise nuisances and, with the aid of a noise meter, it has been possible to demonstrate to factory owners how such nuisance can be mitigated. The value of insulation has been pointed out, together with the tremendous increase that occurs in distribution of noise when doors are kept wide open in such premises as woodworking factories.

During September, a petition was received from residents of a Council housing estate alleging noise nuisance from a factory situated in the middle of the estate. It was stated that night work had been carried out until 10 and 11 o'clock. Investigation showed that in all probability, the most disturbing noise was that of compressors situated outside the factory building itself. The question of insulating the compressors was discussed with the Management, who stated that this would create complications in ventilation and would also prove extremely expensive.

From that time night work ceased and no further complaints have been received.

On two occasions during the year it was found necessary to draw the attention of ice-cream vendors using mobile vans to the provisions of the Act regarding the use of "loud speakers." In both cases the instruments being used were amplified musical chimes and were sounding after 7.00 p.m.

#### PEST CONTROL

Complaints of rat and mouse infestation showed a decrease on the previous year. The Rodent Control staff carried out regular surveys at the tips, sewage works, brooks and streams, as well as at allotments and parks.

As a guide to the public, a display panel at the rear of the Municipal Offices was devoted to rodents and insect pests—how to recognise them, their haunts, habits and the damage they cause.

Warfarin poison continued to be effective against rodents. 553 sewer manholes were baited during the year and at 83 (15%) bait was taken, the whole town area being covered in the process.

The number of requests received for the destruction of wasps and bees was remarkably low, this being due to the severe winter followed by a poor summer.

Pigeons still remain a great nuisance, particularly around public buildings, although considerable efforts have been made to reduce their numbers. A total of 166 pigeons were trapped in one public building alone, leaving it completely free, after which it was bird-proofed.

The eradication of cockraoches, flies, silverfish and similar insects was carried out by various residual insecticides, according to the premises that were infested. Chlordane and Dieldrin were found to be quite effective against most varieties of ants, although mites were found to be more resistant.

UNITS (IM THOUSANDS

## PREVENTION OF DAMAGE BY PESTS ACT, 1949

## PART 1-RATS AND MICE

	Rats	Mice		Total
1. Complaints Received :	251	194		445
2. Number of Premises Inspected :				
(a) As a result of complaint				
Private Dwellings			308	
Business Premises			143	
Local Authority Properties			16	467
(b) As routine visit or survey				407
Private Dwellings			783	
Business Premises			300	
Local Authority Properties			339	1 100
<ol> <li>Hallah, M. Inst. M., M.A.P.H.L.C.</li> </ol>			107000	1,422
3. Number of Premises found to be	infeste Rats	d: Mice		
Private Dwellings	328	196	524	
Business Premises	97	98	195	
Local Authority Premises	26	20	46	
Food Inspector, R.S.H.				765
4. Number of Visits Paid :				
Sugardo bland hopeopla	Rats	Mice		
(a) For inspection	1,497	384	1,881	
(b) For treatment	1,105	467	1,572	3,453
E Sawar Maintananaa Traatmanta				0,100
5. Sewer Maintenance Treatments :				1 055
Total number of manholes in Bor	ough	<u></u>		1,657
Maintenance Treatment No. 31 (M				
Number of sewer manholes baited			321	
,, ,, ,, where	e poison	bait taken	42	13.0%
Maintenance Treatment No. 32 (	October,	, 1962)		
Number of sewer manholes baited				
,, ,, where	e poison	bait taken	41	17.7%
PART II—OT	HER P	ESTS		
1. Complaints received :				
Ants Moles Flies Beetles Rabbits H	Diacomo	Wasps	Insects	
Flies Beetles Rabbits H 32 23 3	1geons	Bees 82	etc. 3	Total 159
	A. 1. 1733			100
2. Number of Visits Paid :	00	10		00.1
Inspection         15         22         60           Treatment         23         21         15	90 31	46 72	1 6	234
rreatment 25 21 15	51	12	0	168

#### CHIEF PUBLIC HEALTH INSPECTOR'S STAFF

#### as at 31st December, 1962

#### TECHNICAL

Deputy Chief Public Health Inspector District Inspectors A. L. Jones, M.A.P.H.I., San.Science R.S.H. \*†
H. Stone, M.A.P.H.I.\*†
G. J. C. Buck, M.A.P.H.I., M.R.S.H.\*†
A. H. Carling, M.A.P.H.I., A.R.S.H.\*†
R. J. Wintle, M.A.P.H.I. \*†
D. Wise

Pupil

### ABATTOIR

Meat Inspector Superintendent Assistant Superintendent Handyman Handyman R. Hullah, M. Inst. M., M.A.P.H.I.\*† T. W. Agg A. H. J. Lewis A. Edwards E. Hawker Food Inspector, R.S.H.

\*Certified Meat and Food Inspector, R.S.H.

<sup>†</sup>Public Health Inspector's Education Board Certificate.

#### DISINFECTION AND DISINFESTATION

**Disinfection** Officer

G. Cress.

#### DRAIN-TESTING, ETC.

Operator/Driver

I. F. Cole

#### RODENT CONTROL

Pests Officer Operators A. C. Jones G. Richardson. H. J. Nunney.

#### CLERICAL

Senior Clerk Secretary Clerical Assistant Shorthand-Typist Junior Clerk D. Y. Harrison. Miss M. E. J. Edden. Miss E. M. Oliver Mrs. J. M. Workman Miss J. Begley

