

[Report 1969] / Medical Officer of Health, Cheltenham Borough.

Contributors

Cheltenham (England). Borough Council.

Publication/Creation

1969

Persistent URL

<https://wellcomecollection.org/works/kjm5hpw3>

License and attribution

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

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

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



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

1



THE HEALTH OF CHELTENHAM

1969

T. O. P. D. LAWSON, M.D., D.R.C.O.G., D.P.H.
MEDICAL OFFICER OF HEALTH AND
SCHOOL MEDICAL OFFICER

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

CONTENTS




THE HEALTH OF CHELTENHAM

1969

T. O. P. D. LAWSON, M.D., D.R.C.O.G., D.P.H.
MEDICAL OFFICER OF HEALTH AND
SCHOOL MEDICAL OFFICER

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



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

CONTENTS

	<i>Page</i>
Introduction	5

SECTION I

Environmental Health Services

	<i>Page</i>
Health and Welfare Committee	10
Vital Statistics	11
Water Supply	14
Swimming Baths	14
Milk (Special Designation) Regulations	15
Infectious and Other Diseases	15
Housing	17
Nursing Homes	17

SECTION II

Welfare and Health Services

	<i>Page</i>
Health and Welfare Committee	10
(a) Part III of the National Health Service Act, 1946	
Section 21 - Health Centres	22
Section 22 - Care of Mothers and Young Children	22
Section 23 - Midwifery	27
Section 24 - Health Visiting	28
Section 25 - Home Nursing	28
Section 26 - Vaccination and Immunisation	29
Section 28 - Prevention of Illness, Care and After-Care	30
Section 29 - Domestic Help	31
(b) Mental Health Act, 1959	
Functions of local health authorities relating to mentally ill and mentally defective persons	31
(c) National Assistance Act, 1948	
(i) Welfare of disabled persons	33
(ii) Removal of persons in need of care and attention	35
(d) Health Education	36

SECTION III

School Health Service

	<i>Page</i>
Special Services Sub-Committee	42
Medical Inspection and Treatment	43
Dental Inspection and Treatment	48
Infectious Diseases	50
Speech Therapy	50
Physiotherapy	51
Child Guidance Clinic	51
Handicapped Children	52

SECTION IV

Environmental Hygiene

Report of Chief Public Health Inspector

	<i>Page</i>
Summary of Visits	59
Factories Act	62
Offices, Shops and Railway Premises Act	64
Atmospheric Pollution	66
Noise Abatement	67
Housing	69
Food and Drugs	70
Public Abattoir	76
Pests Control	80

Annual Report on the Health of the Borough of Cheltenham for the Year 1969

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

Mr. Mayor, Ladies and Gentlemen,

The state of the health of the town continues to remain at a satisfactory level, although some of the vital statistics are below the level to which we have become accustomed in recent years. However, statistics for the size of population we are dealing with are subject to annual fluctuations and can only be considered significant when studied over a period of years. This is demonstrated in this year's Report by a sharp increase in the infant mortality rate which has been well below the national average for the last five years, and by a still birth rate which is more than double that of the previous year. On the other hand there has been an equally sharp decrease in the number of deaths due to lung cancer and a very dramatic fall in the incidence of measles following a full year of vaccination. It is to be hoped also that an appreciable fall in the illegitimate birth rate will be continued.

The effect of the incidence of notifiable infectious diseases, on the health of the community, was as usual negligible, but nowadays it is not notifiable infectious diseases which are largely under control, which cause concern, but those which cannot be controlled with the same degree of success. This was evidenced by an epidemic of influenza, the most severe the town has suffered for many years and which has been made the subject of a special report. It is produced as an appendix to the first part of the Report.

Long awaited new projects are at last beginning to show signs of fulfilment. A new purpose built Junior Training Centre for mentally handicapped children is about to be built on the Bournside campus alongside the junior and senior schools for the educationally backward. When the new centre goes over to the Education Authority, presumably in 1971, there will be at Bournside a compact and functional unit, providing the most modern facilities for severely mentally backward and subnormal children. Also next year will see the start of the Sheltered Workshop for the physically handicapped at Arle, an essential addition to the health and social services of the town. Also it is hoped that next year will see the replacement of the Alma Road Child Health Centre, at present functioning in a prefabricated bungalow, by a modern purpose built building.

Other projects however, are still awaiting starters orders, notably the extension of the Adult Training Centre for the mentally handicapped. This is programmed for the year 1972-3 and is the cause of some concern. Both Junior and Adult Centres are building up waiting lists and the former cannot be relieved until more accommodation is made available at the Adult Centre. The possibility of making temporary accommodation available before these projects are completed is now being considered. But probably the most disappointing feature of our planned new projects has been the loss of a very desirable site in Gloucester Road, on which it was proposed to build a new Day Nursery. Both our Day Nurseries are running long waiting lists and additional accommodation for urgent cases is badly needed. However, the private sector is expanding rapidly and under the Nursery and Child Minders Regulations, the Council is issuing an increasing number of registrations to private individuals for the day care of children in their own homes and other premises.

I referred in my report last year to the possible effect of the Seebohm Report on the Council's Health and Welfare Services. At the time of writing it is now virtually certain that the splitting of the health and social services into separate administrations will take place, in 1971, the Local Authority Social Services Bill having had an unopposed second

reading. Some health services, in future to be regarded as primarily social services, will pass from the jurisdiction of the Health and Welfare Committee to a new Social Services Committee at Shire Hall. The services transferred will include, the Home Help Service, Day Nurseries, the Adult Training Centre and Sheltered Workshop and care of the mentally disordered, the physically handicapped and old people, in the community.

Although it is a simple matter to decide that health and social services are to be separated administratively, they cannot be separated in practice, as doctors, health visitors social workers and others are all concerned with the same problems, most of which have a health and social content. Once the separation takes place therefore, very close co-operation links will have to be established to ensure that the recipients of these services rightly get the best of both administrations. I have no doubt that this will be achieved by the goodwill and understanding of all the officers concerned, but as far as the Health and Welfare Committee is concerned these services will pass out of the local control of the Borough Council, and this can only be a matter for regret. All other health services, personal and environmental, will remain under the jurisdiction of the Health and Welfare Committee, at least for another few years.

Further disturbances must be inevitable with the implementation of the Redcliffe-Maud proposals on the reform of local government, whatever form these proposals take. Also further disruption of the Local Authority health services must follow the implementation of the government's proposals for the unification of the National Health Service but a final decision on these proposals is awaited. Since the Seebohm proposals, splitting the health and social services, are so closely bound up with the Redcliffe-Maud proposals and the government's proposals for the unification of the National Health Service it would obviously have been sensible and logical to introduce all three major changes at the same time. However, it has been decided that the Seebohm changes must precede the others by several years. This will mean two upheavals instead of one, and inevitable administrative problems which could have been avoided. The next few years are not going to be easy but we must all do our utmost to make the transition as smooth as possible.

The following is a summary of the more important aspects of the public health in Cheltenham during the year which may be convenient for those who do not wish to study the Report in detail.

Infant Mortality. There were twenty-four deaths among infants under one year compared with eighteen in 1968, giving an infant mortality rate of 21. This rate is above the national average for England and Wales (18). A detailed account of the infant mortality is provided later in the Report.

Tuberculosis. There was a slight rise in the number of notified cases of pulmonary tuberculosis, twelve (12) notifications compared with ten (10) in 1968. There were only three deaths from the disease.

Measles. There has been a dramatic drop in the number of notified cases of measles following the first full year of vaccination against the disease. From an average of several hundred cases a year the notifications during 1969 dropped to fourteen.

Lung Cancer. There has been a welcome decrease in the number of deaths due to lung cancer, from forty-six (46) in 1968 to twenty-eight (28) during the current year.

Cervical Cytology. (Cancer of the Womb). The demand for this important preventive measure is still disappointing but the number examined throughout the year remains steady. There is no restriction on those who apply although priority is given to women over thirty-five who have had children, but the waiting period is quite short for non-priority cases.

Other Vital Statistics. There has been another small decrease in the population from 76,020 in 1968 to 76,000 in the current year. There has been a noticeable decrease in the birthrate from 16.5 per 1000 population in 1968 to 14.7 in 1969. There has been a decrease in the death rate from ~~21.1~~ per 1000 in 1968 to 11.7 in the current

year. The national birth rate is 16.3 and the death rate 11.9.

I would once again wish to express my thanks to the Chairman and Members of the Health and Welfare Committee for their support throughout the year and to my staff for their loyalty and co-operation. I am particularly indebted to Mr. J.F. Ursell, Chief Public Health Inspector and to my Chief Clerk, Mr. W.H.G. Meakins. I am also grateful again for the support and co-operation which I always receive from the local Press.

T.O.P.D. LAWSON,
Medical Officer of Health.

Health Department,
P.O. Box No. 12,
Municipal Offices,
Cheltenham, Glos.
GL50 1PP.
Telephone 21333.

HEALTH AND WELFARE COMMITTEE

Alderman R.F. Brookes (Chairman)

Alderman A.J. Bettridge (Vice-Chairman)

Councillor D.G. Aldridge

Councillor R.K. Bewick

Alderman Miss M.N.P. Dent

Councillor Miss D. Favell

Alderman C.W.A. Foster

Councillor A.G.K. Frewin

Councillor C.R.F. Hine

Councillor R.S. Marchant

Councillor Mrs. M.F. Yeates

Co-opted Members

Mrs. G. Mellersh

Mr. A.F. Nutter

Mrs. H. Smith

SCHOOL HEALTH SERVICE

Special Services and General Purposes Sub-Committee

Councillor Miss D. Favell (Chairman)

Councillor D.G. Aldridge

Mr. F.A. Dellar

Alderman Miss M.N.P. Dent

Councillor J.M.C. Ferguson

Councillor B.R.T. Gaylard

Mr. W.A. Gething

Councillor J. Heapey

Miss D. Horton

Councillor R.S. Marchant

Councillor D.H.J. Martin-Jones

Mr. W. Tiplady

Mr. J.J. Voyce

Councillor A.H. Yates

Councillor Mrs. M.F. Yeates

Mr. S. Wylie

SUMMARY OF GENERAL AND VITAL STATISTICS, 1969

Area of Borough ...	5,146 acres
Population Mid-year 1969 Registrar General's Estimate ...	76,000
Number of inhabited houses (a) Houses and Flats ...	25,206
(as at 31.3.70) (b) Hotels, Occupied Shops etc ...	523
Rateable Value (as at 31.3.69) ...	£3,619,163
Sum represented by a penny rate (1969-70) ...	£15,286

TABULAR STATEMENT OF THE MAIN VITAL STATISTICS
FOR 1969

(with comparative figures for England and Wales)

	M.	F.	Total	Cheltenham	+England and Wales
LIVE BIRTHS					
Legitimate ...	505	501	1006		
Illegitimate ...	56	57	113		
Totals ...	561	558	1119		
Rate per 1000 population				14.7	16.3
ILLEGITIMATE LIVE BIRTHS	56	57	113		
Per cent of total live births ...				10%	8%
STILL BIRTHS					
Legitimate ...	10	10	20		
Illegitimate ...	2	2	4		
Totals ...	12	12	24		
Rate per 1000 total live and still births				21	13
TOTAL LIVE AND STILL BIRTHS	573	570	1143		
INFANT DEATHS (Deaths under 1 year)					
Legitimate ...	13	7	20		
Illegitimate ...	3	1	4		
Totals...	16	8	24		
INFANT MORTALITY RATES					
Total infant deaths per 1000 total live births ...				21	18
Legitimate infant deaths per 1000 legitimate live births				20	17
Illegitimate infant deaths per 1000 illegitimate live births				35	25
Neonatal Mortality Rate (deaths under 4 weeks per 1000 total live births) ...				16	12
Early neonatal Mortality Rate (deaths under 1 week per 1000 total live births) ...				12	10
Perinatal Mortality Rate (Still births and deaths under 1 week combined per 1000 total live and still births)				32	23
MATERNITY MORTALITY (including abortion)	—	—	—	—	0.19
Rate per 1000 total live and still births					
DEATHS (all ages)	429	458	887		
Rate per 1000 population				11.7	11.9

NOTE: 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.

+ Estimated Mid-Year Home Population 48,826,800.

NOTES ON VITAL STATISTICS FOR 1969

Population

The Registrar's estimate of the population of Cheltenham for midyear 1969 is 76,000 which is 20 less than the estimate for 1968.

Death Rate

The Crude Death Rate was 11.7 a lower figure than that of last year. The corrected Death Rate (Registrar's comparability factor 0.9) was 10.5 which is below the figures for England and Wales.

Birth Rate

Live Births in 1969 totalled 1,119 which is 136 less than the figure for the previous year.

The Birth Rate was 14.7 and is 1.8 lower than the figure for 1968. The Registrar now provides a comparability factor for birth rates. For Cheltenham this factor is 0.98 which gives a rate of 14.4 compared with 16.3 for England and Wales.

The number of Still Births per 1,000 live and still births, was 21.0 (or 20.6 corrected) compared with 13.0 for England and Wales.

Causes of Death relating to Cheltenham Residents as given by the Registrar General for the year 1969

	M.	F.
Enteritis and other diarrhoeal diseases ...	1	-
Tuberculosis, respiratory ...	1	-
Other Tuberculosis, including late effects ...	2	-
Syphilis and its sequelae ...	1	-
Other infective and parasitic diseases ...	1	-
Malignant Neoplasm, Buccal cavity etc. ...	-	3
Malignant Neoplasm, Oesophagus... ..	3	3
Malignant neoplasm, stomach ...	8	4
Malignant Neoplasm, Intestine ...	14	15
Malignant Neoplasm, Larynx ...	1	1
Malignant Neoplasm, Lung, Bronchus ...	23	5
Malignant Neoplasm, breast ...	-	32
Malignant Neoplasm, uterus ...	-	5
Malignant Neoplasm, prostate ...	6	-
Other malignant neoplasms ...	21	22
Benign and unspecified neoplasms ...	1	-
Leukaemia ...	1	1
Diabetes Mellitus ...	1	2
Anaemias ...	6	-
Mental Disorders ...	-	2
Other diseases of nervous system, etc. ...	3	9
Chronic Rheumatic Heart Disease ...	1	5
Hypertensive disease ...	4	6
Ischaemic Heart Disease ...	127	107
Other forms of heart disease ...	19	46
Cerebrovascular disease ...	41	66
Other diseases of the circulatory system ...	12	19
Influenza ...	7	11
Pneumonia ...	34	43
Bronchitis and Emphysema ...	33	11
Asthma ...	1	2
Other diseases of respiratory system ...	9	1
Peptic Ulcer ...	6	1
Appendicitis ...	2	-
Intestinal Obstruction and Hernia ...	1	-

Cirrhosis of Liver	3	2
Other diseases of the Digestive System	3	3
Nephritis and Nephrosis	1	2
Hyperplasia of Prostate	4	-
Other diseases, Genito-Urinary System	3	6
Other complications of Pregnancy, etc.	-	1
Diseases of Musculo-Skeletal System	1	2
Congenital Anomalies	5	5
Birth Injury, Difficult Labour, etc.	5	3
Other causes of Perinatal Mortality	1	1
Symptoms and Ill-defined Conditions	-	1
Motor Vehicle Accidents	5	2
All other accidents	4	3
Suicide and self-inflicted Injuries	3	4
All other external causes	-	1
Total All Causes	429	458

DISCUSSION

Although the two main causes of death are still the cancers and coronary thrombosis both of these show a noticeable reduction, The cancer by nearly 30 per cent and coronary thrombosis by 20 per cent. Most marked is a reduction by nearly 40 per cent in deaths due to lung cancer. It would be encouraging to ascribe these reductions to health education and a better awareness of need to avoid proven health hazards and take advantage of proven preventative measures, or in general, to lead a healthier life, but such sanguine expectations would not be justified on one year's statistics encouraging as they are, In fact although there is a general reduction in deaths due to cancer one in particular shows an increase of over 50 per cent viz. cancer of the breast, which causes five times as many deaths in women as cancer of the womb.

Deaths from Accidents. Deaths from all types of accidents during the year showed a reduction of nearly 50 per cent, 14 in all as compared with 27 the previous year. Seven of these deaths were due to motor vehicles. These figures should be a source of encouragement to the Chairman and Members of the Road Safety Committee.

Infant Mortality. There were 24 infant deaths during the year compared with 18 in 1968 giving an infant mortality rate of 21.0 per 1000 live births. The rate for 1968 was 14.3. The causes of the 24 infant deaths were as follows:—

	<i>Neonatal</i> (0-4 weeks)	4wks - 1 yr.	Total
Prematurity (stated or considered to be main cause of death) ...	4	—	4
Respiratory disease	6	2	8
Gastro enteritis	1	1	2
Congenital Defects	5	2	7
Cerebral Haemorrhage	1	—	1
Accidental Deaths	1	—	1
Others	—	1	1
	18	6	24

The largest number of infant deaths is classified under respiratory disease, but only two of these children died of infection. The other six were neonatal (under 4 weeks) deaths and these infants only lived for a very short time varying between one hour and a few days. All were diagnosed as atelectasis, or collapse of the lung, and in view of the short duration of life the cause is probably more congenital than respiratory. As usual nearly half the infant deaths are due to congenital defects or respiratory disease. Although the increase in the number of infant deaths is only six compared with last year, in a population the size of Cheltenham, this is sufficient to raise the infant death rate seven points, especially, as is the case this year, with a reduced birth rate.

WATER SUPPLY OF THE BOROUGH

The following reports have been received from the North West Gloucestershire Water Board:

(a) The water supply to the Borough has been satisfactory in quality throughout the year. At the main source at Tewkesbury, 1727 bacteriological examinations were made of the final water going into supply.

The examinations made in the control of other sources of supply were:

Source	Raw Water		Final Water	
	Chemical	Bacteriological	Chemical	Bacteriological
Dowdeswell	15	14	27	75
Northfield	7	13	22	22
Sandford	-	-	16	16
Hewletts	-	-	26	61

Quality of water is followed from treatment to the consumer's taps, involving the examination of 14 chemical and 127 bacteriological samples. Of the latter, 5 were recorded as "doubtful" but cleared on re-examination.

(b) For some years, intermittent discolouration in supply has been a nuisance during the warmer months. A new biological treatment plant at Tewkesbury is now removing successfully the manganic cause.

Improvement in supply should now be accelerated, although this must be gradual in view of the extensive mileage of mains.

(c) No. of domestic houses supplied: 25,206.

No. of population supplied: 76,000.

Radioactive Contamination of Water Supply and Rainfall

Decrease in radioactive contamination of the supply - arising from contamination of the rainfall - was halted in the period June-September which provided about half the year's 'fall-out'. However, over all, contamination has continued to decrease, although slowly.

A high safety factor appertains to the level in the water supply, and this level continues to be acceptably low.

SEWERAGE AND SEWAGE DISPOSAL

The Water Pollution Control Works at Hayden are at present being extended to treat a dry weather flow of 8.0 m.g.d. Phase 1 of Stage 1 is at present under construction and Phase 2 will be out to contract shortly. Stage 2, which will deal with sludge disposal is under consideration.

Whilst the sewerage system is reasonably adequate, it is evident that certain sections are undersized and in poor structural condition, not the least of which is the Chelt and Hatherley trunk sewers. The Public Works Committee is mindful of the shortcomings of the system and fully alive to the responsibilities in this direction.

Work has now started on the construction of the North Ward sewer which will provide drainage facilities for approximately 1,000 acres, partly within and partly without the Borough. It will serve an area presently draining to the Barn Farm irrigation area which will ultimately lead to the cessation of the use of this area for sewage treatment.

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 four hours, both in the main pool and the instructional pool. In the open-air pool there is a complete change every six 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. The Chief Public Health Inspector arranges for the routine collection of samples by the Inspectors. These samples are sent for examination to the Analyst, Mr. J. Henderson, at Tewkesbury, and reports are submitted to the Public Health Committee.

MILK (SPECIAL DESIGNATION) REGULATIONS

During 1969, licences to use special designations in relation to milk sold within the Borough totalled one hundred and sixty one.

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

Very few results during 1969 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 1969. (Tuberculosis is dealt with separately).

Dysentery	...	...	...	...	...	...	4
Food Poisoning	...	...	...	...	...	...	3
Infective Jaundice	...	...	...	...	...	...	3
Measles	...	...	...	...	...	...	14
Scarlet Fever	...	...	...	...	...	...	9
Whooping Cough	...	...	...	...	...	...	6

NOTES ON INFECTIOUS DISEASES

The outstanding feature of the infectious disease statistics is a very sharp fall in the number of measles notifications, following the first full year of vaccination against the disease. There is no reason why the disease should not be eliminated in the very near future. Although we have only had one year on which to judge the effectiveness of the new measles vaccine, the very marked drop in the number of notifications is too large to be unconnected with this most recent preventive measure. Its success would seem to be already assured.

VENEREAL DISEASES

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

There was a further rise in the number of new patients seen in the Venereal Disease Clinic, Cheltenham in 1969, but the overall incidence for the town remains low.

TABLE 1. New Cases: All Conditions - Cheltenham 1965-69.

Year	Syphilis		Gonorrhoea		Other Conditions		Totals		
	M	F	M	F	M	F	M	F	Totals
1965	1	3	41	28	96	51	138	82	220
1967	1	3	30	12	92	51	123	66	189
1969	2	2	36	10	156	67	194	79	273

Syphilis

Only three cases of acquired syphilis and one of late congenital syphilis were seen during the year. None were in the early infectious stages.

Gonorrhoea

46 cases of gonorrhoea were seen in 1969 as compared with 56 cases in 1968. This fall in incidence is not necessarily of significance in a single year.

TABLE 2. Incidence of Gonorrhoea — Cheltenham 1963-69

Year	New Cases
1963	30
1965	69
1967	42 (13)*
1969	46 (28)*

* The figures in brackets indicate the number of patients included in the total who are not residents of Cheltenham.

Other Sexually Transmitted Conditions

The increasing number of other sexually transmitted conditions referred to the Cheltenham Clinic each year suggests a greater use of the clinic facilities, for diagnosis, by the General Practitioners in the area. This must play a part in the epidemiological control of the more serious venereal infections, syphilis and gonorrhoea, in the town.

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS

There were three notifications of food poisoning during the year. All were very limited in extent and none was due to salmonella infection.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952

Notifications of tuberculosis during the period from 1st January to 31st December, 1969:—

Respiratory (Males)	...	...	...	...	...	11
Respiratory (Females)	...	...	...	...	...	1
Non-Respiratory (Males)	...	...	...	...	...	1
Non-respiratory (Females)	...	...	...	...	...	2

Deaths from tuberculosis during the above-mentioned period:—

Respiratory (Males)	...	...	...	...	...	1
Respiratory (Females)	...	...	...	...	...	-
Non-respiratory (Males)	...	...	...	...	...	2
Non-respiratory (Females)	...	...	...	...	...	-

Death Rates

The tuberculosis death rates for Cheltenham during 1969 were as follows:—

Comparative Figures	Pulmonary Tuberculosis	0.01	} Per 1,000 of Population
	Non-Pulmonary Tuberculosis	0.03	
		0.04	
	England and Wales Total	0.04	

There were 12 new cases of respiratory tuberculosis notified during the year. There were 10 in 1968. There were 3 deaths from the disease one more than for the previous year. The incidence of the disease in the town and the death rate continues to be very low.

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.

In 1969 fourteen new cases of tuberculosis were notified in Cheltenham Borough and were handled by the chest clinic services. They are analysed as follows:—

Abdominal, Orthopaedic and Cervical glands	Primary or post-primary infection	Minimal phthisis	Moderate phthisis	Advanced phthisis
3	—	—	7	4

Six of the cases were referred by their general practitioners, five were transfers, one was referred by another hospital department, one was picked up by the mass radiography unit, and one was a relapse case found on routine follow-up. There were not any immigrant cases.

The Register of persons notified as suffering from respiratory tuberculosis in Cheltenham stands at one hundred and forty-four.

There are twenty-three cases of non-pulmonary tuberculosis: eight men, fourteen women and one child.

Contact Examinations

Arising out of these notifications, forty-two adult contacts were called for examination and twenty-seven attended, a response of sixty-four per cent. Fifteen children were called and all attended. Seven were B.C.G. vaccinated, five were tuberculin positive, clinically well and three had previously had B.C.G., either at school or as contacts of another case.

No case of significance was found as a result of these examinations.

HOUSING

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

Number of cases rehoused because of tuberculosis	...	...	...	Nil	(Nil)
Number of cases rehoused from houses on which a Demolition or Closing Order was operative or certificate of unfitness issued	...	...	...	23	(31)

The 1968 figures are shown in brackets.

REGISTRATION AND INSPECTION OF NURSING HOMES SECTIONS 187-194. PUBLIC HEALTH ACT, 1946.

At the end of 1969 there were 6 Nursing Homes on the Register. The total number of beds available at the end of the year was 70: no beds are now available for maternity cases.

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.

APPENDIX

The Influenza Epidemic

During December 1969 and January 1970, the town suffered an outbreak of influenza which was of epidemic proportions, and seriously disrupted the life of the community.

Influenza is not a notifiable disease. One cannot say, therefore, how many cases of the illness had occurred during an outbreak. However an estimate of the extent of the outbreak can be made from the number of deaths known to have been caused by the disease, the number of deaths from respiratory disease, chiefly pneumonia and bronchitis, in old people, and the increase in the general death rate. These figures can be equated with a rising number of weekly claims to sickness benefit, usually the first warning of an epidemic, and the most reliable indication of its extent. An abnormal increase in sickness benefit claims during an outbreak of influenza can be assumed to be largely due to this cause, and likewise a sharp increase in respiratory deaths among old people, can be attributable to the same cause, even where influenza is not stated as a cause of death.

The figures referred to are shown in Table 1 on page 20 and give the weekly statistics during the period of the epidemic from the beginning of December 1969 to mid February 1970. Table II on the same page shows similar statistics for the same period of the previous year when, although there was a fairly widespread outbreak of influenza in the country, it was generally mild, and there was little evidence locally of an incidence of sickness unusual for the time of year. This is shown by a comparison of the figures in the two tables. All these figures refer exclusively to Cheltenham with the exception of column 4, claims to sickness benefit. The number of weekly claims is provided by the Ministry of Social Security and includes Cheltenham and the surrounding countryside. The figures could not be broken down, but they serve the intended purpose when equated with the figures in the other columns, and as a comparison of the two years.

In comparing the figures for the two years, the first and last entries in each table can be taken as normal for the time of year. The figures in Table I, column 4, are the most significant, and assuming that they reflect the incidence of influenza in the area, demonstrate a steady build up to epidemic proportions at the end of the first week in January, but the epidemic stage was almost certainly reached before this date, bearing in mind that these figures only represent the gainfully employed, and do not include non-working elderly and retired people. On the figures shown, the increase in claims was well over 300 per cent of normal. It is also interesting to note that the demand on sickness benefit did not fall when the weekly number of influenza and respiratory deaths had passed their peak. They actually increased for another two or three weeks, which would indicate that we were not dealing with a short three or four day illness, symptomatic of the mild outbreak.

Considering the severity of the epidemic the number of deaths attributed to influenza was not high. This is understandable, since the illness in its early stages is not easy to diagnose and can be indistinguishable from the common cold. The diagnosis of influenza does not usually appear on a death certificate until it has become apparent that the illness has spread throughout the community. As is shown in Table II, column 2, no death certificate showed influenza as a cause of death during the same period of 1968-69. The number of such deaths during the period of the epidemic was 36 as shown in Table I column 2. A further indication of the incidence and severity of the disease can be obtained by a study of the deaths in elderly people from chest infections, again presumably due to, or aggravated by influenza. The number of these deaths is shown in Table I, column 3. The combined

total of those respiratory and influenza deaths is shown in Table I, column 5 and demonstrates an increase of nearly 200 per cent on the previous year. At the peak of the epidemic the number of deaths in the town from all causes, increased by 100 per cent.

The influenza epidemic of 1969-70 was a severe one, the most severe that the town has experienced for many years. It caused inconvenience, distress and disruption to the domestic, business and professional life of the community, apart from the unpleasant effects and after-effects on its victims, and the cutting short of life among the old, and indeed, the not so old. The cause of the outbreak was the A2/Hong Kong influenza virus which spread to this country at the beginning of the winter, and which had already caused a milder outbreak the previous year. Outbreaks had been reported earlier from Spain and the south of France.

We are not yet fully equipped to deal successfully with an influenza epidemic. There is no specific treatment for the illness. So far, the preventive approach by vaccination offers the best results, but cannot, for various reasons, provide adequate cover. It is not, like other preventive measures, universally available, free of charge, under the National Health Service. However, a good deal of protection against the illness can, and is being given. There are circumstances under which the family doctor can supply the vaccine free, e.g. to elderly people suffering from chronic or other debilitating illness, in whom an attack of influenza could have serious or even fatal consequences; also to children suffering from severe chest conditions such as asthma, or other chronic illness in which influenza could be a serious complication. Other groups can, and are being protected too, either at their own expense or that of their employers e.g. doctors and nurses, key personnel employed in providing essential services such as transport and communications, employees of industrial enterprises engaged on important contracts with fixed delivery dates, etc.

One of the great difficulties is having enough of the right type of vaccine ready for distribution in the right place at the right time, but this problem should be solved to an increasing extent as the World Health Organisation's influenza programme continues to expand. At the moment, the World Health Organisation has eighty-five national laboratories in fifty-five different countries, whose job is the early identification of the different strains of influenza virus all over the world, and reporting results to the World Influenza Centre in London and the International Influenza Centre in Atlanta, U.S.A. By this means early warning signals can be given, and all preparations for a possible epidemic, including vaccine production, can be put in hand.

Meantime we must do our best, with the facilities available, to deal with the situation as it arises. However, family doctors would be much better equipped to deal with a serious outbreak of influenza were they provided well in advance of the influenza season, with a sufficient stock of vaccine to vaccinate the priority groups without delay, either at home or in their own surgeries. This need not be an extra burden imposed on the busy general practitioner. The Local Authority's home nurses, some of them already attached to general practices, could do most of this work under his supervision. Hospitals should similarly be provided with vaccine to deal with their own staff.

Finally, the cost of this epidemic to the town must have been considerable, and it must have been repeated throughout the country. It would probably be an economy, if eventually an improved and more effective influenza vaccine were made available under the National Health Service. The effectiveness of the present vaccine is between 60 and 70 per cent. Even then complete vaccination would not be possible and the next most effective preventive measure, should one fall a victim of influenza, is to stay at home. It is thoughtless and irresponsible to go out and infect others. An attack of influenza is caused by a virus. An epidemic of influenza is caused by people.

TABLE I

Influenza Deaths December - January 1969-70

1	2	3	4	5	6
Week ending	Influenza stated as a cause of death	Respiratory Deaths 70yrs and over Influenza not stated as a cause of Death	No. of claims to Sickness Benefit	Deaths Columns (2) & (3)	Deaths All Causes
5.12.69	—	1	440	1	16
12.12.69	—	4	616	4	17
19.12.69	5	5	855	10	21
26.12.69	3	11	1435	14	27
2. 1.70	12	10	1339	22	55
9. 1.70	5	—	1936	5	27
16. 1.70	3	6	1155	9	30
23. 1.70	5	5	619	10	22
30. 1.70	2	4	678	6	20
6. 2.70	1	1	391	2	20
13. 9.70	—	3	433	3	18
	36	50	9917	86	273

TABLE II

Influenza Deaths December - January 1968-69

1	2	3	4	5	6
Week ending	Influenza stated as a cause of death	Respiratory Deaths 70yrs and over Influenza not stated as a cause of death	No. of claims to Sickness Benefit	Deaths Columns (2) & (3)	Deaths All Causes
6.12.68	—	1	509	1	10
13.12.68	—	2	425	2	14
20.12.68	—	3	425	3	16
27.12.68	—	2	663	2	18
3. 1. 69	—	5		5	19
10. 1. 69	—	5	632	5	11
17. 1. 69	—	2	620	2	18
24. 1. 69	—	3	529	3	14
31. 1. 69	—	2	473	2	9
7. 2. 69	—	3	489	3	10
14. 2. 69	—	1	435	1	17
	—	29	5200	29	156

SECTION 21

Health Centres

It is the policy of the government to encourage the building of more Health Centres throughout the country and there is no financial restriction on this type of project. There is, however, no demand by general medical practitioners for more Health Centres in the town. In recent years the tendency has been for family doctors to set up their own "mini" Health Centres in group practice, and with the attachment of Health Visitors and Home Nurses from the Local Health Authority to general practices, this seems to work very well and so serve much the same purpose, and of course at much less cost to the Council.

The following table shows the numbers attending the Centre during the year:—

General Practitioner Consultations	Treatment and Casualties	Child Welfare	Orthopaedic	Total
19,560	4,136	3,130	53	26,879

There has been a small drop in numbers under all headings during the year.

SECTION 22

Care of Mothers and Young Children

Child Health Clinics

These are held weekly throughout the town as follows:

St. Michael's Hall, Whaddon Road	...	...	...	...	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 Sunday School	...	...	...	...	Wednesday
Coombe Glen, Alma Road	...	...	...	...	Thursday

Toddlers sessions for older children are held separately or in conjunction with these Clinics.

Records of attendances are as follows:

No. of Clinics provided	...	...	...	...	...	8
No. of children born in 1969 who attended a Clinic during the year	...	...	...	...	...	619
Total No. of Children who attended a Clinic during the year	...	...	...	...	...	2622
Total attendances made:						
Children born in 1969	...	...	...	...	...	3448
Children born in previous years	...	...	...	...	...	9078

The nine Child Clinic Sessions held each week are still well attended and continue to supply a need appreciated by nursing mothers. Each centre is run by a voluntary committee of ladies who put in a great deal of work throughout the year to make the Centres so popular with the mothers. Their efforts are very much appreciated by the Health and Welfare Committee.

For many years a new child health centre has been needed in the Alma Road - Coombe Glen area. For years the arrangements have been makeshift and inadequate due

to the absence of alternative premises in the area and lack of money to provide a purpose build centre. Money has now been made available to provide a non-traditional type building which should be adequate for the purpose and should be completed during 1970. It will replace the present prefabricated bungalow in which the centre has been accommodated for a number of years. It will also provide accommodation for a privately run day nursery and I am sure will be much appreciated by parents in this rapidly developing part of the town.

Welfare Food Centre

The distribution of welfare foods, National Dried Milk and vitamin supplements is carried out from the Welfare Food Centre at the rear of the Municipal Offices in Royal Well Road and from all Child Health Clinics in the Borough.

Family Planning Clinic

At the time of writing the new premises in Cambray, provided by the Council, have been converted into a functional and efficient family planning unit. The major part of the cost of the adaptations was met by the Council but a substantial sum was also provided by the Family Planning Association. The premises have been provided rent-free to the Cheltenham Branch of the Family Planning Association who act as the Council's agents for the provision of this service which is extensively used. The clinic is staffed by doctors and nurses trained in this type of work and by a hard working voluntary committee whose services are much appreciated. Recently these new premises were officially opened by the Mayor of Cheltenham accompanied by the national president of the Family Planning Association.

The conversion and adaptation of the premises were carried out by the Council's architect, to the design suggested by the Branch Committee and he is to be congratulated on the result which has provided Cheltenham with a Family Planning Clinic which must be among the best in the country.

Care of the Unmarried Mother and Child

St. Catherine's Home which has provided accommodation for the unmarried mother and her child was closed during the year and the Cheltenham Deanery Association for Social Work who act as the Council's agents, have made arrangements for Cheltenham unmarried mothers to have accommodation in Homes in other parts of the country, an arrangement which is usually acceptable locally. The number of cases dealt with in Cheltenham during the year was 119. There were 113 illegitimate births out of a total of 1,119 births, a percentage illegitimate birth rate of 10% representing a slight decrease on the previous year.

Dental Treatment for Expectant and Nursing Mothers

We were sorry to lose the services of Miss Fahey, Dental Auxiliary at the end of the year although her place is soon to be filled.

During the year she visited all the Child Health Clinics from time to time and reported that, although many mothers showed a welcome interest in matters affecting their children's teeth, there were some who obviously found that the problem of regulating their children's diet too much trouble.

The figures for the year show a slight all-round improvement but it is in the mental attitude of the parents to Dental Health rather than in the numbers of fillings done that the real battle is to be fought.

	<i>Pre-School Children</i>	<i>Mothers</i>
Number inspected during the year	130	12
Requiring treatment	116	10
Re-inspected	5	2
Requiring treatment	2	1
Courses of treatment provided	111	12
Total visits	272	41

Fillings	203	39
Teeth Filled	158	36
Extractions	234	22
Anaesthetics local	—	6
General medical	33	1
dental	55	1
Dentures	—	5
Scaling and cleaning	20	4
Patients X-rayed	—	2
Miscellaneous	57	15

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

There has been a slight increase in the number of premature live and still births notified during the year and this is probably not unconnected with the increase of six infant deaths. The number of premature births, however, is no longer a problem.

No. of Premature Live Births notified:

(a) In hospital ...	85
(b) At home ...	6

No. of Premature Still Births notified:

(a) In hospital ...	9
(b) At home ...	—

Notification of Births

The following table shows the actual number of births notified in Cheltenham during the period 1st January to 31st December, 1969, and the number is adjusted by any notifications transferred in or out of the area:

	Adjusted Live Births	Adjusted Still Births	Total Adjusted Births
1. Domiciliary	146	2	148
2. Institutional	969	19	988
3. Total	1,115	21	1,136

The number of babies born at home has dropped by about 75 per cent during the last ten years. One wonders how much longer a separate domiciliary midwifery service will be justified. It may be that, in the future, having a baby at home, will be a luxury (?) available only to those who can afford it.

Day Nurseries

Both Day Nurseries which are available for priority cases only, continue to have waiting lists, and unfortunately the site selected for a new and larger nursery to replace the Swindon Road Day Nursery, has been lost to a private developer after protracted negotiations, lasting several years. The plans for the new Nursery which were completed a year ago will have to be redrawn when we can find another suitable site. This project is in the capital building programme for 1972-73.

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
Swindon Road Day Nursery	40	32	28
Whaddon Road Day Nursery	50	50	43

Nurseries and Child Minder Regulations Act, 1948, as amended by the Health Services and Public Health Act, 1968.

For some years now we have needed extra nursery accommodation in the town but financial restrictions have caused many postponements and it is encouraging to know that a new nursery will be built in the year 1972-3. Fortunately the increasing demand for this type of service has been met by a rapid increase in the private sector provision.

On 31st December, 1969, there were 34 child minders looking after 176 children and 8 Day Nurseries/Play Groups looking after 233 children. Child Minders therefore provide a substantial number of places but largely for parents who wish to take up employment, and do little to relieve the pressure on our Day Nurseries where only priority groups are admitted such as children of unmarried mothers and of divorced or separated parents, sudden illness or removal to hospital of the mother, and other cases where genuine need is established.

The amended regulations came into effect on 1st January, 1969. The new measures generally tighten up inspection and control, the main new provision being that all child minders must be registered, irrespective of the number of children received into the home. Previously registration was not necessary if no more than two children were looked after for reward.

National Society for the Prevention of Cruelty to Children

A close liaison is maintained with the Society particularly concerning pre-school and schoolchildren and problem families. The publicity of the court cases is very exceptional but a great deal of very useful work is done quietly by mutual effort.

Problem Families Committee

The work of this Committee has continued throughout the year at their meeting every two months, and the attendance and support of all the officers concerned has been of great value in dealing with many of our problem families. At the end of the year 14 problem families were under review;

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. Each applicant is visited by a midwife who makes an assessment of the need for institutional confinement in all cases where the reason for the application is other than medical. Institutional confinements take place at the Maternity Hospital, but occasionally when accommodation is over booked, some bases are transferred to the Cirencester or Stroud Maternity Hospitals.

Domiciliary Midwifery

The domiciliary midwifery staff is up to establishment but is providing a service more and more for nursing mothers after early discharge from hospital. The number of babies born at home continues to fall and the future of the domiciliary midwifery service might well be a service integrated with the maternity hospital which would send out midwives to deliver the mothers who still wished to have home confinement. Even at the moment it is probable that the majority of mothers who have their babies at home would opt for hospital confinement were sufficient number of maternity beds available as they will be in the near future. Meantime as home confinements decrease, early discharges from hospital increase, and the number of mothers looked after at home remains roughly the same.

A new job has been taken on by the domiciliary midwives during the year. The simple nappy test for the early detection of the mentally backward child proved too unreliable and has been replaced by the Guthrie test. This test consists of taking a drop of blood from the baby's heel and transferring it to a specially prepared pad which is sent to Southmead Hospital, Bristol for analysis. As the test must be done between the 7th and 12th day when the majority of babies have been discharged home, our domiciliary midwives, after instruction in the technique of the new test, took on this task and have been doing it satisfactorily. The new test is twice as accurate as the old one.

The usual training courses have been held during the year for the Part II examination of the Central Midwives Board but the number of students has had to be reduced because of the reduction in home confinements.

SECTION 24

Health Visitors

In the health visiting service there is always more work than health visitors available, especially since the attachment of health visitors to general practices or groups of practices, but the amount of work demonstrates the success of this scheme, which is of great benefit to both doctor and patient and helps to unify the Local Authority and family doctor health services, and of course unification of health services is very much in the air at the moment.

As a step towards a closer integration of the work of the health visitor and other social workers, regular conferences are now being held between health visitors, child care officers, welfare officers, home help organisers, housing department officer, hospital staff, etc., and any others involved in social work in the community. There have also been combined meetings between health visitors and family doctors. As indicated in the Green Paper on the unification of the health services it is of the utmost importance that these services do not drift apart when the health and social services are administratively divided by the implementation of the Local Authority Social Services Bill. The health and social services are so closely linked that any artificial separation in practice could only cause confusion and misunderstanding among the public who make use of these services. In this respect I anticipate little difficulty in Cheltenham, where the health and welfare services have been closely integrated for many years and I am sure will remain so.

The following is a summary of the work done by the Health Visitors during the year and includes work done on attachment to general practitioners:

Number of children visited during the year	...	...	...	...	4,992
First visits to infants under 1 year of age	...	...	...	...	1,349
Total visits to infants under 1 year of age	...	...	...	...	5,322
Visits to children aged 1 - 5 years	...	...	...	...	10,429
Visits to expectant mothers	...	...	...	...	152
Tuberculosis visits	...	...	...	...	85
Investigations of Social Conditions for Hospitals, visits to sick persons, old people, etc.	...	...	...	...	3,263
Number of attendances by Health Visitors at Clinic Sessions					1,045

SECTION 25

Home Nursing

Fortunately there is never any difficulty in recruiting home nurses and this service including two bathing attendants, is up to establishment. An additional home nurse has been attached to general practice making five home nurses in all, working with a medical practice in the town. As with the attachment of health visitors this is another step towards a unified and more comprehensive home nursing service in the town, and again is of equal advantage both to the family doctor and his patients.

The new integrated training scheme, mentioned in my report last year, whereby the Home Nursing Service is co-operating with the General Hospital in the training of S.E.N. (State Enrolled Nurse) is now well established. The first class of students will take the SEN examination in June, 1970 with the additional qualification of proficiency in home nursing.

Work carried out during the year is shown as follows:—

Number of cases on books, 1st January, 1969	...	...	...	517
Number of cases on books, 31st December, 1969	...	...	...	557

General Nursing:

New cases of all types	1,600
------------------------	-----	-----	-----	-----	-----	-------

Visits to all general patients	44,304
Visits by Bathing Attendants, approx.	3,100

SECTION 26

Vaccination and Immunisation

Vaccination against Smallpox

Children are not normally vaccinated against smallpox until after the first birthday. The majority of these vaccinations are done by family doctors and doctors at Child Health Clinics. 860 children were vaccinated during the year, an increase of over 100 on the previous year, 560 between the end of the first year and the end of the fourth year. Vaccinations done outside this age range are usually for a special reason, e.g. family going abroad. Mothers are continually encouraged to have their children protected because of the ease and rapidity with which Smallpox can be imported from abroad.

Vaccination against Diphtheria, Whooping Cough and Tetanus

Protection against these diseases begins after the 3rd month and is given by a triple (combined) vaccine. With the exception of Whooping Cough, it is repeated at 5 years of age. A further Tetanus booster is given at about 15 years.

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

	<i>Diphtheria</i>	<i>Tetanus</i>	<i>Diphtheria/ Tetanus</i>	<i>Diphtheria/ Whooping Cough/ Tetanus</i>
Completed Courses	1	160	54	636
Boosters	1	327	1,111	682

Vaccination against Poliomyelitis

Protection against Poliomyelitis is given at the same time as the triple vaccine but is given by mouth.

During the year a total of 862 children between the ages of 6 months and 15 years received a complete course, Booster doses covering this age group numbered 1,207.

Vaccination against Measles

As already stated there has been a dramatic fall in the number of measles notifications after the first full year of vaccination.

Total number of measles vaccinations up to 31.12.69 — 834.

Vaccination against Tuberculosis (B.C.G.)

Details of B.C.G. vaccination will be found in the Report on the School Health Service.

All these protective procedures are going on throughout the year with results that are too well known to need repetition. It is the Health Visitor's job to encourage parents, especially the forgetful and the apathetic, to bring their children for protection either to the family doctor or the child health clinic.

The importance of vaccination and immunisation is constantly brought to the notice of the public by doctors, health visitors and others concerned with the health and welfare of the community. The vaccination programme is being maintained at a satisfactory level, helped, as mentioned last year, by the computer. If so maintained, the freedom from the former serious infectious diseases, enjoyed by the town for many years, will continue.

SECTION 28

Prevention of Illness, Care and After-Care

Tuberculosis

Owing to the very low incidence of this disease a very limited service is now provided outside the hospital, financial assistance from the Ministry of Social Security, and supportive services where required, by health visitors who do contact tracing for the hospital when new cases arise, and visit patients discharged from hospital. Financial assistance can also be provided in cases of need, by the Tuberculosis Care Committee a voluntary body which has helped tuberculosis patients in the town for many years and which now makes similar facilities available to people suffering from any disease of the heart or chest.

Cervical Cytology

One cervical cytology clinic is held per week but these are increased according to the size of the waiting list. The site of the clinic also alternates between the St. George's Road clinic and the Hester's Way Health Centre, according to the size of the waiting list at either place. We do not refuse any applicants and these services are well advertised, but there is still not the demand that one would expect.

General

The general work of the Health Department in the prevention of illness, care and after-care, although a delegated function under the scheme, is very much a joint effort between our own staff, Health Visitors, Home Helps, District Nurses, etc., and other bodies, such as the Ministry of Social Security, Women's Voluntary Service, Red Cross, the County Welfare Department, Cheltenham Old Peoples' Welfare Association 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 and Multiple Sclerosis 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 Cheshire Home in the town is 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.

Details of all the above services and many others concerned with the health and welfare of the community, have recently been published in a booklet "Borough of Cheltenham Public Health and Social Services", which has been distributed to various organisations in the town and is available at the Health Department.

Chiropody Service

The Cheltenham Old People's Welfare Association provide a chiropody service for the town on the Council's behalf. The service is becoming more and more popular and is obviously supplying a genuine need. There is still a shortage of chiropodists and the service must still be confined to three priority classes, the aged, the physically handicapped and expectant mothers.

We have just been successful in obtaining the services of another part-time chiropodist and this will help to reduce the long waiting list.

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

Number of treatments at clinics and centres	...	...	...	...	1,723
Elderly	...	...	...	...	1,543
Physically handicapped	...	...	...	...	180
Expectant Mothers	...	...	...	...	—
Domiciliary (at patients house)	...	...	...	...	115
Domiciliary at General Hospital	...	...	...	...	—
Number on Register - December 31st, 1969	...	...	...	...	796
Number awaiting appointments at December 31st, 1969	...	...	...	...	176

SECTION 29

Home Help Service

The Home Help Service under the Organiser and her staff continue to meet as adequately as possible the heavy demand for home help service. Not all requests can be met in full but no one in need of help is refused. There is still the difficulty of being able to recruit a sufficient number of suitable home helps. The introduction of a limited number of mopeds has continued to prove of great advantage in achieving more hours of work in the home. It is hoped to provide more mopeds in the future either by assisted purchase or provision of further machines.

At the end of the year we were employing 90 home helps.

The following is a summary of the work done during the year:—

	Maternity	Chronic Sick	General Sickness	Old Age	Total
Families Helped	50	48	191	438	727

MENTAL HEALTH

This year has again been one of change for this Department, Mr. A.C. Scott, and Mr. P.A. Collingborn having left to take up Senior posts in Welfare in Buckinghamshire and Somerset respectively.

The past few years have shown that there are certain people who prefer to discuss their problems with a female rather than a male Mental Welfare Officer. It was felt, therefore, that when the opportunity came to appoint new staff, preference should be given to a lady. We have been fortunate in obtaining the services of Miss Olwen A. Jones, a qualified Social Worker, and she commenced her duties on 1st October, 1969. This appointment has already proved successful, as there have been quite a number of cases that have been better dealt with by Miss Jones than a male member of the staff.

At the moment the Mental Welfare Department is one member of staff short, and although the post has been advertised widely on two occasions, there have been no replies. Posts in mental welfare work are difficult to fill compared with posts in general welfare, probably due to the out-of-hours duties involved.

Mental Illness

With the better waiting and interview facilities, more clients are coming to the office than previously, thus more people are being dealt with.

During the year Mental Welfare Officers were involved in 154 admissions to hospital, of which 139 were of a compulsory nature. New cases referred from various sources number 104, and the number of clients receiving after-care support numbers 30.

As in the past, great support has been given to the Mental Welfare Officers and their clients by the Gloucestershire Association for Mental Health, in particular by those at the Nearly New Shop. Much help was also given by the W.R.V.S. staff at Wolseley Terrace.

Mental Subnormality

The number of new referrals from the Education Department was 9; Those receiving care and guidance now number 166, of which some 37 are in full-time employment. It must be stressed that it is not easy to find employment for the mentally subnormal, due mainly to the difficulty in finding sympathetic and understanding employers. Fortunately there are a number who are willing to give the subnormal a chance.

The North Gloucestershire Society for Mentally Handicapped Children continue to give valuable support, particularly to the Committee and helpers of the Spa Social Club. The Club is very active and a most popular weekly rendezvous with the members. Once more this year, a party of members of the Club went to Drakes Island Adventure Centre at Plymouth for one week. Mr. A.C. Scott and Mr. P.F. Davidson were granted leave of absence to accompany the party to act as helpers, and the week proved to be most successful. Thanks must go to the helpers and those from the Lions Club, Rotary and Round Table, as without their support it is doubtful whether the Club could be run.

The most serious present deficiency in the mental health service, locally and nationally, is the shortage of hospital accommodation for severely subnormal children and young people. In spite of all the modern advances in the treatment of mental illness, there are still many severely subnormal and mentally ill young people, who, in the present state of our knowledge of mental disease, will acquire hospital admission on a permanent basis. This accommodation is not available to meet the demand. Two years is about the average waiting period for admission. Meanwhile parents unfortunately enough to have such children at home and who are often quite beyond their control, suffer severe hardship which only they themselves and those who are trying to help them can appreciate. The community mental health services can do a great deal to help but for this type of case, hospital care is the only answer. This should be one of the immediate priorities of the health service.

Eildon Junior Training Centre

As stated in the introduction to the Report, next year should see a start made on the long needed and long awaited Junior Training Centre, on the Bournside campus. This will be a modern, purpose built building, designed for the convenience and comfort of trainees and staff and provided with modern facilities and aids in the teaching of this special group of children and young people. It has taken many years to get this project under way, and before it is completed it will have passed from the jurisdiction of the Health and Welfare Committee to the Education Committee. I hope it will be accepted and appreciated by the Education Committee as a suitable parting gift.

Meanwhile, all the routine activities of the Junior Training Centre at Eildon have continued during the year and the Centre has again played its part in the training of students for the national teaching diploma of the association of mental health. As always we are indebted to many people for much voluntary help including students

from St. Paul's College, Youth Action, Cheltenham, pupils from Cheltenham schools and many others. Special mention must be made of the enormous support given by the parents' association who have done so much to help us make the best of our present accommodation and have provided so many amenities for the children.

The number on the register at Eildon is 105.

Adult Training Centre

A record number of 95 young men and women now attend this Centre. This has necessitated forming a further work class and the appointment of another instructor. We have, once again, been able to extend the type of work done at the Centre but this has reached saturation point with the accommodation, at present, available. It is hoped that it will be possible to build the proposed extensions on the date at present planned for.

All trainees attending the Centre are gainfully employed, thanks to our friends in industry who entrust their work to us. Each year the number of firms we have been able to obtain work from increases. Thanks must be also given to the staff employed at the Centre for their loyal support.

It is always difficult to measure progress in an establishment of this kind and, once again, it is with pleasure that I am able to report that a further eight trainees were placed in regular full-time employment, but this alone should not be regarded as the only progress made. The interests of all trainees, whether potential for outside employment or not, is fully catered for in an environment where everything is done to adjust the young handicapped person to the adult role, to train them to fit into our everyday society, be it at work or at play and to enable the trainee, as far as possible, to live within and become acceptable to the society in which we live.

There are three main sources of candidates for the Adult Training Centre, the Junior Training Centre, the residential hostel for the adult mentally handicapped at Merrowdown, and applications received from Cheltenham and direct from doctors, mental welfare officers, social workers, etc. and in some instances from other authorities further afield. The Centre is therefore under steady pressure for admissions and there is a waiting list. The demand will not be adequately met until the original extensions, started four years ago, are completed in the year 1972-73. This is the key to the solution of our present accommodation problems. Until the Adult Training Centre is enlarged we cannot maintain an adequate flow of trainees from the Junior to the Adult Centre, thereby helping to build up a waiting list at the former. On the other hand we cannot have residents at Merrowdown, who cannot hold down a job in open industry, doing nothing all day, so that new arrivals there must be given the highest priority for admission. It is the "outside" waiting list for the Adult Centre which suffers most. However, temporary measures are being taken to tide us over, but, we are going to have accommodation difficulties for the next few years.

WELFARE SERVICES

Residential Accommodation

Mr. H. D. Nichols, County Welfare Officer, has kindly supplied the following information concerning the number of Cheltenham old people in residential accommodation in the area, as at 31st December, 1969:—

Home	Men	Women	Total
Arle House	12	26	38
Sunnyside	14	25	39
Ellerslie	1	13	14

I also set out below details of Cheltenham elderly people accommodated elsewhere than in Homes in the Cheltenham area. It is not every applicant from the Cheltenham area who wishes to enter a Cheltenham Home and these residents are generally accommodated in areas of their choice, often where they can be visited by friends or relatives.

	Other Homes		
	Men	Women	Total
Atherton Close	—	7	7
The Coombs	1	—	1
East Court	5	9	14
East View	1	2	3
Ferney Hill	1	2	3
Frome House	—	1	1
Grevill House	13	15	28
Horsbere House	—	6	6
Newton House	—	1	1
Northleach Hospital	1	1	2
Orchard House	9	19	28
Paternoster House	—	1	1
Puckrup Hall	2	11	13
Rigewood	1	3	4
Southfield	2	3	5
The Willows	4	1	5
Wyatt House	1	—	1
Westbury Court	1	—	1

My records also show that there are 3 men, 45 women and 1 married couple awaiting admission to County Homes from the Cheltenham area.

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 and in Cheltenham.

Welfare of Old People

Visiting of old people is undertaken by the Health Visitors and social workers, working in close contact with other voluntary and statutory agencies. A register is kept of all old people in the town visited for the first time and their needs ascertained and recorded for future reference. The Health Visitor advises and provides help where she can or makes arrangements for other help to be provided. In cases where residential accommodation is considered necessary, the case is referred to the Area Welfare Officer, in Cheltenham.

We also work very closely with the Cheltenham Old People's Welfare Association who are also responsible for providing the Meals on Wheels and the Chiropody Service both very much appreciated by 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)

One old person was compulsorily removed from his home during the year to hospital in his own interest. This is a measure which is only taken as a last resort when it becomes clear that the case is beyond the scope of the domiciliary services. Fortunately there are not many such cases. After admission, house and effects become the responsibility of the Area Welfare Officer, and the old person's interests are safeguarded. Regular reports are received from the hospital or old person's home with a view to discharge, but unfortunately when conditions ultimately make compulsory removal necessary, it is seldom that the old person is able to return home again unless there is a relative or friend willing to take over the care and responsibility.

Welfare of the Deaf

A total of 346 visits were made in the Borough during the year.

The Senior Social Welfare Officer for the Deaf returned from a years' Academic Course in July, and the officer covering the Section in her absence left in August to take up another appointment.

A Swimming Club was started in July for deaf children and their families, in the first instance as a holiday venture, but it proved so successful that it was extended indefinitely. Parents participate in the care of the children both in and out of the water.

The ages of deaf children attending range from 14 months to 15 years.

The Cheltenham Deaf and Hard of Hearing Club continued to meet fortnightly and the newly formed Youth Section has expanded both in membership and facilities. The latter include attendance at classes in fencing, judo and trampolin held in the Y.M.C.A.

Children and adults were referred to the Senior Social Welfare Officer by Health Visitors, General Practitioners, Teachers, Department of Social Security and Hospital Staff for social problems and rehabilitation and close liaison was maintained with other social work agencies, department of employment, etc.

Welfare of the Blind

At the end of the year there were 117 blind persons on the register, of which 5 are children, 28 have additional handicaps, 17 are working and 3 are awaiting training or employment. Of the 46 on the Partially-Sighted Register, 10 are working in open industry and four are school-children.

Routine visits have been made and, where required, lessons given in the homes. Transport has been made available for patients to attend the Eye Clinic and Chiropody Clinic.

The Social Club meets fortnightly with 60 members and the Gloucestershire County Association for the Blind bear the cost of taxis to the Church Hall, Highbury. This club had the usual Outing to Weston paid for by the Association and two other outings and parties provided by the Toc H and Inner Wheel Club. Much appreciated services to the blind were also given by the Lions Club and Telephone Exchange staff.

Requests for wireless sets have been met without delay and several Talking Book machines have been supplied.

A Handicraft Class has been started which meets in one of the basement rooms at the Municipal Offices. This answers a real need among the younger blind people, although some of the keenest pupils are in their sixties.

Welfare of the Physically Handicapped

There were 453 physically handicapped persons on the register at the end of December, 1969.

Occupational Therapy

Miss Warren with the help of a part-time Occupational Therapist, continues to run the Occupational Therapy Centre for a full day each Wednesday, at the Whaddon Boys Club in Dart Road. This centre is very popular and well attended and there is a waiting list.

A domiciliary service is also provided for those not able to attend the centre, and this includes instruction in Craftwork, Aids to Daily Living and Adaptations to homes.

British Red Cross Society Club

During the year the club which has 32 regular members moved to the Whaddon Boys Club where it meets every first and third Tuesday afternoon in a warmer and more congenial room, with plenty of help available. Mrs. Conyers took over from Mrs. Darlington as Club leader in September and thanks are due to these leaders and all the Red Cross helpers for the excellent work they do to make the club such a success. Parties, coach trips and shopping expeditions are also arranged and greatly appreciated by club members who would otherwise rarely go out.

Cheltenham Cripples Aid Association

This voluntary Committee continues to visit regularly and provide help for severely disabled people, where this is not available through the Health Service. Outings in the Wheelchair Bus have been much appreciated and included visits to the dentist and hairdresser and shopping expeditions which were especially popular at Christmas.

Proposed Sheltered Workshop

Unfortunately we have been unable to make a start on this project during the year. Further discussions with the Ministry have been necessary with regard to the number of handicapped people to be accommodated. However there is no doubt about this scheme going ahead and it is to be hoped that it will start during 1970/71.

Meals on Wheels

This service has been operated successfully during the year in the capable hands of the Old People's Welfare Association providing a much needed and highly appreciated help for old people. The number of meals provided during the year was 15,016. (Previous year 14,542)

HEALTH EDUCATION

In the new health legislation envisaged in the Green Paper health education is given particular emphasis and will play an increasing role in all future health programmes. The new Central Council for Health Education, appointed by the Government, is now established and available for advice to all health authorities. The mere provision of preventive health services is no longer enough. Those who use these services, and those who don't must in some way, be persuaded to become involved and participate in health programmes, if we are to achieve the maximum results. There is too much passive acceptance of our free health services with too little appreciation of the potential value of taking part. This can be corrected by much more concentration on health education.

Health education activities carried out by our health visitors during the year are shown in the following table:—

Talks or Discussion Groups, Annual Return Year 1969

Organisation	Total
Parentcraft Classes	289
Schools Smoking and Health	22
Schools Parentcraft	49
Schools Other Subjects	15
Colleges	5
Youth Groups	27
Adult Groups	57
Mixed, e.g. P.T.A.	7
Total	467

Health Education is a mind searching operation for teachers as well as the taught. Some accept its value and learn how to live happier and healthier lives, whilst others are reluctant to engage in anything which might alter the even tenure of their routine, a natural resistance not easy to overcome.

The Health Visitors in Cheltenham are finding that each year adds considerably to their case load by the expansion of the talks to all age groups of the community on a vast variety of subjects, such as parentcraft and child care, venereal diseases, alcoholism and the dangers of smoking. It is interesting to note that the last three subjects were given to children who had attended courses through the schools, at their own requests.

The Health Visitors welcome this challenge and realise that this is due to the great interest their previous talks, demonstrations, etc., have stimulated among children, and with the help of additional equipment loaned by the County Education Officer, the Health Visitors have been able to extend their repertoire to show more films, film strips and flannelgraphs which are up to date and in line with modern thought. This has emphasised again to teacher and children that the Health Visitors are certainly with it in their understanding of the mental and physical needs of young people.

The increasing demand for talks on various health topics to adult groups is very marked, and there is a great interest in such subjects as the control of weight in health. The Medical Officers have also spoken to adult groups on "The handicapped Child" and other topical subjects.

A new development has been the inauguration of a Special Course for Child Minders by the North Gloucestershire Technical College. Among the subjects covered by the course are playneeds, home safety, insurance and administration etc., and the lectures are much appreciated.

The attendances at the Ante Natal Clinics have been well maintained and evening sessions are now arranged when husbands are specially welcomed and encouraged to join in the discussions. The ante Natal Service is expanding and is run in conjunction with the Midwives of the Cheltenham Maternity Hospital. Much time is being given to the teaching and training of students. These include Health Visitors Students, Midwives, Obstetric Nurses, and the Student Nurses from the Cheltenham General Hospital, and in addition Students from St. Pauls and St. Marys Training College, are helped in the preparation of equipment and materials for the use of students for their use in demonstrating health topics.

The Senior citizens of the town have not been forgotten. They have been "entertained" by talks and films on Safety in the Home, Eating well on a pension, Health Visiting, and details of the Social Services available to them.

Youth organisations, such as Girl Guides, Brownie Guides, Boy Scouts, Red Cross and St. Johns have shared in the health education given by the Health Visitors with lectures and examinations for the Duke of Edinburgh Awards.

A short report of the years work of the Health Visitors and Medical Officers can only outline some of their activities over and above their routine work, which has taken much time and patience to prepare, and deliver, to groups of such varied composition. It is hoped that their work will have contributed to the welfare and betterment of every aspect of the health of the people of the Borough and will continue to do so.

BOROUGH OF CHELTENHAM

Summary of the Non-Fatal Accidents as reported to the Home and Public Safety Committee for the year ending 1969

AGES	TOTAL APPROXIMATELY
0 - 5 years	1,057
6 - 9 years	556
10 - 19 years	1,946
20 - 29 years	679
30 - 39 years	394
40 - 49 years	304
50 - 59 years	760
60 and over	507
TOTAL	6,203

The above statistics supplied by the Health Visitors, Health Centre and Cheltenham General Hospital, and others emphasise once again that accidents do not just happen. Of these the Hospital returns stated that during the year under review the total admissions of home accidents cases were 311, covering 2,788 in-patient days.

As the majority of home accidents are preventable the Hospital figures show how many urgently needed beds are taken up by these cases.

SCHOOL HEALTH SERVICE

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER 1966-67
To the Chairman and Members of the Special Services and General Purposes Sub-Committee

Mr. Chairman, Ladies and Gentlemen,
I have the pleasure to submit to you this report on the work of the School Health Service during the year 1966-67. It is a year of achievement and progress in many ways. The purpose of the School Health Service is to provide a comprehensive health service for all children in the Borough, to promote their physical, mental and social development, and to protect them from disease and injury. The service is provided through a team of health workers, including medical officers, nurses, health visitors, and dental officers, who work in partnership with the schools and the community.

SECTION III

SCHOOL HEALTH SERVICE

The effect of infectious diseases remains a significant public health problem. The results of the vaccination programme for measles, mumps and rubella (MMR) have been excellent, with over 90% of children aged 2 years and over vaccinated. However, the results for diphtheria, tetanus and pertussis (DTP) have been less satisfactory, with only about 70% of children aged 2 years and over vaccinated. The reasons for this are being investigated, and it is hoped that the vaccination rate will improve in the future. The results of the vaccination programme for whooping cough, diphtheria and tetanus (C, D and P) have also been less satisfactory, with only about 60% of children aged 2 years and over vaccinated. The reasons for this are being investigated, and it is hoped that the vaccination rate will improve in the future.

The Annual School Dental Officer's report shows a further expansion in the school dental service in which we have a full complement of dentists. At the request of the Secretary of State for Health and Social Services another request was made to the Council during the year to subsidise the water supply, as an effective and safe means to prevent dental decay, but the Council did not accept the recommendation.

I would like once again to thank the Chairman and Members of the Special Services and General Purposes Sub-Committee for their helpful encouragement during the year. My thanks are also due to the Borough Education Officer and his staff together with Head Teachers for their co-operation, and to my own medical, nursing and clerical staff for another year's loyal support.

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

SCHOOL HEALTH SERVICE

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER 1969

To the Chairman and Members of the Special Services and General Purposes Sub-Committee.

Mr. Chairman, Ladies and Gentlemen,

A recent report issued by the Ministry of Education and Science, "Health at School", quoted the purpose of school medical inspections when they were inaugurated in 1907 as "adapting and modifying the system of education to the needs and capacities of the child, securing the early detection of unsuspected defects, checking incipient maladies at their onset, and furnishing the facts which will guide education authorities in relation to physical and mental development during school life". After sixty-two years the School Health Service is still fulfilling a similar purpose although it has been adapted, modernised and stream lined to meet changing conditions. Whether its purpose is still a useful one can be judged by the contents of this report. At the present time we are going through a phase when much that has survived the test of time and experience is being put in the scales and found wanting, often by those least competent to judge. The School Health Service has not escaped its share of critical analysis but the continuing need for organised care of the school child has been established over the years. The results can be seen in the annual report of every school medical officer. It must continue to fulfil its main purpose, to ensure, that once a defect has been recognised and diagnosed, its impact on the child's education will be minimal.

The school children are still given the general cover, though on a more limited scale than in previous years, of general medical and dental inspection. However, attention to specific defects has become the theme of the School Health Service which means that the health services available are concentrated on those in greatest need, as will be seen in special sections of the report dealing with defects of hearing, vision, speech, mental retardation and other physical and mental handicaps.

The effects of infectious disease remains negligible. Reference was made in last year's report to the results which might be expected after a full year's operation of the measles vaccination programme. The results have exceeded all expectations, but too much reliance cannot be placed on these results covering such a short period. Nevertheless they are very encouraging.

Health education in the schools continues to figure prominently in our activities and perhaps in the future may reduce the pressures on the health service. Vaccination and immunisation programmes are producing the expected results, a near disappearance of notifiable infectious disease among school children. There has been a noticeable increase in the number of children vaccinated against tuberculosis. There were no notifications of this disease among school children during the year.

The Area School Dental Officer's report shows a further expansion in the school dental service in which we fortunately still have a full complement of dentists. At the request of the Secretary of State for Health and Social Services another request was made to the Council during the year, to fluoridate the water supply, as an effective and safe measure to prevent dental decay, but the Council did not accept the recommendation.

I would like once again to thank the Chairman and Members of the Special Services and General Purposes Sub-Committee for their helpful encouragement during the year. My thanks are also due to the Borough Education Officer and his staff together with Head Teachers for their co-operation, and to my own medical, nursing and clerical staff for another year's loyal support.

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

School Medical Inspections

The routine medical inspections of school children have continued during 1969 and 3,807 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 and
- (c) in the last year of their attendance at a secondary school.

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

As a result of these inspections, 357 pupils were found to have defective vision (excluding squint) and where necessary referred to the Eye Specialist. A further 549 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 1,176 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 1969 was 12,696 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 1969, 17 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 1969, 391 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 inspected (By year of Birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED			No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infest- ation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)		for any other condition recorded at Part II	Total individual pupils	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
1965 and later	—	—	—	—	—	—	—	
1964	735	733	2	—	—	9	53	60
1963	504	504	—	—	—	12	34	43
1962	49	49	—	—	—	3	1	4
1961	1086	1085	1	—	—	95	73	154
1960	91	91	—	—	—	5	2	7
1959	45	45	—	—	—	2	1	2
1958	34	34	—	—	—	1	3	3
1957	127	127	—	—	—	17	5	21
1956	77	77	—	—	—	13	1	14
1955	617	617	—	—	—	98	35	123
1954 and earlier	442	441	1	—	—	102	25	118
TOTAL	3807	3803	4	—	—	357	233	549

Column (3) total as a percentage of Column (2) total 99.89%
 Column (4) total as a percentage of Column (2) total .11%

To two places of decimals.

TABLE B. Other Inspections.

Number of Special Inspections	...	...	...	...	17
Number of Re-Inspections	...	...	...	...	<u>391</u>
				Total	<u>408</u>

TABLE C. Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	19,869
(b) Total number of individual pupils found to be infested	...	...	174
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	...	...	124
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	...	...	—

PART II

Defects found by Periodic and Special Medical Inspections during the year

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	9	4	5	18	—
		O	36	13	25	74	—
5	Eyes - a. Vision	T	24	200	133	357	2
		O	23	35	67	125	—
	b. Squint	T	39	16	23	78	—
		O	11	3	7	21	—
	c. Other	T	2	3	3	8	—
		O	4	—	2	6	—
6	Ears - a. Hearing	T	1	4	5	10	1
		O	49	7	30	86	2
	b. Otitis Media	T	2	—	4	6	—
		O	9	2	10	21	—
	c. Other	T	—	1	1	2	—
		O	—	1	1	2	1
7	Nose and Throat	T	16	—	4	20	—
		O	112	6	39	157	—
8	Speech	T	5	1	7	13	—
		O	17	1	18	36	—
9	Lymphatic Glands	T	—	—	—	—	—
		O	10	1	4	15	—
10	Heart	T	1	—	2	3	—
		O	17	9	14	40	—
11	Lungs	T	3	1	1	5	—
		O	34	17	43	94	—

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
12	Developmental - (a) Hernia	T	—	—	—	—	—
		O	4	1	1	6	—
	(b) Other	T	1	4	9	14	1
		O	96	24	91	211	—
13	Orthopaedic - a. Posture	T	—	4	3	7	—
		O	4	8	14	26	—
	b. Feet	T	7	2	6	15	—
		O	24	5	10	39	—
	c. Other	T	4	5	2	11	—
		O	22	18	13	53	—
14	Nervous System - a. Epilepsy	T	—	2	—	2	—
		O	2	1	2	5	1
	b. Other	T	—	1	—	1	—
		O	3	3	6	12	—
15	Psychological - a. Development	T	—	1	1	2	—
		O	6	4	11	21	2
	b. Stability	T	2	4	11	17	1
		O	47	1	38	86	1
16	Abdomen	T	1	3	1	5	1
		O	10	7	13	30	—
17	Other	T	2	1	1	4	2
		O	1	4	5	10	1

(T) = Treatment

(O) = Observation

PART III

Treatment of Pupils attending maintained Primary and Secondary Schools

(Including Special Schools)

TABLE A. Eye Diseases, Defective Vision and Squint

Number of cases known to have been dealt with.

External and other, excluding errors of refraction and squint ...	11
Errors of refraction (including squint) ...	Not available
Total	<u>11</u>
Number of pupils for whom spectacles were prescribed	384

TABLE B. Diseases and Defects of Ear, Nose and Throat

Number of cases known to have been dealt with

Received operative treatment:	
(a) for diseases of the ear ...	2*
(b) for adenoids and chronic tonsilitis ...	436*
(c) for other nose and throat conditions ...	6*
Received other forms of treatment ...	<u>119</u>
Total	<u>563</u>

Total number of pupils still on the register of schools at 31st December, 1969, known to have been provided with hearing aids:—

(a) during the calendar year 1969	...	...	...	...	5
(b) in previous years	...	...	...	...	26

Table C. Orthopaedic and Postural Defects

Number known to have been treated

(a) Pupils treated at clinics or out-patients departments	—*
(b) Pupils treated at schools for postural defects	—

Total

—

Table D. Diseases of the Skin (excluding uncleanliness, for which see Table C of Part I)

Number of pupils known to have been treated

Ringworm (a) Scalp	...	...	...	...	—
(b) Body	...	...	...	...	—
Scabies	...	...	...	...	26
Impetigo	...	...	...	...	4
Other Skin diseases	...	...	...	...	7
Total					37

Table E. Child Guidance Treatment

Number known to have been treated

Pupils treated at Child Guidance clinics	230
--	-----	-----	-----

Table F. Speech Therapy

Number known to have been treated

Pupils treated by speech therapists	198
-------------------------------------	-----	-----	-----

*Numbers not available from General Hospital

Table G. Other Treatment Given

Number known to have been treated

(a) Pupils with minor ailments	...	...	1185
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	2
(c) Pupils who received B.C.G. vaccination	...	...	774
(d) Other than (a), (b) and (c) above	...	...	—
Total (a) - (d)			1961

The foregoing tables show that the incidence of defects is not high, nor should it be, if the service functions efficiently year by year.

Minor Ailments Clinics

The clinic is open on Monday and Friday afternoons for children suffering from minor injuries such as sprains and abrasions or other ailments, such as boils, warts and athlete's foot. Treatment is carried out by a School Nurse or Health Visitor under the supervision of a School Doctor. During the school holidays minor ailments clinics continue to be held on the usual days.

During term time additional clinics are held weekly at Whaddon, Oakley, Elmfield and St. Paul's Schools.

Audiometry

The policy of testing the hearing of all school children who have reached the age of six years has continued in the Borough throughout the year. Testing is carried out by a qualified audiometrician using a portable audiometer and, when necessary, cases are followed up, being referred to their family doctors or to hospital as required.

An audiometry clinic is held at the School Clinic during each school holiday when the children are seen by the Audiometrician and the School Medical Officer. Children may be referred to this clinic by teachers, general practitioners, or the School Doctors if a hearing loss is suspected. Details of 1,443 audiometric examinations carried out in Cheltenham schools during the year, are shown as follows:-

Routine Tests

Number Tested	969
Number Failed	48
Referred to Specialist	7

Special Cases and Re-tests

Number Tested	474
Number Failed	89
Referred to Specialist	24

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 Changes

1. Dental Auxiliary, Miss M.H. Fahey, has resigned and will be leaving at the end of January, 1970.
2. Dental Surgery Assistant, Mrs. S.A. Webb, was appointed at the end of March. Miss M. Cumiskey resigned and left in November. Thus we still have one vacancy being covered by part time nurses.

Dental Health Education

Miss Fahey, has visited most of the primary schools in Cheltenham, although there are still a few schools who are not willing to let her speak to the children. The Dental

Health Poster Competition was held during the year. Response was poor although the entries were of a high standard.

Premises

The methods of using mobile clinics has been altered this year in that they are now being used at the large infant and junior schools only. Children at these schools are usually unable to come to the fixed clinics unless brought by mother, whereas senior school children should generally be capable of coming by themselves. To facilitate use of the mobiles at these schools special points for power and water have been installed. As a result of these changes many children who in the past have failed appointments have been receiving dental treatment.

Inspection and Treatment

There has been a gratifying increase in both the number of children examined and the amount of work done. Figures for orthodontic cases this year are not included. Many patients are now being treated jointly by the Borough Dental Officers and the County Orthodontist and therefore any figures given concerning the number of patients treated would be misleading.

I would like to thank all the members of the staff who have worked so hard during the year for their help and co-operation.

The figures relating to work carried out during 1969 are as follows:—

1. Inspections and Sessions

First inspection of year at school	...	...	...	...	8,996
First inspection of year at clinic	...	...	...	...	922
				Total	9,918
Number found to require treatment	...	...	...	...	6,742
Number offered treatment	...	...	...	...	5,195
Number accepting treatment	...	...	...	...	3,198
Number re-inspected during year	...	...	...	...	1,048
Number of pupils treated	...	...	...	...	3,026
Number of course of treatment given	...	...	...	...	3,205
Sessions devoted to treatment	...	...	...	...	1,410
Sessions devoted to inspections	...	...	...	...	102
Sessions devoted to dental health education	...	...	...	...	51

2. Attendances and Treatment

First visit	...	...	...	...	...	3,026
Subsequent visits	...	...	...	...	...	4,229
Total visits	...	...	...	...	...	7,255
Additional courses of treatment commenced	...	...	...	...	...	179
Fillings in permanent teeth	...	...	...	...	...	5,048
Fillings in deciduous teeth	...	...	...	...	...	2,537
Permanent teeth filled	...	...	...	...	...	3,950
Deciduous teeth filled	...	...	...	...	...	2,106
Permanent teeth extracted (Caries/ortho)	...	...	...	...	...	383/162
Deciduous teeth extracted	...	...	...	...	...	1,834
General anaesthetics administered by Dental Officers	...	...	...	...	...	387
General anaesthetics administered by Consultant Anaesthetist	...	...	...	...	...	487

Emergencies ...	262
Number of pupils X-rayed ...	287
Prophylaxis ...	275
Teeth otherwise conserved ...	87
Number of teeth root-filled ...	7
Inlays ...	1
Crowns ...	10
Courses of treatment completed ...	2,808

INFECTIOUS DISEASES

As already stated, the impact of the common infectious diseases on the health of the school children is almost negligible as the following figures show:—

<i>Measles</i>	<i>Dysentery</i>	<i>Scarlet Fever</i>	<i>Whooping Cough</i>	<i>Poliomyelitis Paralytic</i>	<i>Non-Paralytic</i>	<i>Infective Jaundice</i>
7	2	7	1	—	—	2

The incidence of infectious disease is minimal in the schools nowadays and will remain so as long as our vaccination programmes are regularly pursued.

After the first full year of measles vaccination there has been a dramatic fall in the number of notified cases of measles from 138 in 1968 to 7 in 1969. The average yearly number of notified cases of measles among school children during the last 10 year period was 219. However, since 1966, before vaccination started, a fall in the number of notified cases began and has continued, so it would not be wise, at this stage, to attribute the fall in incidence of the disease entirely to vaccination nor as a permanent feature of our school health statistics. Nevertheless, it is reasonable to assume that vaccination has played a significant part in the reduction of the number of notified cases to the lowest figure ever recorded. It is to be hoped that the years ahead will confirm these encouraging results.

Tuberculosis

There were no notifications of tuberculosis among school children during the year.

B.C.G. Vaccination

Vaccination against tuberculosis is now well accepted by parents in Cheltenham. The figures given below show an acceptance rate of 78.3% an appreciable increase on last year's figure (72%). Altogether, 136 more children were vaccinated by comparison with the previous year.

The Medical Research Council follow-up of children who received B.C.G. vaccination when it first started in 1954 continues. These children of 1954 are now 29 years old and show a substantially reduced incidence of tuberculosis as compared with a similar group of the same age who were not vaccinated against the disease.

<i>No. of Schools</i>	<i>Invited</i>	<i>Accepted</i>	<i>Tuberculin Tested</i>	<i>No. Positive</i>	<i>No. Negative</i>	<i>Positive</i>	<i>Vaccinated</i>
12	1083	960	848	74	774	8.7%	774

SPEECH THERAPY

The Speech Therapy Department continues to aim to provide a comprehensive service. Many pre-school children are seen, mainly referred by the Health Visitors. Advice is often all that is necessary but in this way it is hoped that severe speech difficulties can be prevented. This prophylactic work is continued by talks given to

Student Health Visitors, Nursery Nurses and Teachers; also to Play Group Leaders, Parent Teachers Association, etc. Treatment is carried out at the main Speech Clinic and in various schools and it is perhaps significant that there are very few children of Junior School age apart from those at Special Schools and only two of Secondary School age needing regular therapy.

A small waiting list has built up since Miss C. Newlove left in July and so far it has been impossible to replace her.

Figures relating to the work carried out as follows:—

New cases Accepted for Treatment	...	...	...	...	74
Total number of Consultations	...	...	...	...	386
Total number Discharged	...	...	...	...	48
Total number of Cases on Register at 31st December, 1969					
Pre-School	...	...	...	...	24
School	...	...	...	...	151

Physiotherapy

A physiotherapy clinic is held on three 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.

Recuperative Holidays

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

The Rotary Club has been providing these holidays since 1928, originally for 4 boys per month throughout the year, but this number has been reduced in recent years because of the continuing increase in health and social conditions in the area with less demand and need for such holidays. Part of the Cheltenham allocation was transferred to a city club although schoolboys selected by our school doctors and school nurses, continue to take advantage of this facility.

Child Guidance Clinic

The Child Guidance Clinic continues to provide a service for which there is no lessening of demand. The number of children for whom treatment is requested by parents, doctors and teachers, increases every year. Dr. P.R. Doherty with his staff of psychologists and psychiatric social workers are always working at capacity both at the clinic and in the schools, to cope with the waiting list. I am very grateful to him for his co-operation and the effort he makes to see children as soon as possible.

Enuresis Clinic

The Enuresis Clinic continues to provide a most useful and much appreciated service for children subject to this distressing complaint. Many requests for the treatment of children are received from family doctors. Considerable success has been achieved and any children requiring further investigation are referred to Mr. P. Boreham, F.R.C.S., at the General Hospital with the approval of the family doctor.

A summary of the work carried out during the year is as follows:—

Clinics held	...	...	...	...	25
New cases seen	...	...	...	...	52
Consultations	...	...	...	...	175
Cases closed	...	...	...	...	60
Cases still under treatment	...	...	...	...	19

The following table shows a breakdown of the "cases closed".

Cured	Improved	No Improvement	Total
49	4	7 *	60

* Includes two children who were unable to manage the alarm unit and two who failed to keep appointments.

Employment of Children and Young Persons

During the year 76 examinations were carried out as to fitness for school children to be employed before or after school hours and the necessary certificate was granted in all such cases. The standard of fitness among Cheltenham school children is such that the refusal to issue a certificate of fitness is exceptional.

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 Regulation, 1959, 76 pupils have been examined or re-examined during 1969 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 1969 the following recommendations were made:—

To attend Day Special School	.....	...	...	30
To attend Residential School	...	...	...	13
Unsuitable for education at school	...	...	...	8
Requiring special education in an ordinary school	...	...	...	21
Found to have no disability	...	...	...	4

The results of these examinations which were carried out by our medical staff, who are specially qualified for the purpose, are brought before the Special Services and General Purposes Sub-Committee with an appropriate recommendation. They also include the examination of school children referred to the Child Guidance Clinic with the recommendation of the Medical Director.

SECTION IV

ENVIRONMENTAL HYGIENE

Report of Chief Public Health Inspector and Manager of the Public Abattoir

**THE WORSHIPFUL THE MAYOR, ALDERMEN AND
COUNCILLORS OF THE BOROUGH OF CHELTENHAM**

Mr. Mayor, Ladies and Gentlemen,

In presenting my report on the work of the Department during 1969, I should like to record my thanks to the Chairman and members of the Health and Welfare and other Committees of the Council for their support throughout the year.

One important event occurred towards the end of March, which was the closing down of the gas production in the town. The Cheltenham Gas Light Company was formed in 1818 and in 1913, the production of gas was carried out by carbonisation in horizontal retorts, which were productive of a great deal of smoke, dust and grit. These were eventually replaced by vertical retorts, which caused far less nuisance. The cessation of gas production has unfortunately meant that supplies of coke are no longer available from this source and it is to be hoped that sufficient quantities of alternative fuels will be made available to support the existing smoke control areas. The trend is, however, away from solid fuels and towards gas, oil and electricity.

Two further Smoke Control Orders came into force — No. 4 (Swindon Road) and No. 5 (Tommy Taylors Lane) and Nos. 6 and 7 come into force in 1970. The total acreage covered by Smoke Control Orders will then be 860 and the number of houses when the new developments are complete, will be in the region of 2,800.

The Clean Air Act 1968, imposed a duty on the Council to approve the height of chimneys serving new boiler installations above a certain capacity. Nine such applications were received and the heights of the new chimneys fixed in relation to the maximum rate of emission of sulphur dioxide in accordance with the Ministry's Memorandum on chimney heights.

The averages recorded by the two deposit gauges sited at the Health Centre, Hesters Way, and on the roof of the Municipal Offices, were 9.98 and 5.75 tons per square mile per month respectively, the average for the whole town being 7.9 tons.

A total of 1,177 premises have now been registered and inspected under the Offices, Shops and Railway Premises Act. More than half (16) of the accidents investigated were due to slipping or falling, and, where necessary, attention was drawn to such matters as unsatisfactory floor surfaces, obstructed passageways and defective equipment.

Experience over the past six years in relation to the enforcement of this Act has shown the necessity for regular inspections of premises where equipment and machines are used in order to ensure that the guards are in position and that the young are instructed in maintenance, cleansing and safety precautions.

253 visits were made during the year in connection with noise nuisance, which varied from the movement and loading of vehicles near a school to annoyance caused at night by the engine compressor at the rear of a self-service store. A considerable improvement has been achieved in most cases by adequate insulation.

The Housing Act 1969, containing many new provisions, came into operation on 25th August, the aim being, not only to stimulate the improvement of houses, but to secure the improvement of the environment. The emphasis is undoubtedly on the prevention of many older houses deteriorating into slums. A number of surveys have already been carried out and have established the fact that owner/occupiers from a substantial proportion, up to 80% in some areas.

The section of the Act dealing with grants for repairs is new and most repairs formerly dealt with under Sections 9 and 16 of the Housing Act 1957, will rank for Improvement Grants.

The total number of animals slaughtered at the Public Abattoir increased to 30,400. The construction of the chilling room was completed and the equipment put into use in June, so that for the first time since the Abattoir was built, it became possible to

hang beef carcasses at suitable temperatures irrespective of outside conditions. This should not only improve the keeping qualities of the meat, but increase the throughput at the Abattoir.

The franchise market stalls continue to be in great demand, the income reaching £3,458 which, together with the rental from the Market premises amounting to £3,200, realised a total income for the year of £6,658.

In the sphere of food hygiene, 3,903 visits were made by the Inspectors to food premises. Five cases of foreign bodies or mould in food were heard in the Magistrate's Court, which included doughnuts with mouse faeces adhering to the surface, foreign matter and an insect in bread, pancake mixture containing insects and mouldy pork sausages. The fines totalled £95 together with costs.

The Council's Consultant, Dr. W. Preston, M.Sc., F.R.I.C., M.I.Chem.E., completed his report in respect of the fat rendering plant in the town, which was the cause of further complaints of smell. He concluded that the Company were not using the best practicable means of preventing smell from the plant. The possibility of moving the factory was discussed, but was not proceeded with in view of the cost. The Council made new Byelaws relating to Offensive Trades and the standard of hygiene at the factory did improve after these had come into force. In September the Council served a Prohibition Notice on Messrs. A.H. Taylor under Section 1 of the Public Health (Recurring Nuisances) Act 1969, in respect of a Statutory Nuisance and, at the end of October information was laid in the High Court to enforce the Notice.

In submitting draft Byelaws under Section 82 of the Public Health Act, 1936, the Council sought to control the removal through the streets of offensive material, but even so, the transport of uncovered offensive matter through the town during certain hours of the morning is quite permissible, because the Byelaws could not be made in any other form under existing powers.

Talks on the work of the Department have been given to Student Nurses, trainee Health Visitors, students at the Technical College and to various other organisations during the year.

It is with the deepest regret that I record the death of Mr. H. Stone, the Senior District Inspector, in July, at the age of 55. He was a most popular member of the staff and is sadly missed.

Mr. Alan Hargreaves obtained his Public Health Inspector's Diploma in November.

In conclusion, I should like to thank my Deputy, Mr. A.L. Jones, the Inspectors and other members of the staff for their loyal service and support throughout the year.

J.F. URSELL,
Chief Public Health Inspector.

CHIEF PUBLIC HEALTH INSPECTOR'S STAFF

1969

TECHNICAL

Deputy Chief Public Inspector	A.L. Jones, M.A.P.H.I., San. Science R.S.H. *†
District Inspectors	H. Stone, M.A.P.H.I. *† (Died July) G.J.C. Buck, M.A.P.H.I., M.R.S.H. *† A.H. Carling, M.A.P.H.I. *† R.G. Webb, M.A.P.H.I., San. Science R.S.H. *†‡ A. Taylor, *†
Additional Inspector	A. Hargreaves, M.A.P.H.I., M.R.S.H. *†
Pupil	R.D. Merrett (Appointed July)

ABATTOIR

Meat Inspector/Superintendent	R. Hullah, M.Inst.M., M.A.P.H.I. *†
Deputy Superintendent	B.R. Fisher
Assistant Superintendent	A.H.J. Lewis
Handyman	A Edwards S.C. Wearing
Clerk	Vacant

*Certified Meat and Food Inspector

†Public Health Inspector's Certificate

‡Smoke Inspector's Certificate

DISINFECTION AND DISINFESTATION

Assistant Disinfection Officer	J.W. Quarterman
--------------------------------	-----------------

RODENT CONTROL

Pests Officer	B.G. Davies
Rodent Operator	R.T. Harvey
Rodent Operator	Vacant

CLERICAL

Senior Clerk	D.Y. Harrison
Secretary	Miss M.E.J. Edden
Clerical Assistant	Miss E.M. Oliver
Shorthand Typist	Mrs. J.M. Parkes
Junior Clerk	Mrs. G. Poppleton

SUMMARY OF VISITS 1969

TABLE I

1. Public Health

Water Supply ...	94
Drainage ...	3,423
Stables and Piggeries ...	5
Waste Food Boiling Plants ...	1
Common Lodging House ...	26
Houses let in Lodgings ...	12
Caravan sites ...	43
Public Conveniences ...	47
Agriculture Workers' Welfare ...	2
Schools ...	2
Theatres ...	1
Refuse Collection ...	78
Smoke Observations ...	13
Clean Air Act ...	389
Marine Store Dealers ...	5
Rodent and Pest Control ...	142
Houses inspected under Public Health Act ...	1,228
Re-visits ...	715
Rag Flock Premises ...	4
Hairdressers' Shops ...	35
Enquiries following Infectious Disease ...	29
Miscellaneous Infectious Disease Visits ...	10
Interviews ...	908
Noise Nuisance... ...	253
Miscellaneous Sanitary Visits ...	595
	<u>8,060</u>

TABLE II

2. Housing

Number of houses inspected under Housing Act ...	2,554
Re-visits ...	1,407
Overcrowding - Number of houses inspected ...	63
Re-visits ...	4
Verminous Dwellings inspected ...	4
Qualification Certificates - Inspections ...	6
Miscellaneous Housing Visits ...	1,225
	<u>5,263</u>

TABLE III

3. Food Hygiene

Abattoir (Additional visits by District Inspectors) ...	...	133
Other premises - meat inspection ...	...	162
Butchers' Shops ...	...	313
Fishmongers and Poulterers ...	...	40
Grocers' Shops ...	...	288
Greengrocers and Fruiterers ...	...	80
Licensed Premises... ..	...	146
Dairies and Milk Shops ...	...	69
Ice-Cream Premises ...	...	100
Confectioners ...	...	51
School Canteens ...	...	50
Food Preparing Premises ...	...	319
Restaurant and Hotel Kitchens ...	...	317
Market Stalls ...	...	350
Street Vendors and Food Delivery Vehicles ...	...	96
Food inspection and condemnation ...	...	373
Milk, Bacteriological Samples ...	...	48
Food and Drugs Samples ...	...	264
Offensive Trades ...	...	22
Fried Fish Shops ...	...	75
Bakehouses ...	...	73
Miscellaneous Visits in connection with food ...	...	363
Removal of Unsound Food ...	...	171
		<u>3,903</u>

TABLE IV

4. Offices, Shops and Factories

Factories ...	...	72
Outworkers ...	...	8
Offices and Shops ...	...	803
		<u>883</u>

TABLE V

5. Disinfection and Disinfestation

Disinfection :

Premises fumigated ...	...	14
Infectious articles disinfected ...	...	33
Other articles disinfected ...	...	104

Disinfestation :

Premises treated ...	...	29
Articles treated ...	...	26

Destructions of Mattresses, etc. :

Articles destroyed ...	...	9
Other visits ...	...	577

792

TABLE VI

6. Rodent Control

Rats and Mice :

Number of visits for inspection	...	...	...	...	1,169
Number of visits for treatment	...	...	...	...	2,476

Other Pests :

Number of visits for inspection	...	...	...	...	326
Number of visits for treatment	...	...	...	...	830

4,801

TABLE VII

7. Other Visits

Shops Act - Hours of Trading	...	...	...	...	35
Shops Act - Employment of Young Persons	...	...	...	...	1
Fabrics - Misdescription Regulations	...	...	...	...	3
Merchandise Marks Act	...	...	...	...	138
Pet Animal Shops	...	...	...	...	7
Animal Food Shops	...	...	...	...	4
Animal Boarding Establishments	...	...	...	...	4
					<u>192</u>

Total of Tables, I,II,III, IV, V, VI, and VII 23,894

NOTICES SERVED

				<i>Informal Notices</i>		<i>Formal Notices</i>	
				<i>Served</i>	<i>Complied</i>	<i>Served</i>	<i>Complied</i>
Public Health Act, 1936	...	...	...	171	188	21	22
Pests Act 1949	...	...	...	6	6	—	—
Gloucestershire County Council Act 1956	...	...	...	2	1	—	—
Housing Acts	...	...	...	5	2	1	1
Factories Act 1961	...	...	...	5	5	—	—
				<u>189</u>	<u>202</u>	<u>22</u>	<u>23</u>

In addition, letters concerning offenses and contraventions noted during inspections carried out under the following Act and Regulations were sent:—

Milk and Dairies Regulations 1959	...	...	...	...	3
Food Hygiene (General) Regulations 1960	...	...	...	...	57
Offices, Shops and Railway Premises Act 1963	...	...	...	...	53

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 1,910 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 the Public Health Inspectors).

Premises (1)	Number on Register (2)	Numbers of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	27	4	1	—
(ii) Factories not included in (i) on which Section 7 is enforced by the Local Authority	359	63	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' Premises)	9	5	1	—
TOTAL	395	72	5	—

2. Cases in which DEFECTS were found

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

PART VIII OF THE ACT
OUTWORK
(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel (Making etc.)	15	—	—	—	—	—

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Report for 1969 as submitted to H.M. Inspector of Factories,
Department of Employment and Productivity.

Experience over the past 6 years in relation to the enforcement of the Offices, Shops and Railway Premises Act has shown the necessity for annual inspections of premises where equipment and machines are used, in order to ensure that guards are in position and that the young are instructed in maintenance, cleansing and safety precautions.

A total of 1,177 premises have now been registered with this Authority,

Laundrettes, especially those without attendants, are the cause of concern and young children can often be seen in these premises. The safety precautions on many of the washing machines and spin dryers are quite primitive and, whilst many cut-outs do stop the current once the doors are open, the momentum continues for a considerable period. It is imperative that legislation should be made covering the safety of these appliances whether or not the premises have attendants.

It has been found that employers often overlook the requirement to notify the Local Authority of changes in occupation. These are often ascertained by the routine inspection of plans submitted for alterations to offices and shops and, at this stage, interviews with architects and owners ensure that the proposals will comply with the requirements regarding ventilation, washing facilities and heating and the prevention of accidents by the proper siting of machinery.

It is interesting to note in the annual schedule of statistics with this Report that some 4,834 persons are employed in offices as against 4,543 in retail shops. The total number in registered premises amounts to 10,989, of which 4,491 are males and 6,498 are females. This is the highest level recorded for those working in offices and shows the impact caused by the development of large blocks of offices within the Borough.

During the year some 53 written notifications were sent regarding contraventions of the Act. In two cases authority for proceedings was obtained, but the work was carried out prior to this action being necessary.

30 accidents occurred during the period under review, 28 of which necessitated investigation.

In view of the increasing scope of environment hygiene and its complexity, the department is to be reorganised on specialist lines and one Inspector will deal with the offices and shops duties under this Act throughout the whole Borough.

No. of out workers in August last reported by Section 13(1)(a)	No. of cases of default in doing the Council	No. of inspections for failure to supply the last	No. of inspections of work in premises some	No. of inspections of work in premises some	No. of inspections of work in premises some	No. of inspections of work in premises some
(1)	(2)	(3)	(4)	(5)	(6)	(7)
18	—	—	—	—	—	—

Registration and General Inspections

Class of Premises	No. of Premises Registered During the year	No. of Registered premises at end of year	No. of Registered Premises Receiving General Inspection during the year
Offices	18	440	20
Retail Shops	23	605	131
Wholesale Shops, Warehouses	3	47	5
Catering establishments open to the public, canteens	5	84	5
Fuel storage depots	—	1	—
TOTALS	49	1,177	161

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of Workplace	Number of Persons Employed
Offices	4,834
Retail Shops	4,543
Wholesale Departments, Warehouses	603
Catering Establishments open to the public	927
Canteens... ..	70
Fuel Storage Depots	12
Total	10,989
Total Males	4,491
Total Females	6,498

Reported Accidents

Workplace	Number Reported		Total No. Investigated	Action Recommended			
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Advice	No Action
Offices	—	3	3	—	—	1	2
Retail Shops	—	20	18	—	—	4	14
Wholesale Shops, Warehouses	—	3	3	—	—	2	1
Catering establishments open to the public, canteens	—	4	4	—	—	—	4
Fuel storage depots	—	—	—	—	—	—	—
TOTALS	—	30	28	—	—	7	21

ATMOSPHERIC POLLUTION CLEAN AIR ACT, 1956 AND 1968

Smoke Control Areas

Orders in respect of Smoke Control Areas No. 4 (Swindon Road) and No. 5 (Tommy Taylors Lane) which will be 90 acres in extent, came into force on 1st October, 1969. The number of existing houses is only 30 and the cost of making the Orders was, therefore, low but, eventually, there will be extensive residential development of some 500 houses.

Two further Orders have been made to come into force in 1970, also in respect of land which is being developed.

Section 9 of the Clean Air Act 1968, makes it an offence for an unauthorised fuel to be sold by retail for use in a Smoke Control Area. Letters were sent to the Coal Merchants' Association and the Coal Distribution Centre, pointing out this Section of the Act, which came into operation on 1st April, 1969. Since this date a number of warnings have been given to coal merchants who have delivered coal to houses in the Hesters Way Smoke Control Area. These have operated from outside the Borough and were not aware of the existence of the Order.

Industrial Pollution

The Clean Air Act 1968 came into force during the year and Section 6 imposed a duty on the Council to approve the height of chimneys serving furnaces above a certain capacity. Nine applications for approval were received and the heights of the chimneys fixed, the fuel used in all these installations being oil.

The effect of the new Act will be to ensure that the chimneys of the larger boiler plants will be higher than in the past and so capable of diffusing pollution more effectively. Also, such buildings as offices and shops are no longer exempt from control. However, there is now no means of controlling the height of boiler chimneys of small factories and, as these are often in built-up areas, the position is not considered satisfactory.

Gas production ceased at the Gas Works, Arle Avenue, towards the end of March.

The shutdown of the 24 continuous vertical gas retorts and the Jones gas processing plant will mean a cessation of pollution from these sources. The Jones gas plant was particularly noticeable as a source of air pollution as smoke and sulphur was emitted in regular bursts and was the source of adverse comment by some residents in the area.

The change in technique in the gas industry from the production of gas by the carbonization of coal to methods involving petroleum and natural gas, has produced another problem in relation to the supply of solid smokeless fuels. The Clean Air Act was based on the expanding Gluco market but, with the closing down of gas works, the supply of Gluco is diminishing. Stocks at the Cheltenham works lasted until June, after which date it was no longer available from this source although supplies were still obtainable from Bath and Bristol. It is hoped that sufficient supplies of alternative solid smokeless fuels can be produced and made available to the public at reasonable prices so that the impetus gained in clean air over the last few years is not lost.

A Regional Coal Distribution Centre was opened on 1st August, 1967, and it was not until June this year that a complaint was received from the Parochial Church Council of a nearby Church regarding the amount of dirt and dust which was found to be accumulating in both the Church and the Church Hall, which they believed to be coming from this Coal depot.

Representations had been made to the Depot operators stressing the necessity for adequate spraying equipment and water is sprayed onto the coal as it is discharged from the railway trucks and on the large conveyor feeding the hoppers. In addition, a power-driven road sweeper has been provided which operates over the whole of the yard surface. A sum of £5,000 had, in fact, been spent on dust suppression.

A deposit guage was placed on the flat roof of a nearby Inn during part of 1967 and 1968, but Analyst's reports indicated that the pollution was much less than in the centre of the town and did not show the presence of combustible matter in undue proportions.

NOISE ABATEMENT ACT 1960

253 visits were made in 1969 in connection with noise complaints. The main causes of nuisance were from machinery, compressors and car washing and drying plants.

Complaints were received from a school in the centre of the town concerning noise from the movement and loading of vehicles in an adjoining factory premises. Although the noise was not found to be excessive, it was alleged that when the classroom windows were open, difficulty was experienced in continuing lessons.

An informal approach was made to the Management of the business, which resulted in the height of the boundary wall being increased to the eaves level of the adjoining buildings and this has formed a screen between the school and the noise-producing operations complained of.

In May complaints were received about annoyance caused at night by the engine of a compressor situated in the yard at the rear of a self-service store.

Consideration had been given in previous years to the possibility of building to house the motor, but the proprietor of the shop stated that the cost would be prohibitive. However, the property changed hands and the new tenant of the shop undertook to build a structure around the plant which could be easily dismantled for maintenance purposes. When completed, this structure resulted in a considerable reduction in noise level.

HOUSING ACT, 1957

The following action under the above Act was taken during the year (figures for 1968 are given for comparative purposes):

	1968	1969
(a) Closing Orders (Basement Dwellings) ...	5	8
(b) Closing Orders (Parts of Houses, etc.) ...	1	3
(c) Closing Orders Determined ...	25	23
(d) Demolition Orders ...	5	—
(e) Houses Closed ...	32	23
(f) Undertakings to render premises fit ...	—	—
(g) Undertakings cancelled ...	2	—
(h) Undertakings not to use premises for human habitation ...	3	1
(i) Houses demolished ...	16	37
(j) Local Authority owned houses certified unfit ...	6	11

Action taken since the end of the War:

	No. of Houses	No. of persons displaced
(a) Houses closed ...	332	937
(b) Parts of buildings closed ...	440	1,121
(c) Houses closed in pursuance of an undertaking by the Owner ...	68	225
(d) Houses demolished ...	498	1,151
(e) Houses made fit as a result of formal notices ...	376	—

NEW HOUSES

New houses completed in the Borough since June, 1945:

	By the Council	By Private Enterprise.
Up to 31st December, 1962 ...	4,952	3,145
During 1963 ...	31	313
" 1964 ...	103	360
" 1965 ...	157	356
" 1966 ...	24	487
" 1967 ...	163	338
" 1968 ...	10	240
" 1969 ...	82	249
	<u>5,522</u>	<u>5,488</u>

HOUSING

45 houses and parts of houses were the subject of Closing and Demolition Orders and Certificates of Unfitness during the year, 37 houses were demolished and 23 premises were made fit and re-let.

The number of premises dealt with by means of Closing and Demolition Orders and Certificates of Unfitness since 1955 has now reached 898.

A further case involving the condition of a house occupied by a lady living alone was dealt with during the year. Complaints were continually being received from the neighbours and the premises were found to be full of old clothing and furniture, cat food tins, cartons, old newspapers, rags and other miscellaneous rubbish, all in a filthy condition and causing a nuisance. Deposits of rubbish were also accumulating in the front garden. Despite several requests to the owner/occupier to clear the premises, nothing was done, therefore, the authority of the Health and Welfare Committee was obtained to apply to the Magistrates' Court for a Warrant to enter and carry out the work of cleansing and removal of the refuse. A building contractor was engaged and undertook this work at a cost of £35.

The Housing Act, 1969, came into operation on 25th August 1969, its main purpose being to encourage the improvement of houses in Improvement Areas and of individual houses elsewhere. It is also planned to secure the improvement of the environment, such as car parking facilities and play spaces.

In areas where owner/occupiers have increased considerably, much improvement has taken place, but in other areas, deterioration is most marked. This Act requires Local Authorities to carry out inspections of their districts at frequent intervals, which will entail surveys such as have been carried out in the past to deal with Clearance Areas.

There are a number of areas in Cheltenham which could be improved by use of the powers contained in this Act. A number of surveys have already been carried out and established the fact that houses owned by the occupier form a substantial proportion of dwellings in many parts of the town, i.e. up to 80%. Although improvement of houses in this town will, in most cases be feasible, there are areas where, due to restricted space, the age of the property and the nature of the surroundings, e.g. the existence of large factories, it would be preferable to acquire and demolish the premises.

It is good economic sense to prevent these old houses deteriorating into slums and, whilst we have the means by notices under the Housing and Public Health Acts, to cope with the bare necessities, such items as baths and hot water are not yet classed as an essential commodity.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960 MOVEABLE DWELLINGS

There are 7 licensed caravan sites in the Borough with space for 157 caravans.

COMMON LODGING HOUSE

The future of the Common Lodging House was clarified during the year when it was purchased by a Housing Society, who intend to continue to provide accommodation for the residents of the premises.

Works of renovation and improvement have been undertaken and it is to be hoped that this Society will continue to maintain these premises that fulfil a very great need.

PLANS

Observations still continue to be made on plans submitted by the public under the various Acts and Regulations administered by this Department.

MERCHANDISE MARKS ACT, 1926

138 visits were made during the year under the Merchandise Marks Act.

FOOD AND DRUGS ACT 1955

Food Hygiene

The year provided further examples of the problems that can arise when inexperienced persons decide to enter the catering business. Tea, coffee and sandwiches do not present a great problem, but when, as usually occurs, cooked meals are prepared and served, deterioration often takes place. Inadequate capital and insufficient storage space result in a reduced standard entailing frequent visits from this Department and a great deal of pressure has to be brought to keep these small snack-bar type of premises up to a reasonable standard.

Food and Drug Sampling

Three samples were adversely reported upon by the Public Analyst during the year!—
Sample No. 72 - Tinned Milk

This sample was found to be fractionally low in fat content. Further samples of the same product proved to be satisfactory.

Sample No. 117. — Sausage Rolls

This sample was found to be fractionally low in meat content and the manufacturers were informed. Later samples proved to be satisfactory.

Sample No. 214. — Vinegar

This sample, purchased as spiced vinegar, was reported by the Analyst to be non-brewed condiment. A warning letter was sent to the vendor in this case.

Two samples of orange drink were examined for the presence of cyclamates, both of which proved negative.

0.5 p.p.m. arsenic was detected in a sample of chicken livers and, although this is below the permitted standard (1 p.p.m.), a follow-up sample was submitted. In this instance no arsenic was found.

Two samples of meringue, one of tinned meat and one milk carton were submitted for bacteriological examination, all of which proved satisfactory.

Milk Sampling

56 samples of pasturised milk were taken for bacteriological examination, two of which failed the methylene blue test. These were in addition to the 36 samples submitted for chemical analysis.

SAMPLES OF FOOD AND DRUGS SUBMITTED FOR ANALYSIS

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

Commodity	Formal	Informal	Commodity	Formal	Informal
Ale	1	—	Ginger Marmalade	1	—
Almond Icing	—	1	Glycerin and Honey	—	1
Apples	—	2	Pastilles	—	1
Apricots	—	1	Hamburgers	1	—
Aspirin	—	2	Honey Cake	—	1
Baked Beans	—	1	Hop Extract	—	1
Barley Wine	—	1	Ice Cream	5	—
Beef and Onion	1	—	Invert Sugar	—	1
Beef Sausages	3	—	Jam	5	—
Bitter Beer	3	—	Kidney Soup	1	—
Black Pudding	1	1	Lemon Drink	1	—
Braised Beef	—	1	Linctus	—	1
Bread	—	1	Liver Sausage	1	—
Bread & Butter	1	—	Luncheon Meat	1	—
Brewer's Yeast	—	1	Malt Beverage	1	1
Butter	8	—	Maple Syrup	—	1
Butter Ginger	1	—	Margarine	1	—
Butter Sweets	1	—	Marmalade	2	—
Buttered Chocolates	1	—	Meat Pie	—	1
Butterscotch	1	—	Meatless Steaks	—	1
Calves Liver Pate	1	—	Milk	36	—
Capers	—	1	Milk (tinned)	2	—
Caramel	—	1	Milk Shake Powder	—	1
Carrots	1	—	Minced Beef	1	—
Celery Salad	—	1	Minced Beef Loaf	—	1
Cereal Beverage	—	1	Minced Steak	1	—
Cheese	—	1	Mincemeat	2	—
Cherry Pie	—	1	Mixed Peel	—	1
Chestnut Puree	—	1	Mushroom Salad	—	1
Chicken Croquettes	1	—	Nut Bar	—	2
Chicken & Ham Pie	1	—	Nut Spread	—	1
Chicken Livers	—	1	Olive Oil	1	—
Chicken Meat & Offal	—	1	Orange Drink	—	2
Chicken Pies	1	—	Pasties	1	—
Chilli Powder	—	1	Piccalilli	1	—
Chocolate Biscuits	1	1	Pickle	1	—
Chocolate Cakes	1	—	Pork Dripping	1	—
Chocolate Powder	1	—	Pork Pie	—	1
Chocolate Sweets	—	1	Pork & Egg Pie	1	—
Chutney	1	—	Pork Sausages	3	—
Christmas Pudding	2	—	Rhubarb	—	1
Cochineal	—	1	Rum Flavour	—	1
Coconut Bar	1	—	Rye Slices	—	1
Cod Liver Oil	—	1	Sago Pudding	2	—
Coffee & Chicory	1	—	Salad Cream	2	—
Cold Cure	—	1	Salmon (tinned)	—	1
Cole Slaw	—	1	Sauce Mix	1	—
Cough Cure	—	1	Sausage Rolls	3	—
Cough Sweets	—	3	Sausage Savouries	1	—
Crab Paste	—	1	Savoury Rolls	1	—
Cream	1	3	Scotch Eggs	1	—
Creme de Foie	1	—	Semolina Pudding	1	—

Commodity	Formal	Informal	Commodity	Formal	Informal
Curry & Rice	—	1	Sherry	1	—
Custard	1	—	Skimmed Milk	2	—
Dates	1	—	Spiced Vinegar	1	—
Desiccated Coconut	1	—	Sponge Roll	1	—
Dried Cowslip Flowers	—	1	Steak Pie	—	1
Egg Whites	—	1	Steak & Kidney Pies	2	—
Evaporated Peaches	—	1	Sugarless Jelly	—	1
Figs	1	—	Sweetner	—	1
Fish Cakes	2	—	Sweets	—	1
Fish Fingers	1	—	Throat Pastilles	—	2
Foam Crystals	1	—	Thyme Vinegar	—	1
Fresh Oranges	—	1	Tomatoes	—	1
Fried Rice	1	—	Tonic Food	—	1
Fruit & Cream	—	1	Turkey Croquettes	—	1
Ginger Cordial	1	—	Vegetable Oil	1	—
			Whisky	2	1
			White Pepper	—	1
			Yoghurt	1	—

Number of samples taken during 1969 :

Formal ...	...	...	...	141
Informal ...	...	...	...	77
Total ...	...	...	...	218

FOREIGN MATTER AND MOULD IN FOOD

During the year 72 complaints were received with regard to foreign matter or mould in food, 10 of these were reported to the Health and Welfare Committee and the following action was taken:—

<i>Sample No.</i>	<i>Description</i>	<i>Action Taken</i>
27	Imported butter containing strip of bandage	Warning letter sent to producers
68	Doughnuts with mouse faeces adhering to surface.	Proceedings taken against vendor; fined £25 with 3 guineas costs.
70	Foreign matter in bread.	Proceedings taken against manufacturers; fined £20 with 2 guineas costs.
80	Insect in bread.	Proceedings taken against manufacturers; fined £25 with 5 guineas costs.
112	Pancake mixture containing insects.	Proceedings; vendor fined £20 with 3 guineas costs.
141	Insects in sugar.	Warning letter sent to vendor.
163	Mouldy malt loaf.	Warning letter sent to manufacturer.
166	Insects in baby food.	Treatment carried out at distribution centre.
223	Mouldy pork sausages.	Proceedings taken against vendors; fined £5 with 3 guineas costs.
228	Dirty bottle of milk.	Warning letter sent to dairy.

There are 681 premises in the Borough which are subject to the Food Hygiene (General) Regulations 1960, as follows:—

	Food Preparation Premises	Public Houses	Butchers	Bakers	Fish Fryers	Other Food Shops
No. of Premises	270	103	48	13	11	236
No. of Premises fitted to comply with Reg. 16	270	103	48	13	11	209
No. of Premises to which Reg. 19 applies	270	103	48	13	11	214
No. of Premises fitted to comply with Reg. 19	270	103	48	13	11	214

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

Tinned Foods	Tins	Tons	Cwts.	Qrs.	Lbs.
Meat	505	—	12	1	25
Fish	166	—	—	2	26
Vegetables ...	2,055	—	17	3	14
Milk and Cream	184	—	—	3	24
Fruit	1,261	—	16	1	3
Soup	590	—	4	3	8
Jam	52	—	—	3	1
Fruit Juice ...	60	—	1	0	4
Milk Puddings ...	80	—	—	2	23
Miscellaneous ...	41	—	—	1	10
Total ...	4,994	2	15	3	26
General					
Meat ... ..	...	1	14	1	3
Fish ... ..	...	—	3	3	26
Bacon ... ..	...	—	1	1	9
Eggs ... ..	...	—	—	2	—
Butter and Cheese	...	—	10	2	21
Poultry ... ..	...	—	12	0	8
Frozen Food ...	...	—	3	3	24
Fresh Fruit and Vegetables	...	—	7	1	14
Flour and Cereals	...	—	1	1	23
Nuts ... ..	...	—	6	2	18
Miscellaneous ...	...	—	7	2	15
Total ...	...	4	9	3	21
Grand Total ...	...	7	5	3	19

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Two samples of filling materials submitted for testing in accordance with the Regulations were found to be satisfactory. There are no premises licensed to manufacture rag flock in the district.

CONSUMER PROTECTION ACT, 1961

A child's nightdress was submitted for testing in accordance with the requirements of the Nightdresses (Safety) Regulations, 1967. The garment was nylon and was submitted for testing for flammability performance before and after several washes. It complied with the Regulations in every respect.

OFFENSIVE TRADES

Many complaints continued to be received during the year from residents living in the vicinity of Messrs. A.H. Taylor's dry rendering factory in Arle Avenue. This factory processes all types of waste meat products, including condemned carcasses and the most offensive odours are occasionally emitted from the premises.

The Council have appointed a Consultant, Dr. W. Preston, M.Sc., F.R.I.C., M.I.Chem.E., to investigate the processes and make recommendations that will prevent this nuisance from continuing.

The Council decided, on his recommendations, to serve a Prohibition Notice on Messrs. A.H. Taylor's under Section 1 of the Public Health (Recurring Nuisances) Act 1969, in respect of a Statutory Nuisance at the factory, namely effluvia caused by the processes carried on which were a nuisance to the inhabitants of the neighbourhood, prohibiting a recurrence and requiring such steps as are necessary to prevent a recurrence. Legal action has been taken for the case to appear before the High Court.

BYELAWS

New Byelaws, made under Section 82 of the Public Health Act 1936, relating to the removal through the streets of offensive matter, were the subject of formal objection by the trade interests involved. This was in view of the additional powers the Council sought to effect better control over the containers and transport of offensive materials.

Carcases of animals submitted for examination	10				
Carcases submitted to treatment by incineration	10				
Carcases and other material submitted for examination					
Carcases and other material submitted to treatment by incineration					

PUBLIC ABATTOIR

The total number of animals slaughtered at the Public Abattoir showed an increase over the previous year of 1,131. (3.9%).

During the first half of the year construction of a chilling room was carried out by contractors on behalf of one of the wholesale meat companies, who already lease a section of the hanging room accommodation at the Abattoir. The work was completed and the equipment put into use in June. The unit is some 840 sq. ft. floor area and is capable of holding up to 120 carcasses of beef or a proportionately larger number of smaller carcasses on twin overhead track, which is continuous with the system previously installed in the slaughterhouse. The function of such a room is to reduce the temperature of the freshly slaughtered carcass meat to between 32° and 40°F. and maintain it at that temperature until distribution.

The total eradication of T.B. from farms in the County of Gloucestershire is apparently proving difficult as the number of "reactor" cattle dealt with at the Abattoir shows. The slaughter of animals which react to the Tuberculin Tests carried out for the Veterinary Officers of the Ministry of Agriculture, Fisheries and Food on all farms is a part of the Tuberculosis Eradication Scheme. During 1969 a total of 210 cattle, two-thirds of which were dairy cows, were slaughtered and lesions of tuberculosis were found on post-mortem examination in 42.4% of these. This compares with figures of 189 cattle during 1968, 39.2% of which were found to be infected.

Little progress seems to have been made with the Brucellosis Eradication Scheme and only 21 cattle were slaughtered during the year. The scheme is, as yet, a voluntary one and attempts are being made to encourage eradication of Brucellosis from dairy herds by financial incentive rather than compulsory slaughter, as it is felt that the number of animals involved would be very high indeed if compulsory testing and slaughter was carried out.

There were 10 cases of cysticercus bovis found during the year and all carcasses and offals affected were only released for human consumption after suitable refrigeration.

With the co-operation of the Public Health Laboratory a series of samples were taken from the Public Abattoir for specific examination for the presence of salmonella food poisoning organisms. In all a total of 28 samples were submitted and in no case were organisms of the salmonella/dysentery group isolated.

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

Annual Summary ending 31st December, 1969

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Number killed	4,274	292	219	12,551	13,064	30,400
Number inspected	4,274	292	219	12,551	13,064	30,400
No. of "TT Reactors" (See separate table)	67	140	3	-	-	210
Totals excluding "TT Reactors"	4,207	152	216	12,551	13,064	30,190
All diseases except Tuberculosis and Cysticercosis Whole carcasses condemned	5	7	12	109	54	187
Carcasses of which some part or organ was condemned	2,110	128	9	1,752	1,256	5,255
% affected with disease other than tuberculosis and cysticercosis	50.3	88.8	9.7	14.7	10.0	18.0
Tuberculosis only Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	4	1	-	-	46	51
% affected with tuberculosis	0.1	0.7	-	-	0.4	0.2
Cysticercosis Carcasses of which some part or organ was condemned	10	-	-	-	-	10
Carcasses submitted to treatment by refrigeration	10	-	-	-	-	10
Generalised and totally condemned	-	-	-	-	-	-

**ANIMALS SLAUGHTERED UNDER THE BOVINE
TUBERCULOSIS ERADICATION SCHEME DURING THE YEAR
1969 AT THE CHELTENHAM PUBLIC ABATTOIR**

	Cows	Bulls	Steers	Heifers	Calves	Total
Total number of "TT Reactors"	140	—	23	44	3	210
No. of carcasses totally rejected (Generalised Tuberculosis)	—	—	—	—	—	—
No. found to have localised lesions only	53	—	11	22	3	89
% infected with tuberculosis	37.8	—	47.8	50.0	100.0	42.4

**CARCASSES REJECTED AS TOTALLY UNFIT FOR
HUMAN FOOD, 1969**

Diseases	Bulls	Cows	Heifers	Steers	Calves	Sheep	Pigs	Total
Abscesses, Multiple	—	—	—	—	—	1	7	8
Actinobacillosis, generalised, actinomycosis, generalised	—	—	—	—	—	—	—	—
Anaemia, advanced	—	—	—	—	—	—	—	—
Blackleg	—	—	—	—	—	—	—	—
Bracing, extensive and severe	—	—	—	—	—	—	5	5
Cysticercus bovis, generalised	—	—	—	—	—	—	—	—
Cysticercus cellulosae	—	—	—	—	—	—	—	—
Cysticercus ovis, generalised	—	—	—	—	—	—	—	—
Decomposition, generalised	—	—	—	—	—	—	—	—
Emaciation, pathological	—	1	—	—	1	41	6	49
Fever (including salmonellosis)	—	2	1	1	1	4	4	13
Foot and mouth disease	—	—	—	—	—	—	—	—
Immaturity (a) Stillborn or unborn carcasses	—	—	—	—	—	—	—	—
(b) Oedematous carcasses and carcasses in poor physical condition	—	—	—	—	2	—	—	2

Diseases	Bulls	Cows	Heifers	Steers	Calves	Sheep	Pigs	Total
Jaundice	—	—	—	—	—	9	2	11
Malignant catarrhal fever	—	—	—	—	—	—	—	—
Mastitis, acute septic	—	—	—	—	—	—	—	—
Melanosis, generalised	—	—	—	—	—	—	—	—
Metritis, acute septic	—	—	—	—	—	—	—	—
Abnormal odour, associated with disease or other conditions prejudicial to health	—	—	—	—	—	—	—	—
Oedema, generalised	—	2	—	—	2	48	—	52
Pericarditis, acute septic	—	—	—	—	—	—	1	1
Peritonitis, acute, diffuse, septic	—	—	—	—	—	2	3	5
Pleurisy, acute, diffuse, septic	—	—	1	—	—	—	—	1
Pneumonia, acute, septic	—	—	—	—	—	3	2	5
Pyæmia, including joint-ill	—	—	—	—	4	—	12	16
Sarcocysts, generalised	—	—	—	—	—	—	—	—
Septicaemia or toxæmia	—	2	1	1	2	1	9	16
Swine erysipelas, acute	—	—	—	—	—	—	2	2
Swine fever	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—
Trichinosis	—	—	—	—	—	—	—	—
Tuberculosis, generalised	—	—	—	—	—	—	—	—
Tuberculosis, congenital	—	—	—	—	—	—	—	—
Tumours								
(a) Malignant with secondary growths	—	—	—	—	—	—	—	—
(b) Multiple	—	—	—	—	—	—	—	—
Uraemia	—	—	—	—	—	—	1	1
Total	—	7	3	2	12	109	54	187

TOTAL WEIGHTS OF MEAT AND ORGANS REJECTED, 1969

	Tons	Cwts.	Qrs.	Lbs.	Tons	Cwts.	Qrs.	Lbs.
Bovine								
Meat in Carcass	2	6	3	14				
Meat not in Carcass	1	4	3	23				
Organs and Viscera	9	15	3	26				
TOTAL	13	7	3	7	13	7	3	7
Ovine								
Meat in Carcass	1	18	0	12				
Meat not in Carcass			1	6				
Organs and Viscera	2	10	3	9				
TOTAL	4	9	0	27	4	9	0	27
Swine								
Meat in Carcass	2	18	0	24				
Meat not in Carcass		16	0	25				
Organs and Viscera	2	0	3	9				
TOTAL	5	15	1	2	5	15	1	2
TOTAL CARCASS MEAT	7	3	0	22				
TOTAL ORGANS AND VISCERA	16	9	0	14				
TOTAL	23	12	1	8	23	12	1	8

CYSTICERCUS BOVIS

There were ten cases of Cysticercus Bovis during the year, the overall rate of infestation being 0.22 per cent.

RODENT CONTROL

242 complaints were received regarding mice infestation. A few of these could not be eradicated by the use of Warfarin and they were successfully destroyed by alpha-chloralose. Warfarin continues to be the most effective bait in dealing with rats.

The tremendous increase in the number of pigeons in the centre of the town is causing considerable nuisance and damage to some of the older Churches and Regency properties. Following many complaints, the Pests Department reduced their numbers to reasonable proportions by using one of the painless narcotic drugs.

The Department received over 400 complaints of wasps and bees during 1969 and in one week about 70 wasps' nests were destroyed. A number of bee swarms were dealt with, including one which alighted on a children's slide, but these were removed by a local bee-keeper.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

PART I – RATS AND MICE

	<i>Rats</i>	<i>Mice</i>	<i>Total</i>
1. Complaints Received	337	242	579
2. Number of Properties Inspected:			
(a) Following notification:			
Private Dwellings			431
Business Premises			152
Local Authority Properties			<u>23</u>
			606
(b) For reasons other than notification:			
Private Dwellings			154
Business Premises			88
Local Authority Properties			<u>112</u>
			354
3. Number of Premises found to be infested:			
	<i>Rats</i>	<i>Mice</i>	
Private Dwellings	257	168	425
Business Premises	74	72	146
Local Authority Premises	34	31	<u>65</u>
			636
4. Number of Visits Paid:			
(a) For inspection	702	467	1,169
(b) For treatment	1,500	976	<u>2,476</u>
			3,645
5. Sewer Maintenance Treatments:			
Total number of manholes in Borough			2,048
Maintenance Treatment No. 45 (May, 1969):			
Number of sewer manholes baited with poison			231
Number of sewer manholes where poison bait taken			17
			7.4%
Maintenance Treatment No. 46 (October, 1969):			
Number of sewer manholes baited with poison			254
Number of sewer manholes where poison bait taken			34
			13.4%

PART II – OTHER PESTS

1. Complaints Received:

<i>Ants</i>		<i>Moles</i>		<i>Wasps</i>	<i>Insects,</i>	
<i>Flies</i>	<i>Beetles</i>	<i>Rabbits</i>	<i>Pigeons</i>	<i>Bees</i>	<i>etc.</i>	<i>Total</i>
33	38	7	34	440	13	565

2. Number of Visits Paid:

Inspection	38	57	19	114	78	20	326
Treatment	16	39	13	331	429	2	830

PREVENTION OF DAMAGE BY PESTS ACT 1949
PART I - RATS AND MICE

Ad. L.	Ad. G.	Ad. W.	Ad. T.	Ad. S.	Ad. M.	Ad. F.	Ad. T.
1	Complaints Received	41	3	3	3	3	3
2	Number of Properties Inspected:	41	3	3	3	3	3
3	(a) Following notification:	41	3	3	3	3	3
	Private Dwellings	41	3	3	3	3	3
	Business Premises	41	3	3	3	3	3
	Local Authority Properties	41	3	3	3	3	3
4	(b) For reasons other than notification:	41	3	3	3	3	3
	Private Dwellings	41	3	3	3	3	3
	Business Premises	41	3	3	3	3	3
	Local Authority Properties	41	3	3	3	3	3
5	Number of Premises found to be infested:	41	3	3	3	3	3
	Private Dwellings	41	3	3	3	3	3
	Business Premises	41	3	3	3	3	3
	Local Authority Premises	41	3	3	3	3	3
6	Number of Visits Paid:	41	3	3	3	3	3
	(a) For inspection	41	3	3	3	3	3
	(b) For treatment	41	3	3	3	3	3
	(c) For disinfection	41	3	3	3	3	3
	(d) For fumigation	41	3	3	3	3	3

1,188 487 702 1,800 876 2,476 2,642

2. Sewer Maintenance Treatment: The group of properties in the area of the sewer maintenance treatment area is 2,048.

Total number of manholes in Borough
 Maintenance Treatment No. 46 (May, 1953):
 Number of sewer manholes paired with poison
 Number of sewer manholes where poison had been
 Maintenance Treatment No. 46 (October, 1953):
 Number of sewer manholes paired with poison
 Number of sewer manholes where poison had been

Number of sewer manholes in the Borough where poison had been
 Number of sewer manholes in the Borough where poison had been
 Number of sewer manholes in the Borough where poison had been
 Number of sewer manholes in the Borough where poison had been

Number of sewer manholes in the Borough where poison had been
 Number of sewer manholes in the Borough where poison had been
 Number of sewer manholes in the Borough where poison had been
 Number of sewer manholes in the Borough where poison had been

Number of sewer manholes in the Borough where poison had been
 Number of sewer manholes in the Borough where poison had been
 Number of sewer manholes in the Borough where poison had been
 Number of sewer manholes in the Borough where poison had been



