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Contributors

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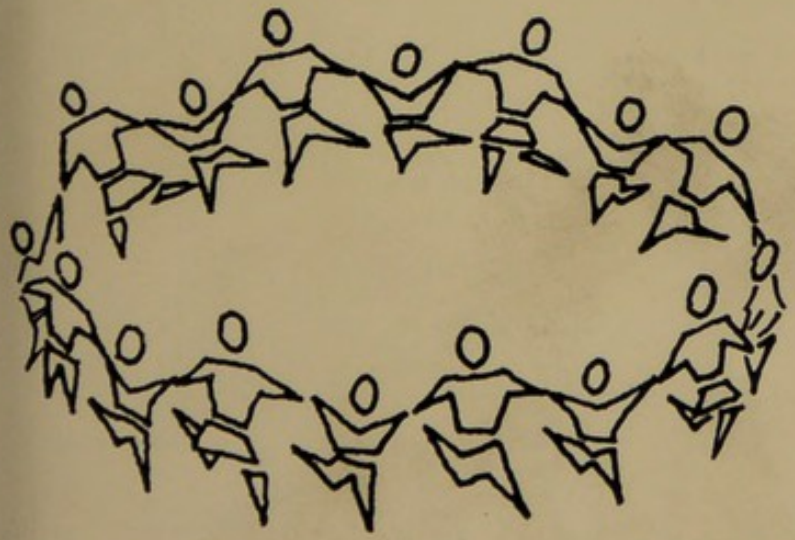
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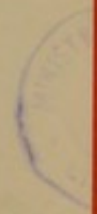
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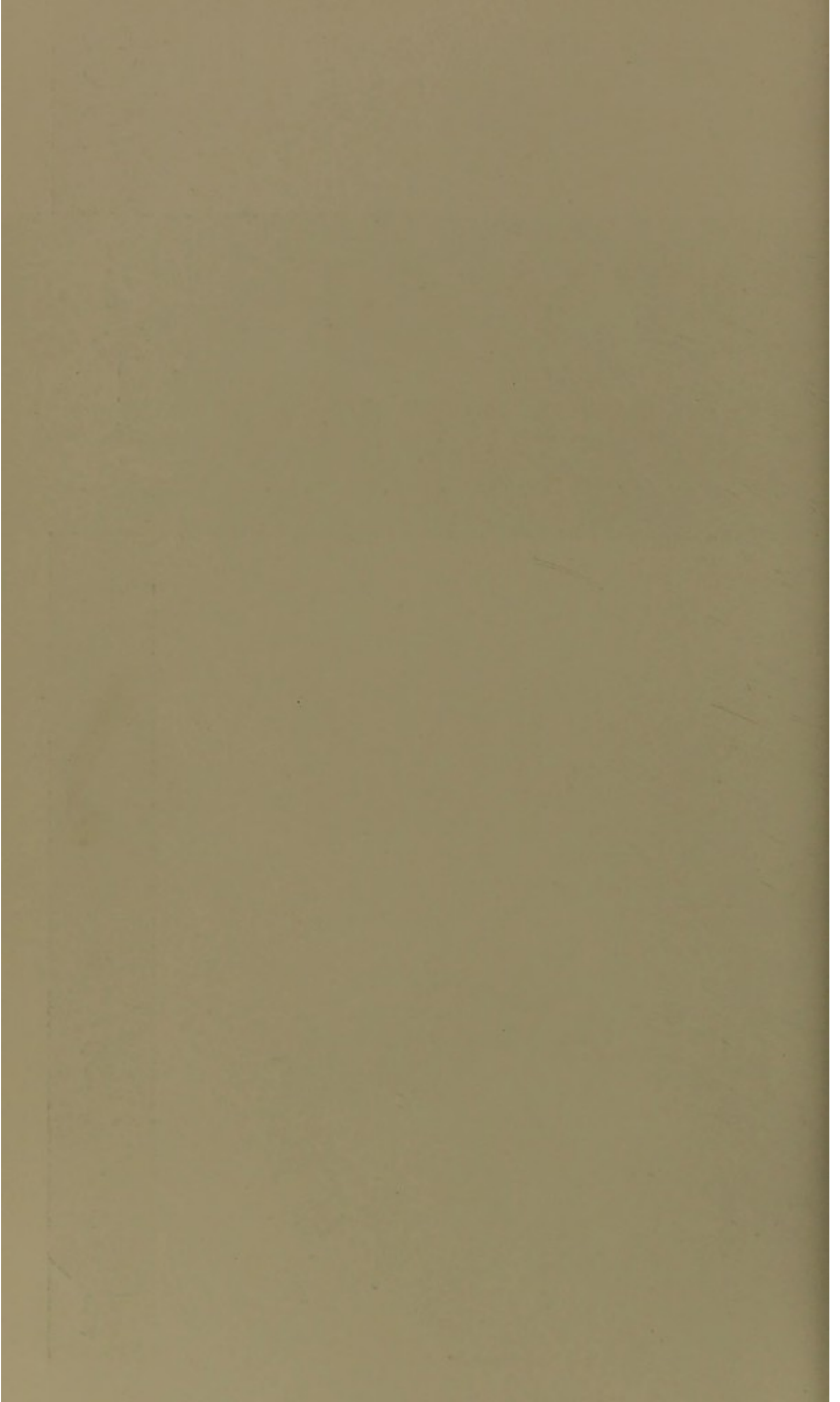
1962

CITY OF COVENTRY



Health services annual report







Health Visiting to the Aged



CITY OF



COVENTRY

THE HEALTH SERVICES OF COVENTRY IN 1962

BEING THE

ANNUAL REPORT

BY THE MEDICAL OFFICER OF HEALTH

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

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HEALTH COMMITTEE
(As at 31st December, 1962)

Chairman—Councillor R. LOOSLEY

Vice-Chairman—Councillor Mrs. E. JONES

The Lord Mayor (Alderman A. J. WAUGH)

The Deputy Mayor (Alderman Mrs. E. A. ALLEN)

Alderman W. CALLOW

Alderman B. H. GARDNER

(Nominated by the Education Committee)

Councillor W. A. BINKS

Councillor A. E. HINKS

Councillor W. McKERNAN

Councillor T. L. K. LOCKSLEY

Councillor R. NICKSON

Councillor W. PARFITT

Dr. J. BALLANTINE (nominated by the
Coventry Branch of the British
Medical Association)

Mr. S. SMITH (nominated by No. 20
Group Hospital Management Com-
mittee)

Dr. N. J. L. ROLLASON (nominated by
the Coventry Executive Council)

} Co-opted for Purpose
of National Health
Service Act Functions.

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, Medical Adviser to the Welfare Committee and to the Children's Committee :

T. M. Clayton, M.D., B.S., B.Hy., D.P.H.

Deputy Medical Officer of Health, Deputy Principal School Medical Officer :

P. T. Register, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant Medical Officer for Maternity and Child Welfare :

Janet Margaret Done, M.D., B.S., D.P.H., D.R.C.O.G.

Senior Assistant Medical Officer, Health Services Division :

Margaret Ruth Gaffney, M.B., B.Ch., D.P.H., N.U.Irel.

Assistant Medical Officers :

Rosemary A. Beasley, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.

Mary D. Daly, M.B., B.S., M.R.C.S., L.R.C.P.

Doreen J. Dicks, M.B., Ch.B., L.R.C.P., M.R.C.S., D.C.H.

Marion Hommers, M.B., Ch.B.

Sarah N. Joseph, M.B., B.S., D.R.C.O.G. (Resigned 25.8.62).

Mary A. H. Lawson, M.B., B.Ch., B.A.O., D.P.H.

J. B. M. Porter, L.R.C.P., L.R.C.S.

Dorothy I. Troup, M.B., Ch.B., D.Obst.R.C.O.G. (Resigned 30.9.62).

Evelyn M. Wilkins, M.B., Ch.B.

Ada M. Porter, M.B., Ch.B., D.Obst.R.C.O.G.

Veterinary Officer : E. M. Pittaway, M.R.C.V.S.

Health Visiting :

Superintendent : Miss K. N. Davies, S.R.N., C.M.B. (Part 1), H.V. Cert.

Deputy Superintendent : Miss K. L. Houlton, S.R.N., S.C.M., H.V. Cert.

Deputy Superintendent : Mrs. B. E. Mackie, S.R.N., S.C.M., H.V. Cert.

Health Visitors (including 1 part time) 41

State Registered Nurses (for tuberculosis, clinic and school work) (including 1 part-time) 10½

Student Health Visitors 7

Occupational Therapist 1

Municipal Midwifery Service :

Non-Medical Supervisor : Mrs. E. E. Woodley, S.R.N., S.C.M.

Deputy Supervisor : Mrs. B. Fell, S.R.N., S.C.M.

Midwives 45

Day Nurseries :

Supervisor :	Mrs. M. E. Williams, S.R.N.	
Nursery Matrons :	Miss M. Allan, Miss G. Cardwell-Hill, Miss D. B. Goodson, Mrs. E. M. Butcher, Mrs. G. Crichton, Miss D. M. Griffiths, Mrs. I. Lines, Mrs. O. Lapworth, Mrs. M. Wagstaff.	
Nursery Staffs	.. .. .	Nurses 89 : Others 39

Home Nursing Service :

Superintendent :	Miss M. C. Lynch, S.R.N., S.C.M., Q.N.	
Assistant Superintendents :	Miss M. Wilkinson, S.R.N., C.M.B. H.V. Cert., Q.N. ; Miss B. Sharkey, S.R.N., S.C.M., Q.N.	
District Nurses :	Full-time 51 (includes 4 male nurses and 4 Queen's Nurse students). Part-time 8.	
Domestic Staff	.. .. .	10

Health Centre :

Nursing Staff	.. .. .	3
Receptionists	.. .. .	3

Home Help Service : (As from 1st June, 1958 under Administrative control of Director of Welfare Services).

Organiser	.. .. .	Mrs. E. Marshall
Area Organisers	.. .. .	9
Clerical Staff (including part-time)	.. .. .	7
Home Helps (including part-time workers)	.. .. .	440

Mental Health Service :

Principal Mental Health Officer :	E. J. McCoy, A.A.P.S.W.	
Senior Mental Welfare Officers	.. .. .	3
Mental Welfare Officers	.. .. .	5
Trainee Psychiatric Social Worker	.. .. .	1

Junior Training Centre, Burns Road :

Supervisor	.. .. .	Mrs. M. Darnell
Senior Assistant Supervisor	.. .. .	Mrs. I. D. Cotterill
Assistant Supervisors and other staff	.. .. .	20

Senior Training Centre, Torrington Avenue :

Supervisor	.. .. .	P. Walshe
Deputy Supervisor	.. .. .	Mrs. H. Cooke
Assistant Supervisors and other staff	.. .. .	26

Ambulance Service :

Superintendent	..	..	..	..	..	T. Atherton
Deputy Superintendent	..	..	..	..	..	E. Taylor
Control Sub-Officer	..	..	..	..	..	H. Petherham
Ambulance Personnel	..	..	..	..	..	84

Administrative and Clerical Staff :

Principal Administrative Assistant	..	..	..	..	..	F. Ellis
Deputy Principal Administrative Assistant						D. C. James, D.M.A., A.R.S.H.
Administrative Assistant (Health Services Division)	..	..	..	..	..	G. Hubbard
Administrative Assistant (Mental Health)						Miss B. M. Sanders

Senior Section Officers :

M.O.H. Personal Secretary	..	..	..	..	..	Mrs. J. Strong
Finance	..	..	..	..	..	K. Liggins
Infectious Diseases, Vaccination and Immunisation	..	..	..	..	..	Mrs. M. Steele
Salaries, General Office and Inquiries	..	..	..	..	..	H. Jewison
School Health, Maternity & Child Welfare						Miss E. Stephen
Typing Pool	..	..	..	..	..	Miss M. E. Goddard
Clerical Staff	31

Miscellaneous Staff :

Storekeeper, Cleaners, Clinic Assistants, etc.	46
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GENERAL STATISTICS

Area in acres	19,171
Population (Census 1961)	305,060
Population (estimate for mid-year 1962)	310,640
Density of population (1951) (per acre)	..	..	..	..	..	..	13.47
Density of population (estimate mid-1962)	..	..	..	..	..	..	16.20
Number of inhabited dwellings, December, 1962	..	..	..	..	..	..	93,000
Average No. of persons to each occupied house (mid-year)	..	..	..	..	..	..	3.34
Rateable value of City (December 1962)	..	..	..	..	..	..	£5,058,373
Sum represented by a penny rate (estimated 1962-63)	..	..	..	..	..	..	£20,867
Live Births—							
	<i>Males</i>	<i>Females</i>	<i>Total</i>				
(legitimate)	3,105	2,937	6,042				
(illegitimate)	245	217	462				
	<hr/>	<hr/>	<hr/>				
	3,350	3,154	6,504	=	birth rate of 20.94 per		
					1,000 population.		
Stillbirths	66	69	135	=	rate of 20.3 per 1,000		
					births.		
Deaths	1,653	1,296	2,949	=	death rate of 9.49 per		
					1,000 population.		
Total maternal deaths	..	..	Nil				
Maternal mortality rate	..	..	—		
Death rate of infants under one year of age :—							
(a) All infants per 1,000 live births	..	..	..	..	..	..	24.6
(b) Legitimate infants per 1,000 legitimate births	..	..	..	..	..	..	24.8
(c) Illegitimate infants per 1,000 illegitimate births	..	..	..	..	..	..	21.6
Neo-natal mortality rate (first four weeks)	= 16.6 per 1,000 related live births.						
Early Neo-natal Mortality Rate (first week)	= 14.1 per 1,000 related live births						
Perinatal Mortality Rate (stillbirths and deaths during first week)	..	..	..	=	34.2 per 1,000 total live and stillbirths.		
Marriage rate	..	..	..	..	..	..	15.44
*Death rate from principal infectious diseases	..	..	..	..	..	..	0.003
Respiratory death rate	..	..	..	..	..	..	1.36
Phthisis	..	..	..	..	..	..	0.08
Death rate from other forms of tuberculosis	..	..	..	..	..	..	0.003
Death from cancer	..	..	..	..	..	..	1.81
Comparability factor (births)	..	..	..	..	..	..	0.92
Birth rate as adjusted by factor	..	..	..	..	..	..	19.26
Comparability factor (deaths)	..	..	..	..	..	..	1.43
Death rate as adjusted by factor	..	..	..	..	..	..	13.57

*Typhoid, Scarlet Fever, Whooping Cough, Diphtheria, Measles, Diarrhoea under 2 years, Cerebro-Spinal Fever, Poliomyelitis.

MY LORD MAYOR, LADIES AND GENTLEMEN,

This is the 16th in the series of my Annual Health Reports, which I now take pleasure in presenting to you. The report relates to the health circumstances of Coventry citizens during the year 1962. The contents include, as usual, details of the work which your personnel, engaged within the wide range of services administered by the Health Department, have performed throughout the year.

The report will also include particular local information asked for by the Minister of Health in his circular 1/63 and which embraces certain details relating to Water Supplies and the Home Health Services. In this latter connection, the Ministry are clearly desirous of learning, to what extent the work of the Health Visitor has come, firstly, to be linked with that of the general practitioner and, secondly, she is engaged in follow-up procedures relating to patients discharged from hospital. Other items which are of particular present interest to the Central Governmental Department relate to the hazards of cigarette smoking and the local pattern of health education in this connection ; progress in the provision of Mental Health Services and in the availability of chiropody facilities. It is my intention to take account of these items at various points within my report.

It is appropriate, however, that I first deal, as usual, with the statistical details which, of themselves, give a comparative picture of general health factors and illness when related to like figures for preceding years, both in this City and throughout England and Wales.

The density of population in Coventry was up from 15.94 per acre in 1961 to 16.20 in 1962 and this in spite of the fact that the number of inhabited dwellings had increased by some 1000 from 92,000 in 1961 to 93,000 in 1962. Moreover, it is of interest also to note that the average number of persons to each occupied house was elevated from 3.32 in 1961 to 3.34 in 1962.

The population increase for 1962 (a seemingly never-ending year by year process for the city) was some 5,580 and, while not nearly so large as that in 1961 (14,780), it does nevertheless pose a whole variety of problems for the local authority — not least in the fields of personal and environmental health, both of which are, of course, intimately related.

The Birth Rate was elevated slightly from 20.5 per 1000 in 1961 to 20.94 in 1962 and this, clearly, would have its own impact upon the population density previously referred to.

It will be noted that the stillbirth rate had increased from 17.8 per 1000 births to 20.3 in 1962 and, secondly, that the number of illegitimate live births had increased from 380 in 1961 to 462 in 1962. This presents quite a sizeable elevation, even though the general population figure had also increased.

The Crude Death Rate was up a little from 9.2 per 1000 population in 1961 to 9.49 in 1962. It is also observed that not a single

maternal death occurred in 1962. The Infantile Mortality Rate was raised from 23·4 per 1000 live births in 1961 to 24·6 in 1962 ; while the figure for perinatal mortality was up by 2 per 1000 total live and still births, from 32·2 in 1961 to 34·2 in 1962.

Concerning the incidence of Infectious Diseases, a brief commentary relating to certain virus diseases, i.e., influenza, smallpox and poliomyelitis appears on page 18, and from this it will be noted that there is close association between Public Health Departments and the Public Health Laboratory Service throughout the country in relation to items of research.

We were fortunate in being without a notified case of poliomyelitis in Coventry during 1962 : likewise of diphtheria. Clearly, mass immunisation procedures during latter years has had most beneficial effect in producing this satisfactory state of affairs, These results speak clearly for themselves and are pointers to all parents that they should ensure the protection of their children for future years also. It is as well that we should all appreciate the changing pattern in these diseases, which, prior to the introduction of massive immunisation campaigns, were the cause of many deaths throughout this country and thus of much related human misery.

Food poisoning occurrences dropped dramatically in 1962, simply because there were no *major* outbreaks within the city (27 cases in 1962 ; 748 in 1961). Dysentery increased to some extent during the year, this more particularly affecting the infant and pre-school sections of the community.

Mention is made hereinafter of the Minister of Health's approval for Infective Hepatitis to be made a temporarily notifiable disease in the Coventry area as from November, 1962 : this for a trial period of three years. The reason for this innovation is stated on page 20 and it is possible that interesting data may accrue over the period indicated.

Late 1961 and early 1962 were made notable by the occurrence of smallpox in several parts of the United Kingdom — firstly in West Bromwich, St. Pancras and Bradford and later in certain other towns, e.g., Birmingham, and thereafter also in Cardiff and South Wales. Several deaths occurred in the country and the repercussions were considerable, leading to massive vaccination programmes in many local authority areas. Although we were most fortunate in having no cases notified in Coventry, some 85,275 citizens came forward for vaccination or re-vaccination during the year.

An indication of the medical importance of air pollution is given under the heading of " Chronic Bronchitis " (page 21) and is well worth perusing and assimilating.

Concerning venereal diseases, some 1,299 new patients attended at the Coventry and Warwickshire Hospital during 1962, i.e., an increase of 108 over the preceding year. Not all, however, had a true

venereal infection : indeed, 928 of those persons attending the clinic proved to be non-venereal. Nevertheless, of the remaining 371 some 323 patients had a gonorrhoeal infection and this represents a sizeable increase in the incidence of this disease (227 in 1961).

Further details concerning Venereology appear at page 23. There is, of course, close co-operation between the Health Department and Hospital in this field of work : not least in the follow-up of defaulters from treatment at the clinic.

Dr. Gordon Evans, Director of Mass Radiography Services, reports in some detail upon the work of his Unit in 1962 (page 25). Although the mass radiography team has continued to carry out its work meticulously, it is the case that the Director considers the present siting of the Static Unit places restriction upon the work achieved by it. Perhaps it may prove possible to assist the work of this important service by the provision of facilities nearer the centre of the city. It is noted, with some regret, that the incidence of pulmonary tuberculosis had increased from 0.76 per thousand persons examined in 1961, to 1.00 in 1962. It behoves us, therefore, to be duly cautious in any too optimistic pronouncements concerning the eventual eradication of this disease. It is necessary also to draw attention to the attendant dangers from drug resistant organisms and the related importance of ensuring an adequate continuation of Mass Radiography facilities.

On 23rd January, 1962, the important Ministry of Health Circular 2/62, dealing with the "Development of Local Authority Health and Welfare Services," came to the attention of responsible municipalities for their attention. This, in fact, was to be the basis for a continuing "Ten-Year Plan" (brought up-to-date each succeeding year thereafter) to parallel that of the Hospital Ten-Year Plan (vide Command Paper No. 1604 of January, 1962).

In referring to the desirability of a close working relationship between the appropriate staffs of the local authorities and those of the Executive Councils and, of course, the large mass of general practitioners who provide service for these latter Bodies, it was clear that the Circular gave room for supplementary thought in a number of directions. Such proved to be the case and, after intensive consideration and preparation, a comprehensive Ten-Year Development Plan was submitted to the Coventry Health Committee on 10th September, 1962 which, later in the year, gained approval, in principle, from the City Council.

Recommendations took into account the likelihoods and possibilities of further developments under the several sections of the National Health Service Act and which, desirably, would bring the general practitioners into closer working relationship with several of the Municipal Health Service provisions, e.g., health centres, health visiting, mental health, ante-natal clinics and thereby the domiciliary midwifery service. Indeed, even within the traditional

co-operative sphere of the general practitioner/district nursing services, there is room for closer association, possibly on a peripheral administrative basis. Such was clearly envisaged for these and a number of the other sectional provisions, if the development of health centres and group practices had progressed in the fashion which was anticipated in the 1948 legislation. Nevertheless, there is room for further thought and the likelihood of more effective liaisons for the future.

Moreover, in the Local Development Plan of Health Services, a recommendation is made for the constitution of an effective medico-social geriatric service: this to provide for adequate medical supervision of elderly people, so as to ensure for their reasonable retention and activity within the community. Such an establishment necessarily implies the closest medical-social relationships, involving all appropriate services and agencies and, preferably, based on a soundly integrated administrative foundation.

The local report also envisages a close working relationship with Industrial Medical Officers in the wider concept of preventive medicine. Indeed, there has for some time now been a considerable mutual appreciation and understanding as between local full-time Industrial Medical Officers and myself — surmounted by the holding of helpful periodic meetings to discuss matters of mutual concern and interest. Clearly there is room for much deeper thought in this direction and on a much wider geographical plane if the fullest benefits are to be derived for the national community within the concept of total health.

Commentary upon the work of the Health Visitors appears at page 38 but it is necessary to stress that the demands upon the services of the Health Visitor in the field of geriatrics are increasing. Such a trend is inevitable and, indeed, these officers, through their training, are well qualified to give much helpful advice to old people in relation to dietaries and other facets concerning their state of health.

With regard to other work performed by the Health Visitors, the clear trend under present National Health Service developments is for them to link progressively with general practitioners more and more, since the work of these nurses and their medical colleagues has very much in common in a very wide field of environmental and clinical interest. Such liaison can do no other than have most beneficial effect upon the health and welfare of the patient and, of course, this is the prime "raison d'être."

There is, too, the closest of links operating at our Tile Hill Health Centre — as would be expected under such ideal conditions. While it has not yet been possible to allocate health visitors specifically on a sessional basis to groups of general practitioners — primarily because of our limited number of visitors — yet there is a developing liaison. All general practitioners in the Coventry area have been circulated with a list of Maternity and Child Welfare

Clinics, together with the names, addresses and means by which approach and communication can be effected with the health visitors. It is hoped very much that the effective bonds between practitioners and our nurses will be greatly strengthened during forthcoming years.

An event of considerable historical importance eventuated during the year — one which must not be allowed to pass without honourable mention. 1962 was the Centenary Year of the Health Visiting Service, for it was in 1862 that the Ladies Section of the Manchester and Salford Sanitary Association employed a few working-class women to visit poor people and teach them certain basic facts and principles of health. This was the germination of an extensive service which has come, in these days to be staffed with highly qualified nurses.

Much 'water has passed under the bridge' since that time and, not least, for those concerned in the health visiting field of work. Several thousands of trained health visitors are employed in Great Britain and, indeed, their value has, as we know, wide versatility both within the environmental aspects of public health work and also under modern National Health Service conditions. It is no secret or surprise that most establishments throughout the country are under staffed because demands for health visitors far outstrip supply.

I, therefore, take pleasure in mentioning and recording herein the local centenary celebrations which took place in St. Mary's Hall on the evening of 28th November and at which His Worship the Lord Mayor (Alderman A. J. Waugh) and the Lord Bishop of Coventry (Rev. Cuthbert A. Bardsley), supported by other speakers, made due recognition and appreciation of the health visitor and her century of service to the community.

I would draw attention to the changing pattern of the Mental Welfare Officer's work and the commentary in this connection, which appears on pages 66-71, will help to provide the correct picture in present day setting. The essence of the exercise is to provide necessary advice and guidance where it is most needed and, at the same time, to ensure that all services and agencies which can help in any way to resolve the patients' problems and difficulties are mutually brought to bear to achieve this end. Much closer links are now being achieved between the Psychiatric Social Workers and the General Practitioners in the interest of patients and, indeed, the aim is gradually to allocate sessional assistance from the former to the latter within appropriate group practice arrangements. This follows the pattern set at our Health Centre in Tile Hill and which arrangement has proved, mutually, to be most helpful.

For several years it has been apparent that the local recession in attendances at our ante-natal clinics would reach a point where it would be economically and practically unwise to continue them any longer. The present year saw the discontinuation of all ante-natal

clinics previously run by the local authority. This came about primarily because of the developing arrangement as between hospital and general practitioner, whereby the latter took over, progressively, the ante-natal care of their own patients. Although, from the point of view of our own appropriate staffs, this has now detracted from the total volume of interest and experience, it would seem that the trend under the impact of the National Health Service Act had something of inevitability about it.

It is of considerable interest to note, however, that two or three general practitioners have now taken opportunity to make use of our modern clinic facilities to hold their own ante-natal clinics, in conjunction with the appropriate Municipal Midwives. This is a development which we should like to see extended because the advantages for patients, doctors and midwives must be apparent to them all. It will be noted (page 37) that the number of confinements taking place in hospital was up by 2.2%, from 50.2% in 1961 to 52.4% in 1962. This increase is, of course, a *slight* move in the direction of the Cranbrook 70% recommendation for maternity hospital intake and will, no doubt, please all who are enamoured of this viewpoint.

The statistics from the Home Nursing Service for 1962 show a further increase over the preceding year in the total number, as also in the number of new cases attended. The care provided by our Home Nurses continued to be of the same high standard which has come, generally, to be a feature of their work and, indeed, most often is taken for granted. I would wish to make appreciation to the Superintendent and her staff for their great helpfulness at all times to sick and infirm people in the city throughout a busy year.

With regard to immunisation and vaccination, the year was made notable by the introduction of the Sabin oral poliomyelitis vaccine — the immunising propensities of this agent have been most gratifying.

The number of citizens coming forward for immunisation against certain preventable infections declined during the year. It is necessary for the public to realise the need to achieve a high degree of immunity within the community is an ever present one: otherwise, the likelihood of unfortunate — maybe tragic — consequences for some may not be far away.

The extent to which the Mental Health Services have developed in Coventry during the decade since just before the erection of the Burns Road Junior Occupation Centre in 1952 may not be fully appreciated. I would, therefore, commend for detailed reading the informative section in this report (pages 64-69) which, in particular, reviews the . . . "services for subnormal and severely subnormal persons" available in this city. The field work, too, in the sphere of our Mental Health Services has continued to expand, to the great advantage of many Coventry citizens. The links with general

practitioners, not least in the direction of psychiatric social work, are strengthening and this is an important aspect of the work which we hope to extend as time goes by and as and when more social workers become available to us.

The tables on pages 191-192 dealing with the incidence of venereal diseases are worthy of study. It will be noted that, while there is an improvement in the incidence of syphilis over immediately preceding years, yet the incidence of new cases of gonorrhoea treated at the local hospital clinic was 323, i.e., some 96 more than in 1961. The total incidence of such cases was weighted heavily towards male infections (i.e., 247 male ; 76 female) but it is of much significance that, whereas some 5% of teenage boys were included in the male total, a considerably greater percentage, 35% of teenage females were included in the female total. This would tend to denote that a sizeable pool of infection is present in this latter age category and points to a disturbing degree of promiscuousness. Certain it is, too, that there is need to bring home to youth the potential dangers of venereal infections, both from a moral and physical point of view. If the situation in Coventry is indicative of that pertaining in other comparable localities throughout the country, then it would seem there is also need, from a national point of view, to ensure that the "message" is received more pointedly and persistently. While it is agreed that local authorities can do much — through health education — in this field of work, yet the mass media and essential availabilities to accomplish this (not least through television) are more readily available at central and regional rather than at local peripheral levels. There is also a persistent need to ensure that the public are aware that diagnosis and treatment of these conditions are readily available *in absolute confidentiality* at local clinics and that, for the sake of their health, those infected (and, equally, those who have good reason to think that they may be) should seek *immediate* advice and attention.

It will be noted that there was a very considerable rise in the number of cremations during 1962 and, therefore, of the related work dealt with in my department. In 1962 there were 2,422 cremations, which constitutes some 336 more than was the case in 1961 (i.e., 2,086). Of the total there were 1,442 Coventry residents, while the remaining 980 came from external areas.

Details of the public water supply (which are requested in Ministry of Health Circular 1/63) are available at pages 72-73: as also in connection with sewerage and sewage disposal at page 75. I am indebted to the Water Engineer and Manager and to the City Engineer and Surveyor respectively for their assistance in providing items of information.

It will be recalled that, in 1961, Coventry was selected as an area to take part in the special investigation into pollution, organised by the Department of Scientific and Industrial Research. In drawing attention to the commentary upon the subject of "Chronic

Bronchitis," appearing at page 21 herein, it is necessary to underline the serious effects which this disease has upon our national community, and the sinister impact and all too large a part which atmospheric pollution has upon the medico-social circumstances of the population : this is the serious aspect which must never be lost sight of.

Details of the work of the Public Health Inspectorate appear at page 79 *et seq*, and it is clear that much has been achieved by them during 1962. I am indebted to the Chief Public Health Inspector for his extensive report.

The Director of Social Welfare has kindly provided me (page 71) with details of cases dealt with under Section 47 of the National Assistance Act and in which it is clearly necessary to provide strong initial medico-social approach, whatever may be the ultimate action taken in the interests of the elderly persons involved.

Obviously the aim is to achieve a voluntary solution to such difficulties and, wherever possible, without having recourse to Court procedures. Unfortunately, there continue still to be the occasional instances where the assistance of the Magistrate must be called upon. Under such circumstances, all who are concerned with such cases have the keenest regard for a humane solution to the problems involved.

The Director of Social Welfare has also provided (pages 56 and 53) necessary details concerning the Home Help Service (Section 29 National Health Service Act) and the Meals on Wheels Service (Section 28 National Health Service Act).

With regard to the subject of superannuation examinations (a service provided by the Health Department), I would draw attention to some general remarks I have made in this connection on page 77.

Miss M. D. Lloyd retired from her post of Superintendent Health Visitor on 26th January, 1962, having come to us from the City of Leicester Health Department in November, 1945. She was with us throughout a testing time in the development of our health visiting and gave her full and loyal support towards the advancement of their work : not least when it was decided to amalgamate the Health Visiting and School Health Nursing Services. The union came at a time when our staff in post was at a numerically low ebb and when the availability of health visitors throughout the country was equally so. Nevertheless, and in spite of all the attendant difficulties, the march of time has proved the great value and effectiveness of the decision and Miss Lloyd must have been not a little pleased that mothers and children derived increasing benefit from the arrangement. We wish her a long and happy retirement.

Miss K. N. Davies succeeded to the post of Superintendent Health Visitor on 14th May, 1962 and we hope that she will find her work in this city interesting and wholly satisfying. Certain it is that the scope and importance of the health visitor's work is increasing —

significantly so in the liaisons to be achieved with the hospital and general practitioner services.

It is with the greatest of regret that I record the death, on 3rd September, 1962, of Miss P. L. Kerslake, until then Nursery Course Tutor and Inspector of Schools. We, in the Health Department, valued her educational activities within our day nurseries and are the sorrowful losers through her departure.

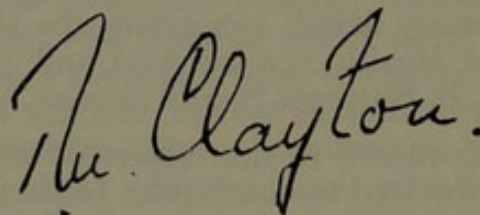
It is again my very great pleasure and privilege to express to all my staff, no matter at what level or in what facet of the Health Department's work they are functioning, my sincere recognition for the efficiency and diligence which they bring to their duties.

My thanks, too, are willingly extended to those several members of the department who have in any way contributed to the content of this report — their help is greatly appreciated.

In conclusion, I would wish to thank the Chairman and members of the Health Committee for their continued interest and helpfulness in the work of my department during a year which has provided much of interest in matters pertaining to the health of Coventry citizens.

I am, my Lord Mayor, Ladies and Gentlemen,

Your Obedient Servant,

A handwritten signature in cursive script that reads "H. Clayton." The signature is written in dark ink and is positioned centrally on the page.

MEDICAL OFFICER OF HEALTH

Population

The Registrar General's estimated population for mid-1962 was 310,640 which was an increase of 4,860 on the 1961 mid-year figure of 305,780. The generally upward trend of the city's population for the past twenty-four years is shown in the table of vital statistics on page 185.

Birth Rate

The births registered as Coventry births during the year numbered 6,504, giving a birth rate of 20.94 per 1,000 population. These figures compare with 6,269 births in 1961 and a birth rate of 20.5 for the same year. Further details relating to births occurring within the city are given elsewhere under the heading of "Midwifery."

The comparable figure for England and Wales was 18.0 per 1,000 population.

General Death Rate

The number of deaths recorded as belonging to the city during the year was 2,949 which gives a crude death rate of 9.49 per 1,000 population. This compares with a death rate for England and Wales of 11.9. The major causes of death during the year under review continue to be heart disease and other vascular conditions ; cancer ; and respiratory conditions. An analysis of the various causes of death is given in the appropriate table on page 184. It is noted that almost 60 per cent of the total deaths registered occurred in persons over 65 years of age.

Infantile Mortality

The number of deaths of infants under 1 year of age during 1962 was 160, giving an infant mortality rate of 24.6 per 1,000 live births (1961 — 23.4).

The infantile mortality for England and Wales was 21.4 per 1,000 births.

Neo-Natal Mortality

The number of deaths of infants under 4 weeks of age during 1962 was 108, giving a neo-natal mortality rate of 16.6 per 1,000 live births. The comparable neo-natal mortality rate for 1961 was 16.43 per 1,000 births.

Marriage Rate

The number of marriages solemnised in the city during the year was 2,398 giving a marriage rate (i.e. number of persons married) of 15.44 per 1,000 population. This compares with 15.74 per 1,000 population for the preceding year.

Maternal Mortality

No maternal deaths were recorded in the city in the year, compared with 3 in the previous year which gave then a maternal mortality of 0.47 per 1,000 total births.

INFECTIOUS AND OTHER DISEASES

Virus Disease 1962

The change in epidemiological patterns is most evident in the fall in incidence of diphtheria and scarlet fever and the increasing prominence of virus diseases. I am indebted for the following short account of virus diseases to Dr. J. E. M. Whitehead who is in charge of the Public Health Laboratory in Coventry.

“ An increased prevalence of influenzal illness at the turn of the year was identified as being due to Influenza Virus type B. The early months of the year were overshadowed by the importation of smallpox virus into the country from Pakistan, necessitating vigilance on the part of family doctors for possible cases in the city. Although no cases developed, specimens were collected from a few cases in which diagnosis was considered. These were sent to the Virus Reference Laboratory of the Public Health Laboratory Service at Colindale where techniques are now available which enable a preliminary result to be obtained on suitable specimens in two to three hours, in contrast to the twenty-four hours by other methods. Vaccinia virus, derived from the smallpox vaccine which was widely used, was isolated from two individuals with complications following vaccination.

Throughout the year, but chiefly in the summer and early autumn, feverish illnesses with involvement of the nervous system which might previously have passed as “ non-paralytic poliomyelitis ” were identified with precision as being due to various other but related viruses belonging to the Coxsackie and Echo groups. Little is known of the natural prevalence of these viruses in healthy persons in the United Kingdom and during the year the Public Health Department arranged for the collection of specimens from five randomly selected children aged up to 5 years each week, as part of a country wide survey organised by the Public Health Laboratory Service. The results are being collated and analysed centrally and will in due course be published. It is of interest, however, that the survey revealed no “ wild ” strains of poliovirus to be circulating in Coventry ; the only polioviruses isolated being those from children to whom Sabin vaccine had recently been given.

Laboratory methods are now available for the study of some of the viruses responsible for the common cold. These were developed recently at the Common Cold Research Unit at Salisbury and are now being used at the Coventry Laboratory of the Public Health Laboratory Service to study the viruses responsible for common colds in conjunction with the clinical observations made by a general medical practitioner in the city as part of an investigation by the Medical Research Council to exploit the “ break through ” which the Common Cold Research Unit achieved. It is clear already that many different viruses may cause this common complaint ; some may be more important than others as the cause of outbreaks. When these strains have been identified and studied, it should become possible to decide whether vaccination against this important cause of loss of working days is feasible.”

Poliomyelitis

As in 1961, no cases of poliomyelitis occurred in Coventry. This tends to conform with the general pattern throughout the country. The figures for England and Wales were :—

<i>Acute Poliomyelitis</i> :		1962	1961	1960
Cases	.. .. .	325	1,086	530
Deaths	.. .. .	31	69	36

and in the Administrative County of London the notifications of poliomyelitis were the lowest since 1944.

Influenza

As in 1961 and 1960 the year was not what is now termed an "Influenza Year." The occurrence of a widespread influenza epidemic depends on whether a new type of virus is introduced into a country or countries which have not been previously challenged with that particular agent and therefore do not develop an early immunity. Other conditions like the relative humidity of the seasonal climate are now known to have a considerable effect in determining rapidity of spread.

Sporadic cases of Type B influenza were reported in Coventry and surrounding areas based on laboratory diagnosis ; and, based mainly on clinical diagnosis, twenty-five deaths due to influenza occurred — of these eighteen persons were over 65 years.

Diphtheria

This infection was last notified in Coventry in 1959 when six cases occurred.

Active immunization of the population has been most effective since the national immunization campaign began in the early 1940's. At that time the average annual occurrence of cases in England and Wales was 55,000 and the number of deaths almost 3,000. Since 1954 the number of cases remain below 200 and the deaths below 10. A high herd immunity of the pre-school and school groups has undoubtedly been the main contributor to this.

Food Poisoning

Only 27 cases were reported in 1962 as compared with 748 in 1961. The reason for this startling drop probably has little to do with any drastic improvement in food hygiene. The public health inspectorate by their efforts are raising this standard all the while, and carefully considered exclusion of food-handlers in contact with food-borne infections undoubtedly is of importance. The more likely explanation is, however (this was implied in the Annual Report for 1961) the fact that there were no incidents involving large groups of sufferers and the many restricted or domestic incidents were not reported. Nevertheless, there is some cause for congratulation in that despite the large numbers of visitors in the city throughout the

summer and the consequent strain on private and public catering facilities, no such outbreak did occur.

Dysentery

The numbers of notified cases increased from 501 in 1961 to 693 in 1962. Mention was made in last year's report of the spread of this disease in urban communities and of a degree of inevitability in the persistence of unnoticed sub-clinical infection within the pre-school and infant school groups. The organisms can persist on W.C. seats, chain handles, door knobs, as well as on and in the body of infected persons.

Measles

This infection tends to occur in epidemics every two winters. In the last epidemic year, 1961, in England and Wales there were 152 deaths and the number of notified cases was 763,531 — the highest since records began in 1940. (In 1961 the notifications in Coventry were 6,789). For the year under review, 1962, the numbers of notifications in Coventry were 484.

The work on a measles vaccine continue and indeed it is understood that one drug firm has already commenced the manufacture of a combined vaccine containing it.

Infective Hepatitis

This condition is not an infection generally notifiable throughout the country, although a few local authorities have made it so, as well as some other countries, e.g. Australia and United States of America.

In November, 1962, the Minister of Health approved an Order under S. 147 of the Public Health Act making Infective Hepatitis notifiable in the City.

This disease, which was at one time called catarrhal jaundice notably occurred in an epidemic among the British troops at Gallipoli in World War I. It tends to occur in rural districts rather than towns, or at least this has been the experience of Australia, affecting school children and young adults in an apparently mild form and the middle-aged in a more severe form. It has a seasonal prevalence in autumn and September. It is generally spread from case to case but occasionally it gives rise to extensive outbreaks originating from infected milk or food or water. The great majority of infected persons recover completely but a small minority are left with a chronic hepatic disorder which can lead to cirrhosis of the liver. Not enough is known either about its epidemiology (it has been grown only recently in the laboratory) or about its effects.

It was considered desirable, however, to introduce notification for reasons additional to these. Infective hepatitis is easily confused with another condition which also produces jaundice. This is a condition known as haemologous serum hepatitis and is conveyed by human blood serum either through contaminated hypodermic syringes and needles, sometimes by smallpox vaccination or rarely by direct transfusions of constituents. The incubation period of this second condition is very much longer than that of infective hepatitis

and may be anything up to 5 months. One of the intentions, therefore, is to attempt to distinguish between infectious hepatitis and these other conditions and to obtain a true picture of the epidemiological situation.

Aseptic Meningitis

This is, in fact, not a notifiable disease, but in view of its close similarity to poliomyelitis and with the control of the latter by vaccination, cases of aseptic meningitis come to our attention in a much more salient fashion than formerly. The majority of cases are followed by full recovery, but occasionally the nervous system is damaged and a paralysis results. Definitive diagnosis of the causative virus is in these cases by laboratory methods. The viruses implicated are enteroviruses (other than the three types of poliovirus) — usually of the Coxsackie and Echo groups.

Smallpox

In the year 1962 smallpox was imported into the United Kingdom and gained a hold in January, 1962 (importation had actually begun in Bradford in December 1961) and later in the year in Cardiff and South Wales. No cases occurred in Coventry, although several suspect cases occurred. The main repercussions that these events had in Coventry were that the Health Department had to be ever on the alert lest a mild febrile illness in a well-vaccinated person conveyed the infection to the city and at the same time had to vaccinate travellers from affected areas and finally to meet the great demand of the public for mass vaccination.

Smallpox is not the most infectious of diseases but its means of spread is very variable and unpredictable. It has in addition a high fatality rate; in Bradford out of 12 confirmed cases 5 deaths occurred, and in South Wales the mortality rate was about 50 per cent.

The lesson of Bradford is indicated in the fact that for some years the acceptance rate for routine infant vaccination was less than 7 per cent. The discovery of the disease led to the Bradford Health Department arranging for the vaccination of over 250,000 persons within five days — a major achievement. Nevertheless, by the time a person is diagnosed as a smallpox case it is often too late to vaccinate the contacts of that patient. Some success has been achieved with antivaccinal gamma globulin for contacts who are vaccinated too late but the material is produced only in limited quantities by the Lister Institute and is not likely to replace vaccination as a primary protection against the disease.

Chronic Bronchitis

Chronic bronchitis is not an infectious disease nor is it notifiable. The condition comes into the purview of preventive medicine not only because it is a part of the new epidemiology of non-infectious disease (coronary thrombosis, mental illness are others) but also because its effects are, to a fair measure, preventable.

In the year 1962 32,116 deaths were attributed to this condition in England and Wales (in 1961 30,762; in 1960 25,468).

It is a disease more prominent in England and Wales than in any other country and deserves the title "the English disease," the death rate being in this country three times that of Belgium, six times that of Germany, 10 times that of France, 20 to 30 times that of Scandinavia and 45 times that of the U.S.A. It is the commonest cause of respiratory disability and deaths attributable to bronchitis amount to nearly 10% of all deaths of men between 45 and 64; it is, in fact, like coronary disease one of the "captains of death" in middle age. Certainly it accounts for over 25% of all medical consultations.

In this City, the disease accounts for at least 183 deaths, and if all certificates gave due weight to the condition as the causative factor of, say, heart failure, many more. It will be responsible for 10% of the total working time lost in the city (6% of the working time of women). A recent survey in Salford showed that in patients over 40 years of age every seventh sickness certificate signed by a practitioner was on account of bronchitis and in the months of this survey, February, one patient in four was a chronic bronchitic.

In both the Salford survey and in a Sheffield investigation, when sickness certificates were used as a pointer to the prevalence of the disease, there was a direct relationship between increases of sickness certification and increases in air pollution.

For men and women aged 20—64 years the standardized mortality ratios are 5 times as high in the Registrar General's social class V than for class I and unhealthy occupations like mining, dusty work, etc.; general labourers and labourers in docks and the building trade and with coke ovens have a high mortality; coal face workers are the highest of all followed closely by moulders and French polishers; the lowest is teachers, administrators and farmers.

There are a multiplicity of causative factors. Many, however, could be prevented; all could probably be abated to some extent. Chief among the factors are irritant dusts of occupational origin and atmospheric pollution. Overcrowding, too, is a most important causative factor because under such conditions the potentialities for cross-infection by the common respiratory infections are so much the greater. Exposure to "colds" and other types of recurrent general infections play their additional and unfortunate parts.

"Smog"

Between December 3rd and 7th, 1962, fog prevailed over much of England and Wales, being thickest and most persistent in the Thames Valley; by comparison the Midlands were spared.

SCABIES

There were 84 patients treated for scabies at the Cleansing Centre, Gulson Road Clinic, during the year.

The centre is open daily for women and children from 9.30 a.m. to 4.30 p.m. and for men on four evenings per week.

The work of the unit was as follows :—

Scabies	No. of Patients	No. of Treatments
Male Adults	28	34
Female Adults	15	24
School Children	35	51
Children under 5 years ..	6	6
Totals	84	115

Cleansing

24 males were cleansed during the year.

VENEREAL DISEASES

The treatment centre is situated at the Coventry and Warwickshire Hospital, Stoney Stanton Road, under the control of the local (Group 20) Hospital Management Committee.

The number of new patients who attended the Hospital Special Clinic was 1,299, an increase of 108. Of these 1,100 were residents in Coventry.

The following table indicates the total number of patients dealt with for the first time at the Centre during the preceding three years. The figures in parenthesis indicate Coventry residents.

1959:	1960:	1961:
778 (709)	850 (742)	1,191 (1,015)

Included in the total number of new patients who attended the Special Clinic for the first time there were 323 new cases of gonorrhoea. Of these cases 247 were males and 76 females. This figure represents an increase of 96 cases when compared with the previous year and was an over-all increase of 42%. The nationalities of the new cases of gonorrhoea are as follows :

U.K.	141 males	63 females
Immigrants	100 males	13 females
Other European	6 males	Nil females

Of these totals there were 13 males and 25 females in the age group 13/19 years.

A total of 16 patients were found to be suffering from syphilis and 32 patients attended on account of Yaws and lymphogranuloma venereum. In the latter two groups all patients were West Indians except one who was of Indian birth. Compared with 1961 there is a very marked rise in gonorrhoea. The rise was in nationals, the

immigrant numbers being relatively stable. Infection in teenagers presents no particular problem (other than that commented upon previously — page 14) but the number of teenagers seeking advice has been increased. The number of patients who attended for conditions of a non-venereal type were 678 males and 250 females.

A rather disturbing problem has been the re-infection rate. This is mainly due to patients, particularly females, defaulting before tests of cure have been completed. The tracing of such defaulters is undertaken by a health visitor seconded from the local authority to the Hospital Management Committee for this particular purpose, and it is pleasing to record that she has been extremely successful in convincing such defaulters of the necessity for completing tests of cure.

TUBERCULOSIS

A further commentary on Tuberculosis appears at page 52.
(Prevention of Illness, Care and After-Care)

Live Register of Tuberculosis Patients

	Pulmonary Cases			Non Pulmonary Cases			Total Cases (All Forms)		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
1. No. on Register at 1.1.1962	1,508	1,028	2,536	149	165	314	1,657	1,193	2,850
2. Cases notified (or otherwise coming to knowledge) in 1962	99	36	135	6	19	25	105	55	160
3. Cases restored to Register	6	2	8	—	—	—	6	2	8
4. Cases removed from Register 1962	227	170	397	18	24	42	245	194	439
5. No. on Register at 31.12.1962	1,405	915	2,320	137	160	297	1,542	1,075	2,617

MASS RADIOGRAPHY

I am indebted to Dr. Gordon Evans and his staff for his Report on the Work of Mass Radiography in Coventry for the year ended 31st December, 1962.

" 24,950 Coventry residents were X-rayed during the year, this is 9,000 fewer than in 1961. 67 newly discovered tuberculous conditions and 75 non-tuberculous were referred to the Chest Clinic for further investigation. 25 of the tuberculous cases were found to be active. The incidence of 1.0 per 1,000 is slightly higher than 1961 (0.76 per 1,000) but it is the same as that discovered in 1960. Again it is interesting to note that the majority of the cases were found in presumably healthy people who had volunteered for a routine chest x-ray examination.

14 cases of bronchial carcinoma were discovered, but 4 of these were amongst the group of people referred by their own doctors. In this small group of 1,100 people 4 bronchial carcinomas were revealed as against 3 cases of active tuberculosis.

The following tables give the breakdown into groups of the total number x-rayed. Table I gives details of tuberculous cases and Table II the non-tuberculous cases.

Table I

New cases of Pulmonary Tuberculosis Discovered and Referred to Chest Clinic

GROUP	Number X-rayed	Total number referred and final assessment					
		Total number referred	Number per 1,000	Number of active cases requiring immediate treatment	Number per 1,000	Number requiring out-patient supervision	Inactive tuberculous lesion not requiring supervision
1. Organised Groups (factories, offices, etc.)	22,233	53	2.38	21	0.94	18	14
2. General Public ..	1,285	4	3.11	1	0.78	2	1
3. Ante-natal ..	49	—	—	—	—	—	—
4. Contacts of Mantoux Positive School Children ..	227	1	4.41	—	—	—	1
5. General Practitioners referrals	1,108	9	8.12	3	2.71	3	3
TOTALS	24,950	67	2.68	25	1.00	23	19

Table II

New non-tuberculous abnormalities discovered and referred to Chest Clinic or Hospital

GROUP	Total Number X-rayed	Total number referred and final assessment											
		Number referred to Chest Clinic or Hospital	Number per 1,000	Bronchial carcinoma	Bronchiectasis	Inflammatory conditions	Bronchitis and emphysema	Spontaneous pneumothorax	Pneumoconiosis	Non-malignant neoplasm	Sarcoids	Cardiac conditions	Miscellaneous chest conditions
1. Organised Groups (factories, offices, etc.)	22,233	40	1.80	10	3	9	5	1	2	2	3	2	3
2. General Public ..	1,285	5	3.89	—	1	3	—	—	1	—	—	—	—
3. Ante-natal Patients	49	—	—	—	—	—	—	—	—	—	—	—	—
4. Mantoux Positive School Children	48	1	20.83	—	1	—	—	—	—	—	—	—	—
5. Contacts of Mantoux Positive School Children	227	—	—	—	—	—	—	—	—	—	—	—	—
6. General Practitioners referrals ..	1,108	29	26.17	4	2	10	8	1	—	—	—	2	2
TOTALS ..	24,950	75	3.01	14	7	22	13	2	3	2	3	4	5

Group 1 (Organised Surveys). These are factory and office surveys and included one central survey which covered many of the office workers in the city centre. These surveys continue to yield a significant amount of both tuberculosis and non-tuberculous abnormalities.

Group 2 (General Public). In this group has been included the residents of Stoke Hill and Chace Guildhouses. Regrettably there has been a tendency for a fall off in attendance at these surveys. This is so, not only in Coventry, but in other parts of the Country. It is difficult to say why this should be so but is probably due to the widely held view that tuberculosis is no longer a serious health problem. One case of smallpox in Birmingham can cause consternation in the city, but over a hundred new notified cases of tuberculosis in Coventry during 1962 passes almost without notice.

- Group 3 (Ante-Natal patients). This is a small group who were all X-rayed in the early part of the year. All of these patients were referred from the Corporation Clinic and since these Clinics have now closed these patients are no longer referred to this Unit for chest X-ray.
- Groups 4 and 5 (Mantoux Positive schoolchildren and their immediate contacts). These are also small groups as the mantoux testing had to be postponed during 1962.
- Group 6 (General Practitioner's Referrals). This scheme commenced in November 1961, was continued until the end of March 1962 and recommenced in November. As was to be anticipated the incidence of both tuberculosis and non-tuberculous abnormalities is higher in this group than any other group."

NATIONAL HEALTH SERVICE ACT 1948-1962

The following "diary" is not complete, but it does give some idea of material progress in many Coventry Health Department provisions since 1948.

- 1948 Preparation of schemes under Section 22 to 29 and also 51 of the National Health Service Act.
 Re-organisation of Health Department staff to undertake the above work (as also that under the National Assistance Act).
 Direct provision of Home Nursing Service transferred from voluntary organisation.
 City Ambulance Depot transferred from Abbots Lane to premises of Hospital Saturday Fund (Section 27) — temporary, part agency arrangements.
- 1949 8, Park Road, approved as key Training Home for District Nurses (Section 25).
 "Meals on Wheels" Service provided by Local Health Authority on 25th July, for up to 100 meals daily (Section 28, National Health Service Act).
 Health Visiting Follow-up of Accidents occurring in the Home instituted (Sections 24 and 28).
- 1950 "Contact Clinic" for child contacts of tuberculous persons instituted at Gulson Road Clinic (Section 28).
 Extensions to Queen Phillipa Day Nursery — 15 additional places (Section 22).
 Opening of Sessional Maternity and Child Welfare Clinic, Whoberley (Section 22).
- 1951 Ambulance Service : Radio-telecommunications service installed. (Section 27).
 Building commenced on Monks Park Day Nursery. (Section 22).
- 1952 Maternity and Child Welfare Sessional Clinic, Bell Green Community Centre (Section 22).
 Opening of Burns Road Occupation Centre (for 60 mentally handicapped). (Section 51).
- 1953 Pilot Scheme commenced in Cheylesmore area for initial amalgamation of Maternity and Child Welfare and School Health Medical and Nursing Services (1st January).
 Monks Park Day Nursery opened January. (Section 22).
- 1954 Extension of "Amalgamation Scheme."
 Sessional Maternity and Child Welfare Clinic opened, Windmill Road. (Section 22).
 Broad Street Joint Maternity and Child Welfare and School Health Clinic in advanced state of building. (Section 22),
 B.C.G. Vaccination arrangements approved (7th February, 1954) by Ministry of Health (Section 28).
- 1955 Papenham Green Day Nursery opened, April 13th (Section 22).
 "Amalgamation Scheme" completed for Medical and Nursing Staff.
 Broad Street Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).
 Opening of a Sessional Maternity and Child Welfare Clinic at

- St. Barbara's Church Hall, Earlsdon. (Section 22).
 Partial decentralisation of Home Helps Service to Bell Green and Holbrooks areas respectively (Section 29).
- 1956 Occupational Therapy Service commenced for domiciliary tuberculous patients (Section 28).
 Tile Hill Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).
 Poliomyelitis Immunisation Scheme started in Coventry. (Section 26).
 Introduction of 2 weeks' Training Course for Trainee Home Helps. (Section 29).
 Sessional Maternity and Child Welfare Clinic, Willenhall, opened. (Section 22).
- 1957 Ad hoc transport provision, Home Nursing Service (Section 25).
 Extension of further decentralisation plans envisaged for Home Helps to Wyken and Tile Hill (Section 29).
 Opening of Yardley Street Occupation Centre. (Section 51).
 Anti-Poliomyelitis Immunisation Scheme continued in line with available supplies of vaccine. (Section 26).
 Health and Welfare Services Handbook prepared and issued in conjunction with Public Relations Department.
- 1958 General Practitioner Suites opened to complete Tile Hill Health Centre project (Section 21).
 Stoke Aldermoor Maternity and Child Welfare Clinic — building commenced. (Section 22).
 Torrington Avenue Adult Training Centre (120 places) — building commenced December.
- 1959 Stoke Aldermoor Maternity and Child Welfare Clinic completed and officially opened on 25th June, 1959. (Section 22).
 New Torrington Avenue Adult Training Centre nearing completion by the turn of the year. (Section 28).
 P.S.W. Arrangement at Tile Hill Health Centre, December, 1959.
- 1960 New Coundon Maternity & Child Welfare Centre opened. (Section 22).
 Opening of Coventry (Public Health) Senior Training Centre, Torrington Avenue. (Section 28).
 Work commenced on new Maternity and Child Welfare Centre, Bell Green.
 Mental Health proposals approved by Minister of Health. (Section 28).
- 1961 New Maternity and Child Welfare Clinic brought into use at Bell Green on 2nd October, 1961. (Section 22). Extension to Burns Road Training Centre (20 places), opened 2nd October, 1961. (Section 28).
- 1962 Short Stay Home (pilot scheme) opened for present maximum of three sub-normal children (Section 28).
 Negotiations proceeding for opening of interim Special Care Unit (25 places) for severely mentally/physically sub-normal children (Section 28).

NATIONAL HEALTH SERVICE ACT, 1946
MATERNITY AND CHILD WELFARE SERVICE

Section 22

Miss Lloyd who had served Coventry as Superintendent Health Visitor for 16 years retired at the end of January, 1962. She had started health visiting when it was mainly confined to work with mothers and children under five, and in her first years in Coventry she supervised such a service. She was, however, always in favour of extension of health visitors work, having the firm conviction that the training and calibre of health visitors was such that they could be valuable in other medico social fields. She was thus an ardent supporter of the integration of the maternity and child welfare and school health services which was gradually introduced in Coventry in the early 1950's. She was always anxious to implement schemes which would use health visitors' capabilities to the utmost.

Miss K. N. Davies succeeded Miss Lloyd in May, 1962, just as the department was preparing the ten year plan in which is envisaged the increase of the Health Visitor/School Nurse establishment from 66 to over 100. It is very much to be hoped that Miss Davies will have the satisfaction of seeing this goal realised.

1962 saw the final closure of the clinical ante-natal sessions in Coventry. Numbers had gradually fallen since the National Health Service was inaugurated, and some clinics have been closed. This was, of course, due to the provisions of the National Health Service for expectant mothers to book their own doctors who were then responsible for the ante-natal care. For some years the Coventry clinics had carried out part of the ante-natal care for those women who booked hospital beds on social grounds, but with the provision of new ante-natal facilities at Stoney Stanton Road Hospital and the policy of using General Practitioners for the ante-natal care of their own patients even if booked into hospital, need for Local Authority clinics ceased to exist. The time of Medical Officers released from ante-natal duties was easily absorbed by the extended need for the provision of additional infant welfare and toddler clinics owing to the continued increase in births. One cannot help feeling regrets at the closure of this service which had been built up by Local Authorities from the time when ante-natal care had to be "sold" to expectant mothers and which undoubtedly had a great deal to do with establishing standards which are generally accepted and demanded by mothers today.

I cannot do better to end this chapter on Health Department history than quote the remarks of an eminent professor of obstetrics at a recent conference on the perinatal survey :—

"In the survey the standard of selection and ante-natal care by Local Health Authority clinics has been remarkably high and from my personal experience over many years I have the greatest respect for the work which they do. The tendency nowadays is for Local Health Authority clinic attendances to fall. Let us be sure that whatever else is substituted is at least as good."

Child Welfare Clinics.

No new purpose built premises came into use, but a session was commenced at the Community Centre in Wyken. Four extra infant welfare sessions and two toddlers were opened in existing clinics and the number of weekly sessions at the end of 1962 were :—

- 32 infant welfare sessions
- 13 toddlers'
- 10 mothercraft and ante-natal exercises
- 3 contraceptive
- 1 paediatric consultation
- 2 ante-natal conducted by General Practitioners for their own patients.

This last mentioned is an innovation which is hoped may extend. It is ideal for the doctor and midwife to see expectant mothers together and for the Health Visitor to co-operate with them, get to know the mother before the baby is born and help her with mothercraft, but unless the catchment areas of the doctor, midwife and health visitor are reasonably coincidental the purpose will not be achieved. It is unfortunate from the point of view of continuity in welfare clinics that there were several changes in medical staff : two had maternity leave and they intimated that they wished to continue on a half-time basis ; three resigned and one has not yet been replaced.

Care of Premature Infants.

The main policy is continued of booking mothers at risk of premature labour into hospital or admitting them as emergencies if premature labour supervenes. The premature birth rate of 1962 was 8.35% (8.5% in 1961).

1. Total premature births was 545, of which 474 were live births.
2. Of 474 live births 113 were born at home, 359 in hospitals, 2 in nursing homes.
3. Of those born at home (113) 33 were transferred to hospital on or before the 28th day.
4. Of 80 remaining at home all were alive at the expiration of one month.
6. Those born in the nursing home, both were alive at the expiration of one month.

Dental Care

The Principal School Dental Officer (Mr. J. A. Smith) has provided me with the following table which gives details of the work which was carried out during 1962 in connection with maternity and child welfare services.

Numbers provided with dental care.

	New Cases	Needing Treatment	Treated	Attendances	Completed
1962 Expectant and Nursing Mothers	121	108	96	515	91
Children Under Five	450	347	326	732	436

Forms of dental treatment provided.

	Scalings and Gum Treatments	Filling	Silver Nitrate Treat- ments	Crowns or Inlays	Ex- tractions	General Anaes- thetics	Dentures Provided		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
1962 Expectant and Nursing Mothers	21	262	—	1	218	26	18	38	6
Children Under Five	—	34	48	—	769	307	—	—	—

Provision of Maternity Outfits

A stock of maternity outfits is held in the Health Department to supply the needs of expectant mothers who are to be confined at home. A recommendation signed by the midwife or doctor is required before issue.

In 1962 the number of such outfits issued without charge was 3,640. The outfits have been modified from time to time on the suggestions of attendant general practitioners and midwives.

Supply of Welfare Foods

National welfare foods, dried milks from a selected list and other suitable preparations are stocked at the infant welfare centres, either for sale, or if the need is proved, for free issue.

During the year sales to the value of £16,506 12s. 2d. were made at the various centres ; this compares with £14,801 1s. 2d. in 1961, and £13,970 16s. 4d. in 1960.

The arrangements outlined in 1956 for the supply of national dried milk, orange juice and cod liver oil from a shop fitted out for the purpose in the foyer of the new Council Offices, functioned satisfactorily throughout the year.

Sales of National Welfare Foods at all Clinics during 1962

National dried milk	..	..	..	90,733
Orange juice (bottles)	..	..	..	76,174
Vitamin tablets (packets)	..	..	..	8,479
Cod Liver Oil (bottles)	..	..	..	7,254

NURSERY PROVISIONS

In the day nurseries the number of places, 435, remained static, and although plans are going forward for replacement of Whoberley and Wyken Nurseries it does not now seem likely that these will be ready for accommodation in 1963.

The demand for priority cases is such that Matrons have to have degrees of priority, and at times it is not possible to admit immediately.

The nursery Training Scheme continues to attract applicants. There were 61 applicants for 15 day nursery places, 5 nursery class places, and 2 in the residential nursery. It becomes very difficult to allot the places and undoubtedly many suitable girls are turned away. There are three day nurseries in Coventry which are not recognised for training, but could be upgraded if more money could be spent on equipment and staff. The course is an excellent "further education" course for girls of 16 to 18, and is of value in itself apart from training staff for work in nurseries. It is a pity that student wages, etc. are accounted to day nurseries and add to the costs which annually become very controversial. In some authorities the course is run entirely by the Education Department, students are paid grants and are seconded to nurseries for their practical training.

Such courses are at present experimental and the Ministries have stated that they will consider no more of these until they have been tried out. Such a scheme would certainly be beneficial to the nurseries as students would then not be on the establishment, but would have true student status. In 1962, 24 girls completed the course and all were successful in the final examination. Of these 18 were Health Department students.

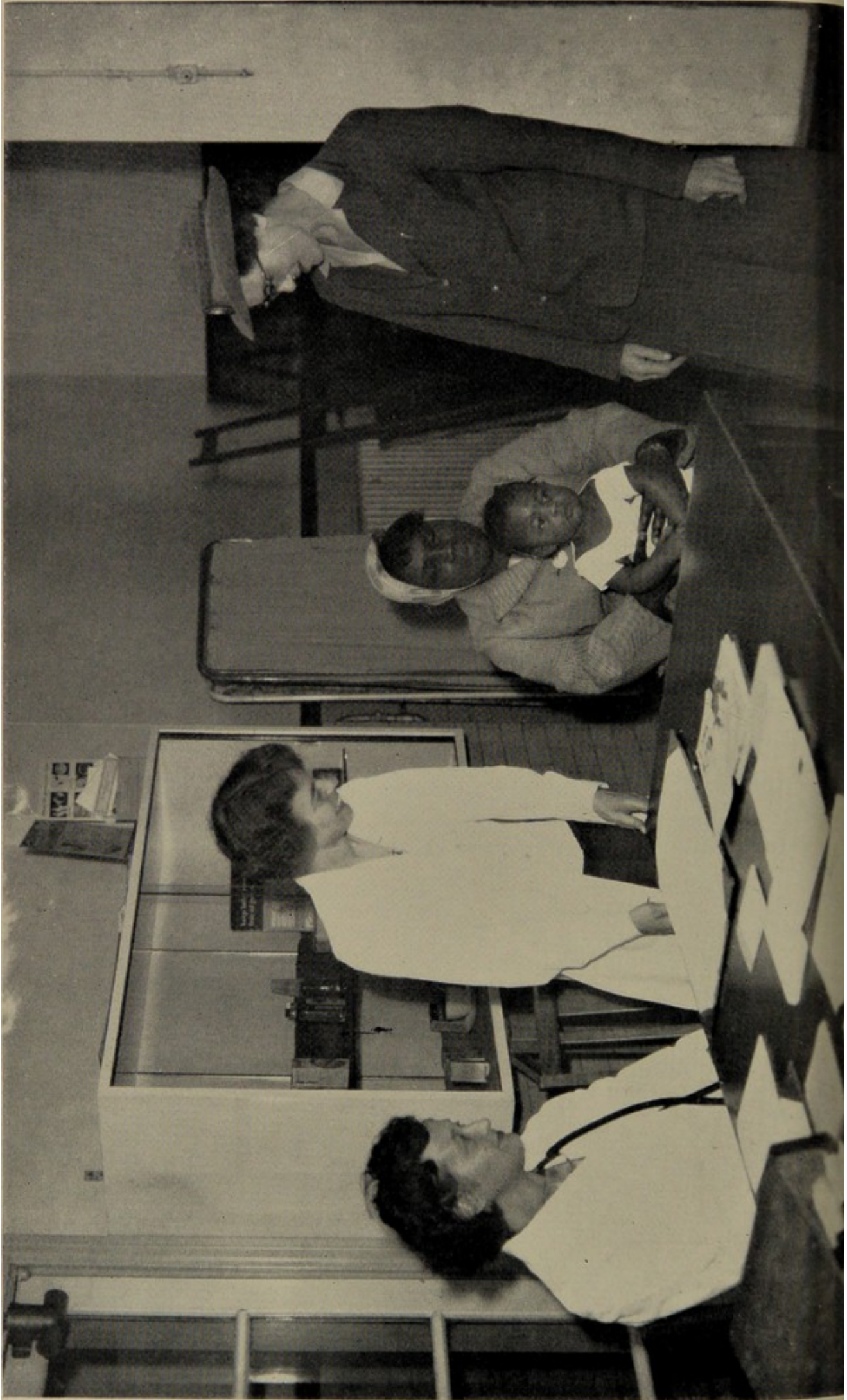
One cannot complete a report on nurseries in 1962 without mentioning the passing of Miss Kerslake. She combined the duties of Nursery Course Tutor with those as Inspector of Schools for ten years. Her enthusiasm and boundless energy did a great deal to improve the standard of training of Nursery Nurses in Coventry, and in her death, after a comparatively short illness, the day nurseries have lost a good friend.

DAY NURSERY	Number of Places	ATTENDANCES		Total Attendances
		Age 0 to 2 years	Age 2 to 5 years	
Papenham Green	50	3,847	5,742	9,589
Foleshill	70	7,541	7,628	15,169
Monks Park	50	3,898	6,193	10,091
Poole Road	40	2,573	5,148	7,721
Queen Phillipa	54	5,118	4,889	10,007
Stoke Green	55	4,110	6,409	10,519
Whoberley	40	2,297	6,323	8,620
Windmill Road	36	2,075	4,283	6,358
Wyken	40	3,002	5,188	8,190
Total	435	34,461	51,803	86,264

The total number of attendances during the year was 86,264 which over the 244 days the nurseries were open gave a percentage of 81.27%.

Nurseries and Child Minders' Regulation Act

At the end of 1962 there were 11 registrations involving 77 children and 2 for part-time play groups involving 23 children.



CARE OF UNMARRIED MOTHERS AND CHILDREN

Our present arrangements for provision of accommodation for unmarried expectant mothers and subsequently of the mothers and the babies includes an agency arrangement with the Committee of St. Faith's Shelter, Coventry.

During 1962 there were 59 mothers and 48 children accommodated in this shelter for whose care and maintenance the local health authority accepted financial responsibility.

In addition the department has accepted responsibility for the maintenance of 44 unmarried mothers and their expected children in establishments away from Coventry where there were special circumstances.

There is sometimes difficulty when a child is not suitable for adoption and the mother is not perhaps stable enough to be able to provide accommodation or earn enough money to pay a fee for fostering the child, but usually with the help of other agencies, both local and voluntary ones further away, it is possible in the end to find a solution.

MIDWIFERY SERVICE

(Section 23)

While the upward trend in births in the city continued, the number attended by the domiciliary service was 34 less than in 1961. The proportion of hospital confinements rose to 52.4% (50.2% in 1961), but this is still well below the Cranbrook standard of 70%. The slightly increased hospital admissions had its corollary in a higher number of visits paid by the municipal midwives to early discharges, so probably on balance the domiciliary service did undertake more work than in 1961.

The establishment was increased by one, but this was offset by a considerable amount of sick leave and maternity leave amounting to an equivalent of the time of four midwives absent for the whole year.

Moreover, there was difficulty in getting housing accommodation for newly appointed midwives. In some cases midwives retiring or resigning occupied their own houses and Corporation houses are required for those replacing them. There is sometimes a considerable wait for suitable accommodation and thereafter a wait for telephone installation without which a midwife cannot take her full share in the night rota. Those midwives, therefore, who were established and on duty throughout the year carried a very heavy burden. The night rota appears to be worth continuing in spite of the difficulties. Not least the considerable extra administrative work which the Supervisors have to do especially when so many emergency changes have to be made for absences and sick leave.

A summary of statistics is given below :—

	1961	1962
No. of births attended :		
Doctor not present	2,734	2,597
Doctor present	399	502
No. of visits paid :		
(a) Ante-natal	31,192	30,426
(b) Nursing	52,905	55,303
(c) Special Visits	2,914	3,429
(d) Visits paid to patients returned from hospital	3,274	4,401
(e) No. of patients returned from hospital for nursing at home		
before the 14th day	1,290	992
before the 5th day	598	635
before the 10th day	1,038	1,598
No. of requests for medical aid	955	698
No. of cases transferred to hospitals ..	388	350
No. of cases in which gas and air analgesia was used	1,467	1,242
No. of cases in which Trilene was used ..	1,200	1,402
No. of abortions	20	10
No. of advisory attendances made at :		
(a) Ante-natal clinics	656	297
(b) Relaxation clinics	475	589
No. of analgesia machines in use		
(a) Gas and air	44	39
(b) Trilene Tecota Mark 6	20	23
No. of municipal midwives trained to use these machines	44	47

HEALTH VISITING

(Section 24)

Seven students qualified and seven more were recruited and are in training. One qualified health visitor joined the staff, but as five health visitors resigned the net gain was small. The estimated equivalent of staff on maternity and child welfare work was $31\frac{1}{2}$ health visitors and $5\frac{1}{4}$ state registered nurses for clinic work.

Points which have been noted on the service, elsewhere in the report, include increased co-operation with hospitals, particularly through the health visitors who act as liaison officers with the maternity and children's wards, the ante-natal clinic and Bramcote Hospital. Also to further co-operation, General Practitioners were circulated with the clinic addresses, areas served, and hours of availability of health visitors: they were also offered the services of

health visitors by telephoning or by visiting the clinic. Health visitors themselves approach General Practitioners over many points which are of mutual concern. Poliomyelitis vaccination given orally is an added responsibility for the health visitor. The clinic doctor particularly needs to be available for consultation in cases of doubt and to be relieved of routine examinations, thereby giving more time to the needful cases. Health education in clinics is being developed, and special attention devoted to the aspects of handicaps in early life so that special treatment or education can be instituted at the first possible opportunity.

Miss Davies also notes that with additional clerical help health visitors could spend more time on duties for which they alone are qualified.

There has been an increasing demand for facilities for students to observe the work of health visitors. For some years practical experience has been given to health visitor students from Birmingham, and one day has been devoted to each general nursing student in the Coventry hospitals, but with the increased number of courses for social workers there have been social study students from Birmingham and the Lanchester College to be accommodated.

While this is a very valuable service, and makes an additional interest for the health visitors it is, inevitably, more time consuming than normal routine work, and is another reason for hoping for increased recruitment to the health visitor staff.

At the end of 1962 we managed to show an increase in the number of staff.

- 7 students returned from training mid-year.
- 1 health visitor was appointed in November.
- 3 full-time clinic nurses were also appointed in November.
- 1 health visitor left for a senior post.
- 2 left for domestic reasons.
- 2 left for work in another authority.

Miss Lloyd, Superintendent Health Visitor, retired in January and Miss K. N. Davies was appointed to succeed her in May.

Eight members of staff attended refresher courses. These have been very much appreciated. Interest has been stimulated and knowledge brought up to date.

The scope of work still appears to be broadening. A " Babies at Risk " register has been compiled and these babies have been followed up. Hearing assessments are made at 6 months of age and a complete medical examination carried out at 12 months and, of course, they have been seen in between.

The mothercraft and parentcraft courses are being given in almost all the clinics and the attendances are showing a heartening increase. Mothers' clubs have been started at two centres but it is too early to comment on their success as yet.

Seminars have been held on child guidance with Miss Doherty, the psychiatric social worker. The health visitors and Miss Doherty have found these most helpful and interesting and the knowledge acquired has been invaluable.

The liaison with the hospitals has shown improvement. Liaison officers visit the maternity units and children's wards of the Coventry hospitals, one visits Bramcote Hospital and the Almoners of the Coventry and Nuneaton hospitals co-operate on the after care of general patients.

Adequate co-operation with the general practitioners is still rather a struggle to achieve. There are so many difficulties to contend with. These include density of population, movement of the population within the city, the interlacing of the practices of the general practitioners — maybe five or six doctors visit one block of flats — and the great demands made on general practitioners and health visitors, rendering it very difficult for making time available to co-operate on a personal basis. Despite all this, much headway has been made and there is hope that it will continue to improve.

From the tabulation of the work performed by health visitors in 1962 (page 41), it will be seen that much has been achieved. It should be pointed out, however, that statistics can only give a partial indication of the work accomplished. In the health visiting service the quality of work achieved is of the greatest importance rather than the quantity of visits performed. Likewise, in the Infant Welfare Clinics it is important to avoid undue curtailment of individual interviews but, unfortunately, this does happen on occasion because of the big numbers attending. This trend has been overcome to some extent following an increase in the number of health visitors in attendance. It is not possible, however, to make such an arrangement in a few centres because of the limitation of working space. There is a case for increasing the number of sessions at some centres on which occasions it would only be necessary for the health visitor herself to be available, thereby relieving the doctors from undue pressures so that they can provide more time for those mothers and babies who really need their advice.

A large number of students came for observation visits and practical experience. This includes nurses in general training from the Coventry hospitals, nurses training at the Central Hospital, Warwick, Queen's district nurses in training, health visitor students, students in Social Science and Younghusband courses from the Lanchester College of Technology, Leicester, Manchester and even further afield. This has been an added load for the health visitors but they have shouldered it well, knowing that only by understanding each other's work can there be hope of full co-operation between all officers in the Social Services, both voluntary and statutory.

Three clinic nurses were appointed in November to relieve the health visitors of certain duties, thereby affording the latter greater opportunity to undertake work for which they alone are qualified.

The clinic nurses are responsible to the health visitors and this arrangement has worked well and happily in practice.

The tuberculosis visitors have been in attendance at chest clinics and the B.C.G. clinics. They have done domiciliary visits to cases of tuberculosis and followed up the B.C.G. cases when necessary. The health visitors have also participated in this work. There has been most effective co-operation with the Welfare Officer at Hertford Hill Chest Hospital and this arrangement will be put on a more personal and effective basis soon, when a health visitor will visit the hospital regularly as liaison officer.

During 1962 there has been an increasing demand for the health visitor to do geriatric visiting. The requests have come from the hospitals, general practitioners and even neighbours, relatives and friends. The elderly do need advice on diet, budgeting, personal care and other matters appertaining to their health and well being. Talks have also been given at clubs and meetings. There is a great need for this service to be developed to help the elderly to remain ambulant, independent and happy.

1962 has been a satisfactory year in many ways but we must look forward and strive for an even better service.

HEALTH VISITING — TABULATION OF WORK

Visits :

1. Ante-natal cases	..	..	..	..	665	
2. Notified births	..	..	..	..	6,320	
3. Children 0-1 years	..	..	..	..	15,245	} 42,340
4. Children 1-2 years	..	..	..	..	9,012	
5. Children 2-5 years	..	..	..	..	18,083	
6. Infant death enquiries			..	..	88	
7. Cases of infectious diseases			..	..	2,020	
8. Special cases	..	..	..	..	4,930	
9. Housing conditions reports			..	..	61	
10. Investigations	..	..	..	..	322	
11. Surveys	..	..	..	..	91	
12. Ineffective	..	..	..	..	9,597	
13. Pulmonary tuberculosis cases			..	..	3,422	
14. Non-pulmonary tuberculosis cases			..	..	190	
15. B.C.G. follow-up etc.	..	..	..	..	476	
16. Special visits to chest cases			..	..	174	

Attendances at :

1. Child welfare clinics, special sessions, etc.	7,081
2. Chest Clinics	277
3. B.C.G. Clinics	103

HOME NURSING SERVICE

(Section 25)

The staff engaged in the Home Nursing Service at 31st December, 1962, was as follows :

Superintendent	1
Assistant Superintendents	2
Queen's Nurses, Full-time	36
Queen's Nurse Students	2
S.R.N., Full-time	3
S.R.N., Part-time	5
S.E.N., Full-time	3
S.E.N., Part-time	1
Queen's Nurses, Part-time	6
Nursing Orderlies, Part-time	2
Number of Students trained during year	9

Compared with the staffing position at the beginning of the year, the figures at 31st December, 1962, show a slight fall in the numbers of staff in post. During the year a further nine students completed their training.

A further increase was recorded of 134 in the number of new cases referred for treatment, and the number of visits made to 6,965 patients rose by almost 14,000 to 233,304. At the end of the year, the transport provisions which were directly applicable to the Home Nursing Service were as follows :

Local Authority Cars	3
Privately owned Cars	23
Privately owned Scooters	8
Privately owned Pedal Cycles	24

Statistics for Year ended 31st December, 1962.

	1949	1960	1961	1962
Total number of cases attended	3,943	6,436	6,735	6,955
Number of new cases attended	3,444	5,408	5,638	5,772
Number of visits made including night visits	148,891	221,427	225,790	239,343
Number of operations attended	66	11	20	15
New cases referred for treatment by :				
Private Doctors	2,797	4,677	4,867	4,742
Health Department	435	216	201	193
Hospitals	210	515	570	837
	<hr/>	<hr/>	<hr/>	<hr/>
	3,442	5,408	5,638	5,772
	<hr/>	<hr/>	<hr/>	<hr/>

Results of treatment were as follows :	1960	1961	1962
Convalescent	2,611	2,741	2,724
Sent to hospital	727	782	776
Relieved	1,382	1,379	1,570
Died	619	650	683
Remaining under care	1,097	1,183	1,212
	<hr/>	<hr/>	<hr/>
	6,436	6,735	6,965
	<hr/>	<hr/>	<hr/>

An analysis of the work carried out during the year is given in the following table :

No. of patients on the books at 1st January, 1962	1,183
No. of new patients during the year	5,772
No. of patients on the books at 31st December, 1962	1,212
No. of patients nursed during the year	6,965
*No. of visits paid	239,343

(*Included in the number of visits paid are 1,105 supervisory visits made by the administrative staff.)

Reason for visit :

Medical	5,562
Surgical	1,008
Infectious diseases	13
Tuberculosis	102
Maternal complications	280
Others	—
	<hr/>
	6,965
	<hr/>

Patients receiving Injections in 1962 :

Insulin 33,107 ; Penicillin 18,120 ; Streptomycin 4,265 ; Neptal 8,993 ; Cytamin 6,717 ; Parentrovite 135 ; Prostigmin 275 ; Cortisone 219 ; A.T.S. 7 ; Eurcortone 34 ; Durabolin 386 ; Campolin 87 ; Mersalyl 3,876 ; Vitamin B 788 ; Imferon 1,965 ; Thiomerin 31 ; Anahaemin 745 ; Jectofer 956 ; Vitamin D. 6 ; Piriton 11 ; Anti-Flu Vaccine 10 ; Anti-Asthma Vaccine 17 ; Testosterone 658 ; Heparin 51 ; Viomycin 27 ; Morphia 2,204 ; Omnopon 975 ; Pethedine 884 ; Adrenalin 533 ; Largactil 1,096 ; Pethilorfan 131 ; Morphia and Pethedine 8 ; Morphia and Paraldehyde 2 ; Sodium Phenobarbitone 157 ; Aminophyllin 58 ; Sparine 109 ; Morphia and Hyoscine 1 ; Depo Mendrone 34 ; Calcium 153 ; Cardophylin 26 ; Cold Vaccine 33 ; A.C.T.H. 120 ; Desensitization 97 ; Silbephyline 86 ; Omnopon and Largactil 6 ; Heroin 4 ; Fentazine 15 ; Primulet Depot 54 ; Benerva 101 ; Fennergin 57 ; Astrafar 11 ; Ergometrine 28 ; Nepenthe 12 ; Vitamin C 7 ; Butazolodine 13 ; Stelazine 25 ; Baloid 6 ; Myocrisin 8.

VACCINATION AND IMMUNISATION

(Section 26)

Vaccination Against Poliomyelitis

Previous to October, 1961, when the sharp outbreak of poliomyelitis (84 cases) appeared in Hull the means of protection available against the disease in this country resided in the Salk inactivated poliomyelitis vaccine. In the Hull episode over 358,000 persons were vaccinated with Type II oral vaccine — the virus of the outbreak being of Type I. There is every reason to believe that without the introduction of the oral vaccine which produces an immunity in a few days, the outbreak would have continued.

After trials had been carried out in this country by the Medical Research Council, a triple type Sabin oral vaccine was introduced in March, 1962, and in the remaining nine months of the year 54,711 doses of vaccine were given in Coventry (22,764 by the Health Department). This is lower than in 1961, when, under the impetus of the Hull outbreak and other factors, 87,868 doses were given (51,000 by the Health Department).

There are many advantages to the Sabin oral vaccine. Of chief importance is the speed at which immunity develops, which makes it the means 'par excellence' with which to break a mounting epidemic. Within five days, the person is protected as against a period of some weeks with the Salk type. The duration and level of immunity appears to be more certain than the latter, and there is less variation from person to person. In persons who have had the Sabin vaccine, no case of poliomyelitis has been reported to date. This is not so with Salk vaccine.

A further feature which must concern the epidemiologist is not merely the prevention of clinical attacks of disease by promoting early immunity in possible contacts as has been mentioned above, but also the question of whether immune persons resistant to the disease themselves are acting as carriers of the infection to other susceptible individuals. (The importance of this is also mentioned in connection with smallpox vaccination). Here again the oral vaccine has a distinct advantage. A person might well be fully protected by the Salk vaccine and yet be capable of harbouring the virus in the lining of his intestines and therefore of excreting it and transmitting it. The Sabin vaccinated person does not harbour active poliomyelitis producing organisms and is not capable of transmitting poliomyelitis.

Vaccination and Immunisation of Infants and Children

As was mentioned in the Annual Report for 1961 a quadruple vaccine containing Salk-type poliomyelitis vaccine was being pre-

pared, and the disadvantages of combined vaccine were noted briefly. In October, 1962, one firm made available a quadruple vaccine, but, as the figures for the year indicate, the vaccine was not taken up by the department, as it appeared to confer no advantages on the health of the community nor does it ease the discomforts of the individual patient to any greater degree than the administration of the ordinary triple vaccine (diphtheria-whooping cough-tetanus) combined with simultaneous dosing with the Sabin oral vaccine on sugar or in syrup. In addition, it is very expensive and its use would increase sevenfold the financial burden on the city ratepayers.

Up till recently, the city had a very high percentage of persons with good immunity to all the diseases mentioned, including smallpox. There has been a tendency in the last year for this to fall. This might perhaps be because an attitude has been engendered by recent outbreaks of smallpox and poliomyelitis in which it is assumed that the means of protection are readily available when the first case is reported in the country or in a neighbouring town or city, and that both Health Departments and General Practitioners are able to vaccinate large numbers of people by "crash" programmes at such times. If this is so, it is a mistaken notion for the prophylactics given at such times do not confer any protection immediately; always it is days after, sometimes it is two months, and even longer for full protection.

The continuous efforts of all appropriate Health Department staff in this field of Health Education are, of course, necessary to promote public interest in prophylaxis. Unless the ordinary members of the public realise that to be dilatory about immunisation is dangerous and that procrastination is the ally of disease (vide cancer and smoking, vide food hygiene) many advances of modern medicine would count for nought.

Vaccination against Smallpox

Smallpox vaccination is an illustration of this. The means of protecting individuals and the community against this disease have been known to humanity for centuries (the Chinese were then practising it) and Jenner introduced the present form into this country in 1798. Yet in the year 1962, the old killer of mankind introduced panic situations in some of the principal population centres in Britain.

The demands by the public for mass vaccination during the Bradford and South Wales outbreaks led some persons to raise the question "Why should not compulsory vaccination be re-introduced." The argument against this is, of course, that the uptake and immunity state of the population were no better when vaccination was compulsory. One is also compelled to raise the corollary point as to how often is the procedure to be performed, and whether a vaccination programme seeks to protect each individual or the

community as a whole. A person who has been well vaccinated at one period of his life, or who has been vaccinated six or seven years ago is not likely to die of smallpox if he contracts it. What is more likely is that he will suffer a mild illness not easily recognisable as smallpox which he may well transmit to a number of persons who are not so well protected. To be so well vaccinated as to be quite immune to even the mildest of attacks, the procedure would probably have to be repeated annually, as, of course, it should be in all staff likely to come into association with suspect cases and contacts.

All things considered, the wisest policy would seem to be to ensure that the whole population acquires a basis for immunity and this is best achieved by starting in infancy and repeating the process in early childhood, when the risks of vaccination are very small. In any event, it is desirable to avoid the necessity of mass vaccination to whole populations; for not only is there no evidence that such policies quell the sort of outbreak we can expect in Britain, but there is no justification for the risks that are taken when, say, elderly people or pregnant women are vaccinated.

In Coventry, the immunity state of the infant group and the school group is good, and this is, as suggested above, the basis of a wise preventive policy. It is, as has been said, good; but it could be better; it could be 100 per cent if the public were to respond actively to health education.

Poliomyelitis Vaccination 1962 Oral

<i>Completed initial course</i> 1st, 2nd & 3rd doses	<i>Year of Birth</i>				<i>Others</i>	<i>Totals</i>
	1962	1961	1960—1943	1942—1933		
General Practitioners	84	597	381	161	592	1,815
Local Authority Clinics	509	1,652	1,811	1,315	2,464	7,751
						9,566
<i>Booster (3rd after 2 injections)</i>	1962	1961	1960—1943	1942—1933	Others	Totals
General Practitioners	1	238	613	297	463	1,592
Local Authority Clinics		221	864	274	636	1,995
						3,587
<i>Booster (4th after 3 injections)</i>	1962	1961	1960—1943	1942—1933	Others	Totals
General Practitioners			947			947
Local Authority Clinics			10,137			10,137
						11,084

Total Number of Doses 43,369

Poliomyelitis Vaccination 1962 Salk

Completed initial course 1st & 2nd injections	Year of Birth				Others	Totals
	1962	1961	1960—1943	1942—1933		
General Practitioners	46	442	559	226	377	1,650 } 1,910 260 }
Local Authority Clinics	10	101	129	13	7	
Booster (3rd injection)	1962	1961	1960—1943	1942—1933	Others	Totals
General Practitioners		316	1,661	640	1,778	4,395 } 7,102 2,707 }
Local Authority Clinics		19	1,678	273	737	
Booster (4th injection)	1962	1961	1960—1943	1942—1933	Others	Totals
General Practitioners			406			406 } 420 14 }
Local Authority Clinics			14			

Total Number of Injections 11,342

Complete Diphtheria and Pertussis Immunisations, 1962

	Infant Welfare Centres	General Practitioners	Schools	Total
Diphtheria	2,410	1,809	—	4,219
Diphtheria Booster	1,757	857	—	2,614
Whooping Cough	2,365	1,754	—	4,119
Whooping Cough Booster	1,616	637	—	2,253

Smallpox Vaccination 1962

Age	Under 1	1	2-4	5-15	15+	Total
Primary Vaccination	3,504	1,858	3,577	20,953	20,484	50,376
Re-Vaccination	82	132	1,015	11,063	22,607	34,899

Tetanus.

	Infant Welfare Centres	General Practitioners	Total
Primary	2,406	1,985	4,391
Booster	1,694	803	2,497

AMBULANCE SERVICE (Section 27)

The Ambulance Service statistics for 1962 are very similar to those for the previous year, and have been maintained at this level by efficient control procedures and very close co-operation with the hospital services and the Warwickshire County Council Ambulance Service, with whom there is a mutual aid agreement. It is becoming increasingly evident that the service can no longer absorb any further increases in demand for its use, and any such increases must mean additional staff and vehicles. It is pleasing to report that planning for the construction of the new Ambulance Station is proceeding.

During the year under review consideration was given to the present level of staff training, but in view of the existing original survey on this subject and the possible intervention of the Minister of Health, no action was taken.

Staff.

The staff engaged in this service at the 31st December, 1962 was as follows :—

Superintendent	1
Deputy Superintendent	1
Control Sub Officer	1
Depot Clerk/Relief Ambulance Driver ..	2
Shift Leaders	3
Sub-Shift Leaders	3
Ambulance Drivers (Male)	57
Ambulance Drivers (Female)	9
Attendant (Female)	1
Mechanics Grade 1	6
Mechanics Grade 2	1
Telephonist	1
Cook, Part-time	1
Total ..	87

During 1962 a total number of 121,137 patients was moved by the ambulance service. This compared with 121,961 in 1961. The average mileage per patient journey was 3.44. The total mileage in 1962 was 417,283 and compared with 415,750 in 1961. The daily average of all patients carried was 331 in 1962. Compared with 334 in 1961.

The following table shows a comparison of work performed by the ambulance service during the past five years.

	1958	1959	1960	1961	1962
No. of patients carried ..	102,112	101,404	109,103	121,961	121,137
No. of miles travelled ..	356,614	353,778	386,008	415,750	417,283
Average mileage per patient ..	3.49	3.49	3.53	3.40	3.44

I am indebted to the Ambulance Superintendent (Mr. T. A. Atherton) for the following detailed information and statistics relating to the work of the Ambulance Service during 1962 :—

Duties and Leave.

The shift leaders, sub-shift leaders and male drivers work on a three shift system, with hours of duty from 6 — 2, 2 — 10 and 10 — 6.

Alternate 40 and 48 hour weeks are worked by all personnel, who are paid weekly. Some overtime is inevitable, with this seven day service, and this is arranged according to demands upon it.

Vehicles.

The operational strength of vehicles at 31st December was as follows :—

Ambulances	..	..	..	..	13
Sitting Case Ambulances	..	..	..	..	16
Other Vehicles	..	..	..	..	5
					—
					34
					—

Other vehicles operated by the department include : 2 Hillman estate cars mainly for mental health, 1 Hillman Husky (staff car) 1 Land Rover for garage use and a specially converted ambulance for mental health service purposes.

The inspection, maintenance and repair of other departmental vehicles, including the Home Nursing Service ; vehicles of the Welfare Department and Public Health Inspectorate have continued as in preceding years.

Method of Transmission of Calls.

All telephone calls are received through the switchboard in the control room on Coventry 25041/2/3, or by one of the direct lines from the Fire Brigade, the City Police, Coventry and Warwickshire and Gulson Hospitals ; additionally a hand-operated telephone connects the control room with the ambulance enquiry kiosk at the Coventry and Warwickshire Hospital.

By arrangement with the G.P.O. an additional telephone with a distinctive sounding bell is connected direct to the senior operator at the Telephone Exchange for the purpose of receiving " 999 " calls (priority) and this ensures immediate attention. 3,583 calls were received on this line alone during 1962.

Ambulance Enquiry Kiosk.

The ambulance enquiry kiosk in the Out-Patient's Department at the Coventry and Warwickshire Hospital is staffed during the daytime from 9 a.m. to 5.30 p.m. by a member of the ambulance service whose duty it is to receive, correlate and co-ordinate all out-patient transport requirements before passing them to the ambulance control room. This system reduces the amount of waiting time for patients and obviates the duplication of requests and journeys.

Radio Telecommunications.

As new vehicles are purchased, radio equipment is transferred to them from older vehicles, or those which are to be used less, but there are still only 17 mobile sets available for the full fleet of 34 vehicles, although plans are in hand to increase the number of sets in 1963/64.

Arising partly from the continued use of V.H.F. radio the average mileage per patient is 3.44. Maintenance of this special equipment is carried out at regular intervals by the manufacturers' service department.

Mutual Arrangements.

Mutual arrangements exist between the local health authority and the county ambulance service, whereby the latter service has dealt with the discharge of patients from the Kenilworth Convalescent Home (admitted from Coventry hospitals) to addresses within the city; the discharges of patients from hospitals in the county area to addresses within the city under the terms of Section 27 of the Amendment Act, 1949; and the conveyance of Coventry patients with Warwickshire patients to convalescent homes in Worcester-shire.

The Coventry ambulance service has dealt with Warwickshire border cases attending at the city hospitals and has reciprocated with the conveyance of patients to convalescent homes.

Accident and Emergency Journeys.

The number of accident and emergency journeys made during the year was 5,706 this differing from the year 1961, when the number was 5,553.

There is still very little change in the rate of home accidents, the total being 1,447; of these 43 cases received burns by fire.

Of the 5,706 accident cases attended 81 were outside the city boundary.

The following table indicates the source of origin of accident calls received :—

" 999 " calls from members of the public	3,583
Calls on 25041 (mostly from industrial premises) ..	1,154
Doctors on 25041	15
Police private line	785
Fire Brigade private line	35
Hospital private line	73
Verbal messages to control room	33
Vehicle radio from ambulances on other work ..	28
	5,706

Services not required (Accidents).

Of the 5,706 accident calls responded to, on 504 occasions the services of the ambulance were not required on arrival.

Treatment at the Royal Pump Rooms, Leamington Spa.

Patients are taken each day from their homes in Coventry to the Pump Rooms at Leamington for various forms of spa treatment. This service conveyed 10,903 patients in the year.

Transport of Patients by Train.

The facilities offered by British Railways for the conveyance of patients to distant places by train have been used for 25 patients. The special "Parrot" stretcher was used on 15 occasions for transporting bedridden patients.

The 25 journeys by train have resulted in an estimated saving of 5,660 miles for the ambulance vehicles. The temporary absence of both vehicles and personnel is a feature of long distance journeys, and any reduction in these calls is to be encouraged.

Arrangements were made for the transportation by Ambulance/Plane/Ambulance of two seriously ill patients to hospitals in Northern Ireland.

General.

The extent of the demand from the Hospital Management Committee for the transport of patients to hospitals and homes outside Coventry will be seen from the following list of places to which 15,942 patient journeys were made during 1962 :—

The Towers, Kenilworth	Leicester Royal Infirmary
Kenilworth Convalescent Home	Creaton Sanatorium, Northampton
Warwick Central—Leigh House	Birmingham—General Hospital
Warwick—King Edward VII	Maternity Hospital
Chest Hospital	Eye Hospital
Warwick Hospital	Women's Hospital
Pump Rooms, Leamington	Queen Elizabeth
Warneford Hospital, Leamington	Hospital
River Park Nursing Home,	Accident Hospital
Leamington	Dudley Road
George Eliot Hospital, Nuneaton	Orthopaedic Hospital
Manor Hospital, Nuneaton	Ministry of Pensions
Higham Grange	Woodlands Hospital
Bramcote Hospital	Romsley Sanatorium
Blackwell Recovery Hospital	Marston Green Hospital
St. Cross Hospital, Rugby	Harboro Magna Hospital
St. Luke's Hospital, Rugby	Smethwick Hospital
Bolehill, Tamworth	Grendon Hospital
St. Peter's, Droitwich	Gables House, Droitwich
Ronkswood Hospital, Worcester	Ratcliffe Hospital, Oxford
Manfield Hospital, Northampton	Bradwell Hospital, Stone-on-Trent

Occasional abuses of the ambulance service facilities and a few difficulties occur which are common in similar services from time to time, but these have dwindled to negligible proportions and are usually dealt with by the officer on duty.

In conclusion I would say that we in the Ambulance Service appreciate very much the interest shown by the Health Committee in the running of the service, and the most helpful day-to-day liaison with the Health Department. I also wish to thank the City Police, the Fire Brigade, and the hospital staffs for their valued co-operation throughout the year.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

Tuberculosis.

Once again, in spite of a further increase in the city's population during 1962 (i.e., 4,860), it is most pleasing to report a still further decline in the number of cases of pulmonary tuberculosis notified to the Department, namely 135 (119 of these occurring in three age groups as follows :— 15/24 years — 25 ; 25/44 years — 45 ; 45/64 years — 49). The 1962 figure represents the lowest ever recorded in the city and there has been a continuous and indeed quite spectacular decline during recent years (i.e., 1959 — 243 ; 1960 — 178 ; 1961 — 147 ; 1962 — 135). The provision of free milk to tuberculous patients has continued during the year as shown in the following table :—

Number of persons receiving milk at 1st January 1962	220
Number of additional persons allowed milk during 1962	75
Total number who received milk during 1962 ..	
Number of persons receiving milk at 31st December	295
1962	226
Cost during the year ended 31st December, 1962	£4,193.3s. 5d.

Occupational Therapy.

This service has, during 1962, been further extended and includes more patients who are recommended for therapy by the Welfare Department and those suffering from disabilities other than tuberculosis. This extension has been made possible because of the speedier recovery and return to normal occupation of the majority of the tuberculosis patients.

Home visits continue usually to be welcomed by all patients and many are surprised to find that they are able to do the most intricate work even though they may have been employed on " heavy work " all their lives. As an example a bricklayer has found that he could do mosaic work : which particularly surprised him as he had always thought that such work would require years of practice.

Group therapy continues to be held twice weekly at the Gulson Road Clinic where patients take part in the more leisured crafts which need little equipment. These include toy making, basketry, rug-making, art (oil and water colour painting), stool making, mosaic, needlework and tapestry. The success of these classes can be judged fairly by the enthusiasm of those who attend and conversely by the disappointment expressed when classes had to be cancelled during the severe bad weather of the past winter. During classes it is found that patients make far greater progress when they are placed alongside others with disabilities differing as widely as possible from their own. This tends to increase the conversations which ensue and encourages a " social atmosphere." The provision of tea and biscuits during the afternoon is an added attraction and adds to making the visit to the class an interesting outing for many patients who otherwise would be completely housebound. It is encouraging to report that the standard of work has improved greatly since the introduction of this more " social " atmosphere.

Those patients who are unable or find it impossible to attend the classes are always included in the domiciliary lists for visiting.

Statistics relating to the year ending 31st December, 1962.

No. of patients remaining in the scheme from 1961 ..	179
No. of patients brought into the scheme in 1962 ..	21
No. of patients who left the scheme in 1962 ..	1
No. of patients in the scheme at 31st December 1962 ..	199
No. of visits to patients during, 1962	876
No. of patients' visits to office during 1962	838
(for materials, etc.)	
No. of patients attending classes each week	20

Venereal diseases.

Since the inception of the National Health Service Act certain of the Authority's Health Visitors have made special follow-up visits to defaulters in order to persuade them to make the necessary attendances at treatment centres. During 1962 there were 142 such visits made by Health Visitors in this connection.

Provision of Nursing Equipment and Apparatus.

A wide variety of sickroom appliances are now available to members of the public from the Health Department for which invariably a small hire charge is made. Issues are made of the following main items :—

Air rings	Cot beds	Lifting pulleys and chain
Back rests	Commodes	Rubber bed pans
Bed pans	Walking sticks	Rubber sheets
Bed tables	Crutches	Tripod walking aids
Bed cages	Feeding cups	Urine bottles
Back rest wedges	Hospital beds	Wheel chairs
Bronchitis kettles	Hydraulic hoists	

The calls upon this service continue to increase each year with requests from consultants, general practitioners, district nurses and midwives and during the year over 9,000 items were loaned to the public.

Meals for the Sick and Aged.

Since its inauguration in July, 1949, the service has been so extended in its take-up by the public, that compared with the average number of meals supplied per day in 1949 (74) the figure has now risen to 224 and in 1962 3,710 more meals were supplied than in 1961. Total meals supplied since 1949, number over four hundred and eleven thousand.

The following details relate to the activities of this service in 1962 :—

Total number of meals supplied	61,006
Average number per day (i.e. five days per week) ..	243
Cost of purchasing meals	£5,568 13s. 1d.
Contributions from recipients	£432 3s. 5d.
Net cost	£5,136 9s. 8d.
Mileage run by four vans (approx.)	25,826
Total number of persons attended	546

HEALTH EDUCATION

So much has been said upon this subject and its potentials in successive local Annual Health Reports during the past decade and more that one wonders there should be any doubt whatsoever about its tremendous, indeed vital, importance.

So much too has been achieved by the local authority in the same period to build up essential health services that it would be a policy of ineffectiveness, for the future, not to keep the value of these provisions constantly before the public eye.

A progressive attitude towards health education is much in evidence with, and practised by, most of our field workers — in so far as they are able to disseminate facets of this wide subject within the circumspection of their routine work.

In previous reports, too, I have stressed the importance of appointing a Health Education Officer to ensure a persistent programming of arrangements and availability of speakers within the various disciplines of the Health Department's work. By the end of the year there were signs that, at last, this goal might be achieved : I do, indeed, look forward to the occasion in the interest of progress and the furtherance of community health.

The Ministry of Health, in their Circular 1/62, also request specific information concerning the . . . "action taken during the year to make the public aware of the hazards to health of smoking" : also to indicate . . . "progress in the provision of a chiropody service."

With regard to the latter, the position remains as indicated on page 15 of my 1961 Annual Health Report and, to date, we have no really effective municipal chiropody provisions available for two of the designated "priority Groups" : namely, the physically handicapped and expectant mothers.

Concerning the former, previous reports have been submitted to the Health Committee concerning the dangers inherent, particularly in cigarette smoking, and certain recommendations made. Subsequently, there has been spasmodic Press reference to this important subject but this, clearly has limited public appeal in the face of extreme national television publicity by a variety of wealthy and ("naturally") keenly business-minded Tobacco Companies.

The subject continues also to have attention in our schools but only to that degree which our doctors, in conjunction with the teaching profession, are able to provide within their other routine assignments. It is hoped, with the future impact of greater available health educational facilities (not least specifically appointed staff), that the dangers from "smoking" will come to have the greater degree of attention which the subject obviously merits.

Other health educational facets mentioned in the Ministry of Health's circular, i.e. liaison between health visitors and general

medical practitioners : health visitor follow-up of patients discharged from hospital : progress in the provision of Mental Health Services, are all dealt with under the several appropriate sections within this report or, alternatively, within the preamble to it.

Convalescence

The City Council has accepted financial responsibility for hospital patients needing essential recuperative convalescence following their treatment. Such cases are recommended by the consultant staff and passed to the hospital almoners for allocation to acceptable convalescent homes.

All applications are scrutinised by the Medical Officer of Health prior to recommendation to the Health Committee.

65 applications were approved as a charge on the Health Committee. These 65 cases were accepted for periods of 2, 3 or 4 weeks' convalescence in various seaside homes, and of these 4 were granted an extension of the original period based on further medical representations.

The cost of the maintenance of these patients to the department during the current year was £928 3s. 5d.

In 1962, travelling facilities were provided by way of rail or bus fares at a cost of £179 2s. 0d. ; 48 patients with 1 escort were paid for ; The Education Committee refunded the Health Committee to the extent of £17 17s. 0d. for the journeys of 4 school children with 4 escorts.

In accordance with the authority contained in Ministry of Health Circular 85, travelling vouchers were made available to relatives for the purpose of visiting patients in hospitals outside Coventry. 4 travel warrants were so issued to the relatives of patients throughout the year ; the cost amounted to £16 7s. 4d.

A comparison of the extent and the cost of these services in the last two years that they have operated is as follows :—

	1962	1961
Applications for convalescence received	65	42
Applications for convalescence approved	65	42
Applications for extension ..	4	3
Cost of maintenance in convalescent homes	£928 3s. 5d.	£649 13s. 8d.
Travel facilities provided		
No. of patients	48	44
Cost of such	£179 2s. 0d.	£168 2s. 11d.
Visiting facilities for relatives :		
No. of patients visited ..	2	3
No. of travel vouchers granted	4	15
Cost	£16 7s. 4d.	£31 15s. 0d.

HOME ACCIDENTS RECORDED

Fractures	27
Burns and scalds	68
Poisoning	39
Strains and sprains	13
Head injuries	27
Puncture wounds	6
Cuts and bruises	133
Drowning	1
Miscellaneous	12
	<hr/>
TOTAL	326
	<hr/>

Fatalities

- 1 child died from burns
- 1 child died from drowning in a water butt
- 1 child died from scalds
- 2 old people died from complications following fractures

Total

 5

These figures do not form a comprehensive picture of accidents in the homes in Coventry.

Accidents occur and are treated by the general practitioner.

Other accidents occur and are treated at home and reported to no one.

The table above shows the number of accidents treated in the Casualty Department of the hospital, admitted to hospital for treatment, or are found on the district by the health visitors.

These figures include all age groups.

HOME HELP SERVICE

(National Health Service Act, 1946, Section 29)

The Director of Welfare Services makes comment as follows :—

The Home Help Service in Coventry was already four years old on the Appointed Day of the National Health Service Act, viz. 1948, and at the end of that year some 90 Home Helps (full-time and part-time) were in employment. In 1946 there were 16 Home Helps. The Service has been provided for persons who are in genuine need through illness, infirmity and old age or because of recent or impending confinements.

The years between have produced a steady increase in the demands on the Service and it is interesting to recall that whereas in

1949 the total number of visits to homes by the staff of this service was 5,924, the figure had risen in the year 1962 to 107,472.

In order to make for more satisfactory allocation and control of the Service, area offices, each under the immediate control of an Area Organiser, were set up in Holbrooks, Bell Green, Tile Hill and Wyken areas. During 1961, the owners of the Holbrooks office gave notice to terminate the tenancy and since then strenuous efforts have been made to find other suitable premises, but without success. In the meantime, the Holbrooks Community Association kindly agreed to provide a temporary office in their premises in Masser Road, into which we moved in June 1962 and for which we are extremely grateful. The premises rented at Bell Green are inadequate for the increased number of cases dealt with and arrangements have been made for more commodious accommodation to be provided in the proposed Housing Area Office in Alderman's Green Road.

On completion of the building of the Housing Area Office in Torrington Avenue, suitable accommodation was made available by the Housing Committee for a Home Help Area Office. Thus it became possible to divide the Tile Hill district, which was becoming unwieldy, into two districts, the Establishment and General Administration Committee having agreed to the appointment of an additional Area Organiser.

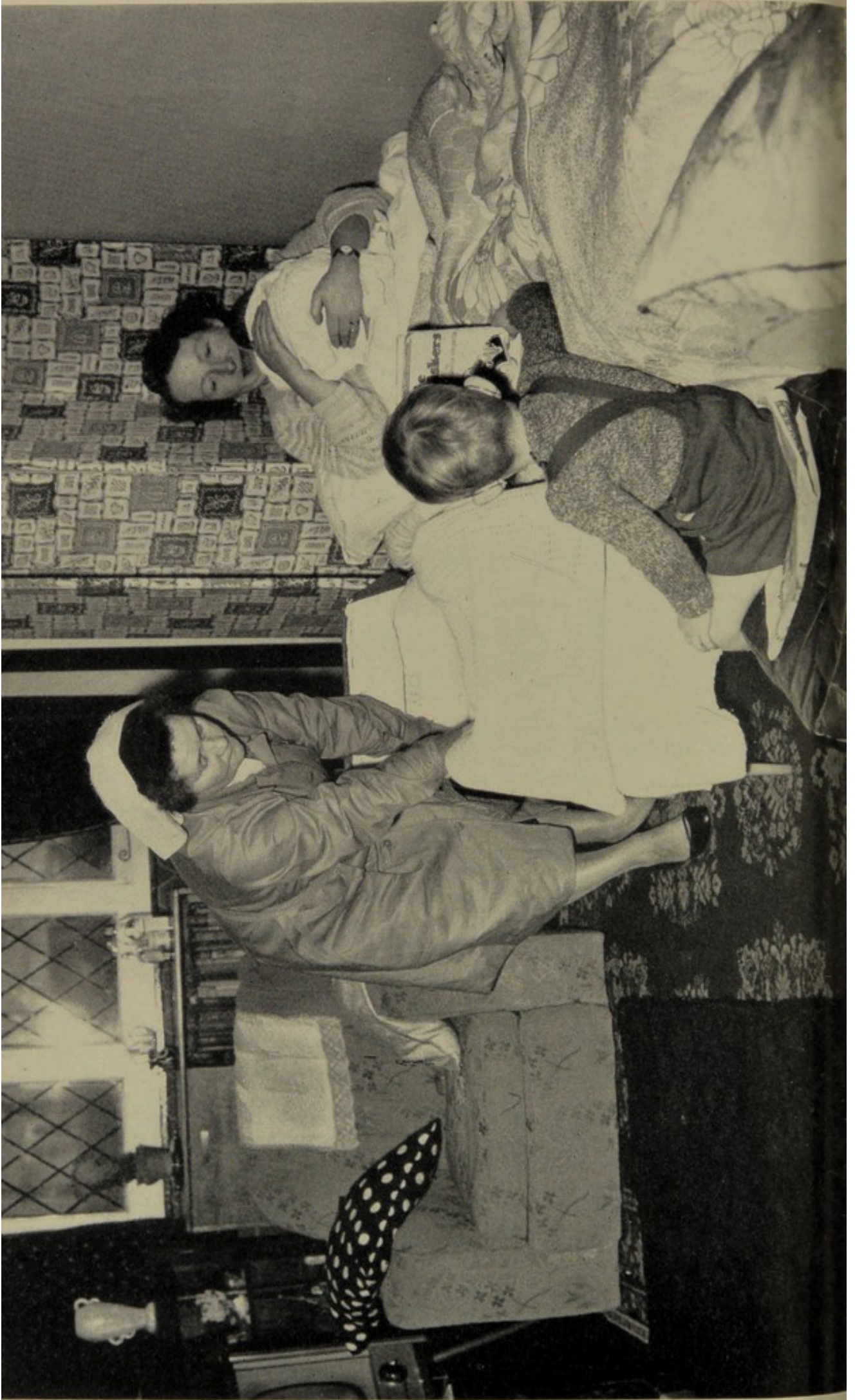
It has also been agreed to set up further Area Offices in Hillfields and Willenhall, and the Housing Committee have been approached in regard to the allocation of suitable accommodation for this purpose in the Housing Area Offices which it is proposed should be established in the areas mentioned.

Induction Courses (which during 1959 were increased in duration from two to three weeks) have been held for several years. These preliminary courses have proved invaluable in selecting the right type of individual for the job. Eight such courses were held in 1962 and 112 out of 120 applicants were successful and taken on to the staff.

Each Home Help is issued with overalls, and a distinctive badge is made available to her.

The administrative staff has been varied by the redesignation of the Assistant Organisers to Area Organisers and the staff engaged in this Service at 31st December, 1962, was as follows :—

- 1 Organiser
- 9 Area Organisers
- 1 Clerical Assistant
- 1 Typist
- 5 Clerks (2 full-time and 3 part-time)
- 440 Home Helps



The following summary shows the work done during the year as compared with the previous year :—

	1961	1962
Maternity cases	541	529
Illness and chronic sickness	413	477
Infirm and aged	1,461	1,828
Tuberculosis	33	51
Other cases	100	183
Total number of cases attended	2,548	3,068
Last year's applicants still on books	840	1,042
Applications	1,989	2,156
Advance applications for the next year	176	176
Cases actually assisted	2,548	3,068
Applications not pursued	255	161
Applications not eligible	NIL	20
Applications still on books at end of year	1,042	1,156
Total number of visits to homes by home helps	81,395	107,472

The figures for 1962 again record a very sharp increase in the demand for Home Helps, and it will be observed that over 520 more cases were dealt with than in 1961. There was again acute pressure on the service during the winter months, due largely to the increased number of cases and the heavy incidence of sickness amongst old people.

One major problem in the Home Help Service is that of the elderly male who has neglected himself and has become dirty and even verminous and whose home has deteriorated beyond reasonable standards. In this type of case, the assistance of a male Home Help would be of inestimable value. Moreover, he could deal with the difficult elderly patient, carry out bathing and the very dirty jobs which it is not desirable to give to a woman. It is felt there is scope for at least one such appointment in each of the areas and it is hoped that this matter may be given consideration in the very near future.

With the progressive increase in the number of old people and with the emphasis on "care in the community," the Home Help Service is making an important contribution as one of the domiciliary services required for this purpose. It is therefore vitally essential that the Service keeps pace with the demand.

The establishment of a Night-Care or "Sitters-in" Service (under Section 28 of the Act) on a limited scale on the 1st October, 1958, to supplement the existing Home Help Service by the provision of attendance during the night hours for seriously ill persons who are without relatives or friends to assist them, has proved very worthwhile. Additionally, the service is used to relieve, in exceptional circumstances, persons who already provide these services for their friends or relations.

The demand for this service more than doubled during the year and the cases dealt with numbered 45, as against 21 in 1961.

The Home Help Service has again responded well to the many calls made upon it and the expressions of appreciation received are very gratifying. The Home Help Organiser and her staff are to be congratulated for their efforts.

The Chairman of the Health Committee and the Home Help Organiser attended the International Congress of Home Help Organisers in Paris in September, 1962, which they found interesting and from which much was learned of the services available in different countries.

During the year the Health Committee became members of the International Council of Home Help Services, whose objects are as follows :—

1. To further cordial relations between the organisations of Home Help Services in the different countries ;
2. To study questions related to Home Help work ;
3. To exchange ideas on problems concerning Home Help work ;
4. To organise Congresses, Conferences or Meetings ;
5. To collect information from different countries, promote research and distribute the results ;
6. To create possibilities for reciprocal visits among the members of the organisations of Home Help Services in the different countries.

CHIROPODY SERVICE

(Coventry Corporation Act, 1958 Section 72)

The Director of Welfare Services has provided me with the following comment :—

One of the most common causes of immobility in elderly people, with its consequent dependence upon others, is foot troubles and it is satisfying to know that with the coming into operation of the Coventry Corporation Act, 1958, the Council became empowered to provide a Chiropody Service for aged and necessitous persons. The Council delegated its powers to the Welfare Committee, who decided *inter alia* :—

- (a) That the service should commence on the 1st March, 1959 as a free service for aged and necessitous persons as defined in the Act.
- (b) That the service provide for the giving of treatment to both ambulant and domiciliary cases.
- (c) That the chiropodists to be employed by the Council shall be qualified chiropodists, that is to say chiropodists who are members of the Society of Chiropodists, or of the Institute of Chiropodists or whose names are included in the list kept by the Minister of Health under Paragraph 3(4) of the National Health Service (Medical Auxiliaries) Regulations 1954.

With the inception of the Council's Scheme, the Assisted Scheme of the Central Committee for Old People's Welfare was no longer necessary and was, therefore, wound up.

This Service has proved a boon to elderly people and there has been a progressive increase in the number of new applications.

The number of participants at the 31st December, 1962, were :—

Surgery cases	..	..	..	..	..	..	1,018
Domiciliary cases	..	..	..	..	..	..	767
						Total	1,785

MENTAL HEALTH

Services for the Mentally Ill

Since the passing of the Mental Health Act, 1959 the duty of helping to admit patients to hospital by compulsory powers has occupied a comparatively smaller part of the time of individual mental welfare officers. This is due partly to the changing concept of the function of these officers, who are now regarded primarily as social workers in the mental health field. There has been an extension in the scope of their duties, a recognition of the need for higher standards of training and an increase in their numbers.

The effect of these changes may be seen by an examination of the position in Coventry. In 1962 157 patients were admitted to Central Hospital, Hatton, from Coventry by compulsory powers under the Mental Health Act, 1959 (two fewer than during the previous year). This is an average of three each week and the admission procedures are carried out with the regular assistance of five mental welfare officers who operate a rota system whereby each is on call at the office or at home on a fixed day and night for a twenty-four hour period, and weekends are covered in forty-eight hour periods of stand-by duty approximately once every five weeks. Each officer is concerned on the average with the compulsory admission of a patient to hospital once a fortnight and this event might occur during the evening or night-time or at a week-end. Thus by far the greater proportion of the mental welfare officer's time is available for his or her functions as a social worker, most of which are carried out on the basis of entirely informal and voluntary arrangements entered into by patients and their families. This applies equally to the work with the mentally subnormal and with mentally ill persons. This change in the work of the mental welfare officer has not been sufficiently widely recognised and it is of the greatest significance in relation to the future development of community mental health services.

Prior to the 1959 Act it was not possible for local authority staff to provide adequate time on social work with the mentally ill and most of the work done with mental defectives had the authoritative sanction of guardianship, or statutory supervision or supervision

under licence. All this has now changed. In Coventry in 1962 more social work was carried out with mentally ill patients (or on general family mental health problems) than with subnormal persons. The work with subnormals is carried out on an entirely different legal basis compared with even two or three years ago. Statutory supervision has been abolished so that the help to high-grade defectives and educationally subnormal school leavers has to depend entirely on the relationship built up by the mental welfare officer with the adolescents or adults and their families.

Help to patients leaving hospitals for subnormals is also given on a voluntary basis and even the use of guardianship orders are rare, only two being in operation in Coventry during 1962. The mental welfare officer (or mental health social worker) can thus take his or her place alongside the hospital social workers and other specialised social workers, such as probation officers and child care officers, in providing particular aspects of help to individuals and families.

Most patients who enter a psychiatric hospital such as Central Hospital, Hatton, do so under procedures which are entirely "informal," as to any kind of hospital, on the recommendation of the general practitioner and the specialist concerned. Arrangements are made direct with the patient and relatives, and the hospital and the ambulance service. In special circumstances the general practitioner can call on the mental welfare officer to help with the arrangements by seeing relatives and by accompanying the patient to hospital; 67 patients were helped in this way in 1962. In addition the mental welfare officers have assisted the Central Hospital staff by making home visits in emergency circumstances, e.g. in connection with patients compulsorily detained in hospital who absent themselves without leave, or informal patients who leave hospital against medical advice without the knowledge of relatives.

The arrangements for close co-operation with the medical and social work staff at Central Hospital continued in the running of the care and after-care services. The Mental Health Section undertook the social work for one of the weekly psychiatric out-patient clinics at Coventry and Warwickshire Hospital, Coventry, involving a psychiatric social worker and a mental welfare officer in interviews at the Clinic and in home visits on other days. A psychiatric social worker also spent a weekly session at Central Hospital to receive referrals and to maintain liaison with the hospital. Referrals in connection with in-patients, out-patients or after-care cases are made by the psychiatrists to the social workers of either the hospital or the local authority service, and the contribution of the latter service will continue to expand as more psychiatric social workers and other qualified social workers enter the service.

The link with general practitioners has been a particularly strong element in the services for the mentally ill in Coventry. The general practitioners frequently call on the mental welfare officers for help in the admission of patients to hospital but even greater importance

is attached to the referrals for social work help which the general practitioners are in a unique position to initiate. Cases not requiring the specialist help of a psychiatrist are referred to the Mental Health Section and the interviews by psychiatric social workers or mental welfare officers take place on home visits or in the Health Department. Another form of co-operation adopted is for a psychiatric social worker to be attached to a group practice for one session each week. This arrangement has now completed its third year and the work has continued to grow. Towards the end of the year plans were completed to extend the arrangement to four group practices, with a different psychiatric social worker attached to each practice for a weekly session.

In addition to the sources mentioned above cases have continued to be referred to the Mental Health Section by a variety of other Departments of local or central government and wherever necessary the cases have been dealt with in co-operation with a general practitioner or psychiatrist. As the local authority's community care service has become better known and has employed more psychiatric social workers as well as more mental welfare officers, the range of cases assisted and the sources of referrals have widened considerably.

Section 6 of the Mental Health Act, 1959, outlining the functions of local authorities, was an extension of the powers existing under Section 28 of the National Health Service Act, 1946, which included preventive services. One aspect of preventive services has been covered by the Mental Health Section in dealing with some cases showing relatively mild signs of mental disturbance or behaviour disorder, or problems of disturbed relationships in families. It is intended to develop this aspect of the service still further in future to form part of a service dealing with the whole range of problems of mental ill-health and subnormality, from the severe to the mild manifestations, with a variety of training centres, workshops, hostels, and social clubs, all backed by a large team of caseworkers.

The provision by local authorities of mental health services other than home visiting services has generally proceeded much further for subnormals than for the mentally ill and this is also true in Coventry. It becomes increasingly necessary to consider how this balance might be adjusted as the effect is felt of the new hospital policies and methods of treatment. More patients are being admitted to psychiatric hospitals, many of them are discharged after a short period of four to eight weeks, some are re-admitted several times and fewer remain in hospital for very long periods. The so-called "chronic" patients tend to remain in the community for longer periods, and effective ways will have to be found to lessen the strain on family and neighbours and to ensure that the patient has the best possible chance of eventually achieving a return to work and such social life as his mental condition permits. Centres for social and occupational activities are amongst the provisions which may eventually be required, in close association with the psychiatric hospital services. Services for the patients recovering from acute

disturbances will be equally necessary and in this respect some progress was made at the end of 1962 towards the setting-up of social clubs to aid the re-adjustment of selected patients who have had psychiatric treatment as in-patients or out-patients. One club opened early in 1963 under the leadership of a psychiatric social worker on one afternoon a week, and evening clubs will require to be opened as staff becomes available. Another important service will be a Hostel for former psychiatric patients and this is planned for the year 1964.

SERVICES FOR SUBNORMAL AND SEVERELY SUBNORMAL PERSONS.

The term "Community Care" has been and will increasingly be used in these pages. It is not capable of easy definition; it is often quite simply used to cover all forms of care of patients who are not receiving in-patient hospital care. This is a usage which is quite unjustified as it presupposes that the hospital provision is adequate and that all who need hospital care are receiving it. Such a situation we know to be far from the truth. Certainly in the realm of mental health there are large numbers of persons for whom hospital care is essential but who cannot obtain in-patient accommodation or ready access to out-patient attention (it is also true to a somewhat lesser degree of the aged sick and to varying degrees to other patients both acute or chronic).

Thus, in the year 1962, one finds that the local authorities are engaged not only in providing care in the community, whether this be domiciliary or residential, for subnormal persons who are assessed as to be capable of a semi-independent way of life in the ordinary social setting, but also for interim care of persons who cannot attain to this and require a level of personal attention, often including skilled nursing care, which cannot be provided readily in the community.

The years 1962 and 1963 can be regarded as the founding years of the community mental health services so far as the subnormal and severely subnormal persons are concerned. Firstly it is in these years that the basic range of the services — not in respect of capacity but rather of type — appears. The basis of a mental health service must include a junior training centre, educationally aligned, with facilities for kindergarten trainees of the age group 3 years and over; a senior centre, productively and creatively aligned, but providing scope for recreational facilities, and personality-building outlets, including sports, dancing, parties and youth clubs; a special care unit to provide interim intensive nursing care for the severely subnormal who are so mentally handicapped that they cannot profit from the training at the junior training centre or have such co-existing physical defects that, even in a wheel-chair they could not safely be accommodated in a junior training centre; a sheltered workshop where for a wage adult subnormals and others who though capable of developing good work-skills cannot for any reason quite make the grade of open-employment, may engage in full-time work; a hostel

for subnormal children and a hostel for subnormal adults — both of these at the beginning will be primarily short-stay establishments, but it is obvious that permanent accommodation offered to selected cases will gradually fill up these hostels, certainly the adult hostel.

The second reason for thinking that the years 1962-63 are founding years is that it was in 1962 that the ten year Development Plan of the local authority health and welfare services was prepared and 1963, is its first year of operation.

Amongst the provision for the years 1962 to 1972 are : a second junior training centre with a purpose-built special care unit and a short stay children's hostel attached : a second adult training centre with some special care facilities provided (already the senior centre contains a number of cases who receive intensive special care.) On the general mental health side there are of course the Combined Mental Health/Child Guidance Unit, the Residential and Day Care Hostel for mentally disordered elderly persons and a short stay hostel for mentally ill patients.

In connection with the basic needs of subnormal persons I have not yet mentioned adequate staffing. This obviously means skilled qualified teaching staff with the necessary devotion to the children in the Centre. It also means capable qualified social workers who must be the link between harassed parents and the whole range of social and medical services whether provided by local or central government ; who offer support, who explain and arrange things and are able to give uninterrupted guidance.

Junior Training

In succession to Mr. Barnes, the post of Supervisor of the Junior Training Centre was taken up by Mrs. M. Darnell, formerly Deputy Supervisor at the Senior Training Centre.

It is of supreme importance that there should be a generous teacher to trainee ratio in junior centres, and this ratio has been raised from 1 to 15 to 1 to 12. This still falls short of the standard of the sub-committee of the Standing Mental Health Advisory Committee which published its finding in 1962 on training of staff among which were a recommended qualified teacher-trainee ratio of 1 to 10. The Central Health Services Council, while recognizing the value of this report did not, in fact, recommend its implementation to the Minister of Health. This is generally thought to have been a most retrogressive step.

The junior training centre, as is the trend amongst progressive authorities, became quite unequivocally in 1962 educationally aligned. The old concept of "occupation" has been swept away, and proceeding on development lines, the emphasis is on learning and teaching methods. The atmosphere of "school" pervades the centre and the terms "progress" and "achievement" are as naturally applied to the children as if they were within the system of formal education in the city's schools.

Educational material is used in greater amount, especial emphasis being placed on visual aids. A tape recorder is in use as a teaching aid and for use in special training and rhythmic activities.

A spin-drier, a tumbler drier and a washing machine were obtained on a rental basis during the year, and these serve to extend the scope of domestic training for the older girl.

Open days on a group basis were commenced during the year comprising the Nursery, Junior, Intermediate and two Senior groups. This system found immediate favour with the parents and the parents of some 84% of the children attended to see their children under training.

Senior Training

By the end of 1962, there were 16 trainees who had graduated to open employment. Two of the older girls were employed at the junior training centre and one boy as a help to the caretaker for gardening jobs.

The attempt was made during the second half of the year to gain employment for suitable boys in outside part-time employment whether this were of a temporary or semi-permanent sort. A number of boys worked in a hotel, cleaning and polishing (3 afterwards graduating to full-time employment). Another group went to a box factory (1 of whom became permanently employed). Seven other trainees have been employed at weekend in a car wash service, and some replaced staff on holiday at another box factory. During the season a group of 9 boys were employed on a casual basis as potato-pickers.

Specific contract (informal) jobs are still carried out in the centre.

In addition reconditioned box-making, covering and labelling equipment was purchased during the year to increase the productivity of the small group who were specializing on this work. Boot and shoe repairing, production of seed-boxes and a certain amount of carpentry work continues to be carried out.

This is one side of Senior Training Centre activity. There are several others. Guidance and training is being given to prepare trainees who have it within them to do so, to travel on public transport. To make any approaches to independence, a subnormal person in a city of this size needs to have this ability and some 50 of the trainees can in fact travel to and fro without being accompanied.

Another facet of living which has been given more attention during the year are social and sports activities.

Throughout most of the year on Tuesday evenings a dancing class was held. Towards the end of the year this was replaced by a weekly Youth Club, run by and in conjunction with two local church youth clubs. A social where parents, trainees and staff could meet

and in which there was dancing and "turns" by local musical group was well attended every month.

Sporting activities have not been neglected. By the kind co-operation of the warden the trainees have been able to use the football pitch of the Canley Community Centre. Swimming instruction was commenced at the public baths and within a few weeks three trainees were presented with swimming certificates.

Special Care

By April 1962 it was becoming evident that about 18% of the children who had been admitted to the junior training centre were in fact untrainable in the accepted sense of the word and were absorbing a great deal of staff time. In all about 17 children had been grouped in one large room and required up to 5 staff to meet their needs; in general they were restless and hyperactive, incontinent, needing to be fed etc. In fact they were cases who needed nursing care of the type provided in hospitals, and a degree of care and protection not easily provided in the setting of the junior training centre. It was also felt that the retention of such a group within the centre tended to distort the latter's training programme.

It was for this reason that the Health Committee decided that the time had come for the setting up of a true Special Care Unit for 28 children with the high staff ratio of 1 staff to 4 children. Suitable premises were found and adapted in accommodation formerly part of the Wyken Grange Annexe of Stoke Secondary School. Alterations were put into effect and but for the severe weather conditions the unit would have opened on 3rd December. Instead it was delayed until 8th January after the Christmas holiday.

The premises consist of two large rooms; four toilets, bathroom with sluice and washbasins; a very well equipped kitchen including an electric cooker, washing machine and tumbler drier; staff room and a reception section for wheelchairs, etc. Meals are not cooked on the premises but a suitable diet is supplied by the School Meals Service, although the kitchen facilities are used for warm drinks and the special diets necessary for some children (rusks and baby cereal foods etc.) who are unable to take the usual foods. Of the two rooms the larger activity room is used for the hyperactive, restless children who generally tend to be the older patients. In this room there is a climbing frame, a piece of equipment supplied most kindly by the Coventry Society for Mentally Handicapped Children. The other room is reserved for the physically handicapped children and for the quieter and younger children; here suitable bed chairs, walking rails and other aids to progression are supplied.

There are few units such as this in the country. Some local authorities or voluntary societies have opened creches in Derby, Preston, Blackpool etc.; Hull City Corporation has a Day Centre Unit; Middlesex County has an annexe to a junior training centre which it uses as a special care unit and one other authority is known

to have a similar arrangement. Essentially, however, there being no pattern to follow, the Wyken Grange Unit must be considered as an experimental project.

If one had to define the purposes of the unit it would be :—

1. To provide some form of community care for severely subnormal persons who cannot derive benefit from training centres and who are unable to obtain hospital care either because of lack of beds or because their parents are unwilling for them to enter hospital.
2. To provide interim nursing care or custodian care of an intensive sort.
3. To humanize the primitive patterns of behaviour and to cater for the elementary social needs in congenial surroundings and with the solicitude which only comes from staff devoted to their work and their charges.

The children soon settled in the new premises and began to establish closer contact with the staff.

In fact a new relationship arises, the key to which is the special attention to individual needs, and avoidance of frustration, and the encouragement of the slightest show of interest in any way ; these are of course only made possible by a high ratio of the right type of staff. The usual toilet training is given and there are attempts to teach the children to feed themselves. In addition, however, there is a heavy emphasis on physical activity. Not merely in leading the child to stand and walk, but also in therapeutic and tension relieving activities. Large, broad muscular activities are to be encouraged and in the case of the physically handicapped and the older and very severely mentally handicapped non-walker, exercises, calculated to maintain muscle-tone and to extend the range of locomotor activity.

There is some small provision for older special care cases in the second senior centre proposed in the ten year Health and Welfare Plan. It is hoped that this unit will be kept small. At present in the senior training centre there are about ten cases who are in the "special care" category, a few of them incontinent, a few withdrawn and lethargic or restless, their development almost static, all incapable of any real training. As "special care" cases become older it is expected that most of them will find hospital places ; some however, will remain in the community because their parents are unwilling to be parted from them, or because, though quite dependent on others, they express no anti-social or disturbing tendencies.

Short Stay Home

In April, as a pilot scheme, the Short Stay Home accepted its first patients. The expense of equipping the house with furniture, curtains, carpets etc., was accepted by the Coventry Society for Mentally Handicapped Children. The home soon proved very much

in demand, not only for holiday periods but also for weekends and for odd evening and night stay.

It soon became evident that the dimensions of the premises (a three-bedroomed Council house and the number of places provided (up to four) were not adequate even for temporary and occasional care. This is, of course, the advantage of running a pilot scheme ; we may now plan to more effect when it is necessary to prepare for the purpose-built short stay home included in the ten year Health and Welfare Development Plan.

“Sitters in” Service for families of severely subnormal children.

Another innovation of 1962 was the association with the Women’s Voluntary Service in an attempt to supply a “sitters in” service for the families of severely subnormal children. A number of W.V.S. members volunteered to help in such a service and several groups have visited the centres to acquaint themselves with sub-normal children and their needs. This Service supplies a real need and it is hoped that it will expand. The work by the W.V.S. members is quite voluntary and unpaid but the Health Committee have agreed that any out-of-pocket expenses should be paid to individual members.

Comprehensive Mental Health Service

In my last Annual Report I referred to the three essential requirements which must be fulfilled if the scheme to integrate the Mental Health Service with the Child Guidance Service is to be carried fully into effect. One of these was achieved early in 1962 by the appointment of Dr. James Warner as Consultant Children’s Psychiatrist and Director of Child Guidance Services to the City of Coventry.

The second requirement is to obtain joint premises to provide the much needed extra accommodation for the two enlarged services and to facilitate the sharing or closer co-operation of doctors, psychologists, social workers and administrative staff. Early in 1962 several premises were inspected with a view to conversion, but in view of the difficulties it was decided to concentrate on plans for a purpose-built Centre. A site has been allocated and it is expected that work on the new premises will commence in 1965. The third requirement, the creation of new unifying administrative arrangements must be held over.

In the meantime the links between the Child Guidance and Mental Health Services continue to be close. All the psychiatric social workers, mental welfare officers and other social workers are on one “establishment” in the Health Department, under the general sectional direction of the Principal Mental Health Officer ; two of the psychiatric social workers have some duties in both sides of the service ; another assists with the more difficult “aftercare” cases, i.e., adolescents who still require social work help after leaving school following a period of treatment at the Child Guidance Clinic or at the Education Committee’s Hostel for maladjusted children or at residential schools outside the city. It is one of the advantages of

having a comprehensive service that the creation and future expansion of an "after-care" service for child guidance cases is more practicable and in some cases the same psychiatric social worker continues with the case.

The newly created Joint Mental Health Sub-committee composed of representatives of the Education Committee and the Health Committee met five times during 1962.

Staffing.

The policy of a gradual change-over to having all members of staff trained in social work was maintained during the year, and this represents a considerable achievement at a time of an acute nationwide shortage. A mental welfare officer with social science qualifications left in June 1962, and was replaced by a similarly qualified worker, who later will be seconded for training as a psychiatric social worker. An additional Senior Mental Welfare Officer with psychiatric social work qualifications was appointed in November, and this enabled an extension of prevention and after-care services for the mentally ill to take place.

Training of Staff and Students

One of the attractions of the service is that senior members of the staff who are trained as psychiatric social workers are able to undertake the regular casework supervision of social workers with the basic social science training. This provides support and guidance to less experienced workers, contributes to the development of their skills, and helps to prepare them for professional training later.

The Mental Health Section acted as one of the principal agencies for providing periods of observation and casework placements for students from the two social work training courses at the Lanchester College, Coventry, namely for the Social Science Diploma and for the course for General Social Workers set up following the recommendations of the Younghusband Report. Two social science students were also accepted from Leicester University and one from the psychiatric social work course at London School of Economics. All these students were supervised by the psychiatric social workers. Student psychiatric nurses from Central Hospital, Hatton, were given a programme of talks, visits to Training Centres, and accompanied home visits as part of their training. In view of the urgent need to expand the Mental Health Services on a nationwide scale it is important that a progressive and broadly-based service such as we have in Coventry should contribute to the training of the various grades of social workers. This educational work with students and staff represents an important part of the work of the psychiatric social workers.

Work Undertaken by the Local Authority Mental Health Section during 1962

1. Removal of patients to hospital under the Mental Health Act, 1959 157

2. Care and After-Care :	
(a) Subnormal and severely subnormal persons	
In hospital	266
At home	436
	————— 702
Home Visits and interviews	
Subnormal and severely subnormal persons	2,423
Children in temporary hospital care for short periods during year	16
Persons on waiting list for hospital care as at 31st December, 1962	22
Persons in attendance at Training Centres on 31st December, 1962 :	
Junior Centre	100
Senior Centre	130
	————— 230
(b) Mentally ill persons :	
Home Visits and interviews	2,765
(c) Special Joint Clinic held with Group Practice at Tile Hill Health Centre :	
Interviews	97

We are most grateful for the continued co-operation from Drs. S. W. Gillman and C. Tetlow, Consultant Psychiatrists and to Mr. A. Gottlieb, Senior Psychiatric Social Worker, all of the Central Hospital, Hatton, near Warwick. Their assistance has been most helpful throughout the year towards the efficient working of our Mental Health Service.

REMOVAL TO SUITABLE PREMISES OF PERSONS NEEDING CARE AND ATTENTION

(National Assistance Act, 1948, Section 47,
and
National Assistance (Amendment) Act, 1951)

During 1962 it was necessary to invoke compulsory powers under the National Assistance Acts, 1948 and 1951, for the removal of three cases, as follows, in which the individuals concerned, although in urgent need of Hospital care, were unwilling to be admitted, despite all the efforts of their Doctors, the Medical Officer of Health, Social Welfare Officers, friends and others to persuade them.

Mrs. L. E., 89 years

This woman was ill and in a dirty state and was doubly incontinent. Investigations showed that the bed which she occupied was filthy, as well as the bedroom itself. She was unsteady on her feet and appeared to be in constant danger of falling. Arrangements had been made for her to be admitted to Hospital some days previously, but when the ambulance called she was unwilling to be moved.

Compulsory action was invoked and she was removed to Hospital on the 7th February, 1962, where she still remains a patient.

Mrs. H. U., 88 years

This woman was extremely ill and in a very dirty state. She was living in extremely filthy conditions and refused to accept assistance from anyone. Compulsory removal powers were invoked and she was removed to Hospital on the 29th June, 1962, where she remained until the 3rd September, 1962.

During her stay in Hospital her home was cleaned up by her sub-tenants, a single bed was provided from gift stock and arrangements were made for her to have the regular services of a Home Help.

Mr. P. C., 60 years

This man was seriously ill and in a very dirty state. He was living in lodgings in extremely filthy conditions and his landlady, an elderly person, was obviously able to do little for him.

Compulsory removal powers were invoked and he was removed to Hospital on the 12th December, 1962, wherein it is regretted he died on the 20th December, 1962.

The necessity to invoke the powers of compulsory removal in three cases in one year is unusual. Since 1948, when the National Assistance Act came into operation, there have been 14 cases (including those mentioned in this report).

There were one or two other cases of persons requiring attention who, in the first instance, refused to avail themselves of such facilities as the Hospital or Welfare Department was able to provide or to make available, but eventually they were prevailed upon to enter suitable premises without the necessity to invoke compulsory powers of removal.

PUBLIC WATER SUPPLY

I am indebted to the Water Engineer and Manager for the following information as to the City's water supply.

	1961	1962
Houses with water supply laid on ..	94,306	95,653
Houses supplied by stand pipe or similar mains	921	871
Population supplied direct	305,353	308,337
Population obtaining mains supplied by stand pipe or other means (not direct)	2,983	2,613
Total population supplied	308,336	310,950

The supply has been satisfactory both in quantity and quality for all essential purposes.

The Appendix given below contains information as to the frequency of bacteriological and chemical examinations of water from the various sources of supply.

The waters are not liable to have plumbo-solvent action.

Action taken in respect of any form of contamination consists of chlorination of all sources of supply which at underground sources is only a marginal dose.

CHEMICAL AND BACTERIOLOGICAL ANALYSIS 1962

	<i>Samples from</i>	<i>Frequency of Examination</i>	<i>Laboratory</i>
Bacteriological Examinations	All underground supplies, Strensham, and bulk supply from Birmingham	Twice weekly	City Laboratories Service, Coventry.
		Fortnightly	Coventry Public Health Laboratory
	Strensham	Treated water Daily	City Laboratories Service Laboratory at Strensham
		All stages including inlet and outlet Bredon Reservoir—weekly	„
	Distribution System	8 samples each week	City Laboratories Service, Coventry.
New & repaired mains, consumer complaints, etc.	As required	„	
Chemical Examinations	All underground supplies, and bulk supply from Birmingham	Fortnightly	„
		Full chemical and mineral analyses—periodically	„
	Strensham	Treated water and all stages—partial analysis—daily	City Laboratories Service Laboratory at Strensham
		Full analysis, water sampled at Meriden—weekly	City Laboratories Service, Coventry.
		Full analysis, all stages through works—monthly	„

PUBLIC SWIMMING BATHS

1. **The Livingstone Road Swimming Bath**, Foleshill, which is Corporation owned, is 90 ft. long by 35 ft. wide, and holds 140,000 gallons of water. It slopes gradually along its main length from a depth of 3 ft. 6 ins. at the shallow end to 7 ft. and thereafter more sharply from 7 ft. to 10 ft. deep at the opposite end for purposes of high diving.

The baths water is derived from the mains supply and is changed once per year towards the end of December. The method of treatment is by the super-chlorination system which is controlled to give 1 to 1.5 parts of free available chlorine per million of water, and this is introduced in conjunction with alum and caustic soda coagulants so as to produce an equal balance and eliminate excessive acidity. The Ph of the water is controlled at 8 so far as possible. The baths water undergoes complete filtration every $2\frac{1}{2}$ hours and this is achieved with the use of two Worthington-Simpson centrifugal pumps working in conjunction : there is a third pump as a standby. The chlorination equipment is by Wallace & Tiernan (i.e. 'V' notch chlorinating plant) capable of controlling chlorine input from zero to 75 lbs. per hour.

A Wallace & Tiernan chlorine residual recorder is used in conjunction, which records by continuous chart throughout the day while the plant is working the amount of free available chlorine in the water.

General : Footbaths and showers are provided both for the male and female cubicles and there is also a footbath leading from the cubicles to the baths through which bathers must pass.

This footbath is impregnated with a calculated amount of copper sulphate as a measure of control against the spread of contagious foot conditions.

Toilet and sanitary facilities are available as follows :—

Two toilets and wash hand basins in the female cubicle rooms and two toilets and stalls in the male cubicle rooms. There are also two toilets and four wash hand basins in the staff ladies' cloakrooms and two toilets and three wash hand basins in the staff men's cloakrooms. In addition there are two toilets and wash hand basins elsewhere for staff.

Twenty-five slipper baths for males and fifteen for females are also available.

2. **Gosford Park Swimming Pool.** This is a privately owned open-air swimming pool (Manager Mr. F. Emery). It is a 'T' shaped pool with a capacity of 300,000 gallons derived from mains supply. The water is changed once per season in April, pool water being pumped to waste into the sewers. The top part of the 'T' shape is 40 yards long by 18 yards wide, whilst the lower limb is $36\frac{1}{4}$ yards long (overlapping the top 'T' section) by 18 yards wide. Water varies in clearly marked depths from 2 ft. 6 ins. to 4 and 5 feet, with a 10 ft. deep section for diving at the west side of the top 'T' section. Paddling pools are provided at the south side of the pool.

Treatment of the water is by the break-point chlorinating system to give concentration of 1.6 parts chlorine per million parts water. The chlorination equipment used is that supplied by Wallace & Tiernan (Type M.S.V.). There are two turnover filters (Belfast), one of which is capable of filtering the entire pool water in 7 hours, but when both are used then the time is reduced to 4 hours.

General.

Ample space is provided for spectators all round the pool. Showers and foot sprays are provided in ablution rooms both on the female and male sides adjoining the cubicles, together with 3 indoor toilets on the female side and 2 indoor toilets and stall on the male side. There are likewise two external toilets on the female side and two external toilets and stall on the male side.

Laboratory Analyses.

During the year 105 samples from public swimming baths were taken for chemical and bacteriological analyses with the results indicated on page 168.

SEWERAGE AND SEWAGE DISPOSAL

As mentioned in my Report for the year 1961, the Council's Main Drainage and Sewage Treatment Capital Works Programme covers the re-drainage of much of the City and is occasioned by the inadequacy of the existing trunk and certain intercepting sewers due to the phenomenal development that is taking place. This work commands a high priority in the development of the City and contracts to the value of some £2 million have been placed and construction work started during the year.

The small dilution available in the rivers and brookcourses in the drainage area precludes the installation of new direct storm overflows. Existing overflows are being eliminated as the new sewers are laid and regional storm water balancing stations will be built on the three principal sewers. The first such station is at present under construction.

As part of this re-drainage work, the City Engineer has drawn up a modern trade effluent scheme for the control and treatment of the discharges of trade wastes from the industrial undertakings, and is at present implementing this scheme by means of the Trade Waste Inspectorate set up within his Department.

COVENTRY CREMATORIUM

The Canley Crematorium, which is owned and operated by the Parks and Cemeteries Department of the Corporation, continued efficiently to fulfill its role in the hygienic disposal of the dead. The Medical Officer of Health as Medical Referee has the assistance of the Deputy Medical Officer of Health and his two senior Medical Officers as Deputy Medical Referees.

The figures for 1962 (with comparative figures for preceding years), were as follows :—

	1962	1961	1960	1959	1958	1957	1956	1955
Total cremations	2,422	2,086	1,992	1,762	1,679	1,688	1,651	1,563
Coventry residents	1,442	1,190	904	849	814	734	735	845
Residents of other areas	980	896	1,088	913	865	954	916	718

It is again the fact that for 1962 the number of cremations taking place at the Coventry Crematorium greatly outnumbered (as in 1961) the number of burials (1,527) occurring in the city.

HOSPITALS

The hospitals and annexes in the City under the Control of the Hospital Management Committee (Group 20) of the Birmingham Regional Hospital Board remain as follows :—

The Coventry and Warwickshire Hospital

Gulson Hospital

Whitley Hospital

Paybody Orthopaedic Hospital and Clinic

On February 7th, 1962, the hospital facilities available for children at the Paybody Orthopaedic Hospital were transferred to a section of Whitley Hospital, where a Ward Block was adapted for this purpose. This move made possible a pending transference of hospital ophthalmic facilities from the Corbett Ward, Coventry and Warwickshire Hospital, Keresley, to the vacated accommodation at the Paybody Hospital.

The Hospital Board issues its own Annual Report.

SUPERANNUATION EXAMINATIONS

Medical examinations for superannuation purposes, initial entry into Corporation service, prolonged sickness, retirement, etc., commenced in the Health Department on 10th November, 1952, and from that date onwards, 10,782 examinations have been carried out by the departmental medical staff, as follows :—

	11.11.52 to 31.12.53	1954	1955	1956	1957	1958	1959	1960	1961	1962
SUPERANNUATION SCHEME.										
Entrance into Superannuation Scheme	335	360	534	606	552	374	194	203	196	158
Prolonged sickness or retirement	30	34	29	23	16	43	28	24	33	36
Fitness to resume work ..	11	27	8	31	28	9	51	28	25	31
NON-SUPERANNUATION. ..										
Initial entrance examination to Transport Department ..	574	577	640	484	327	257	316	424	323	300
Prolonged sickness or retirement	42	23	11	5	—	1	9	12	16	12
Routine re-examinations ..	31	50	27	43	57	107	111	117	122	150
FIRE SERVICE EXAMINATIONS.										
Admission to Fire Service Pensions Scheme	48	93	9	20	18	23	31	26	24	25
Prolonged sickness or retirement	4	5	1	3	4	1	1	4	4	8
Other medical examinations for non-superannuated posts, etc.	1	10	17	18	13	3	12	6	14	14
SUNDRY.										
Sundry and other examinations for non-superannuated posts in Corporation Service ..	2	2	9	4	16	100	229	343	284	109
TOTALS	1,078	1,181	1,285	1,237	1,031	918	982	1,187	1,040	843

General Remarks

The number of superannuation examinations dealt with by the Health Department medical staff was noticeably less than in 1961. This recession is almost entirely due to the substitution of full scale medical examinations for simple bacteriological tests to eliminate the likelihood of certain infections in the case of potential food-handling employees.

As the years go by and with the not inconsiderable background of experience acquired from superannuation examinations within my department, it becomes evident that a case for the constitution of a Municipal ("Industrial") Health Service in Coventry could well be given serious thought: this to embrace, numerically, a much wider concept of health provision for employees.

This local authority employs an extremely large force in a heterogeneous field of work and under equally varied conditions, whether pointedly physical or more sedentary in nature. Present arrangements for superannuation examinations are linked principally with the pre-employment medical circumstances of officer and office staff grades but similar arrangements for manual employees are at a relative minimum.

This policy presents something of an anomaly in that an equal, if not greater, emphasis could be placed with advantage upon the bodily state of those employees who are subject to physical work of a routine nature, whether under variable external climatic conditions or other testing occupational circumstances.

There are, of course, groups which are exceptions to the above generalisation and are catered for under acceptable and approved pre-employment standards, e.g. Fire Brigadesmen; candidates for P.S. Vehicles (Transport Department); and Teachers. To a lesser extent certain personnel in other fields of activity (e.g. staffs dealing persistently with young children; canteen employees; and field workers in the Water Undertaking) are required to undergo specific tests to ensure freedom from certain types of infections (unless, of course, a full scale medical examination may be justified in some few cases).

Under the Disabled Persons (Employment) Act, through which the Minister of Health may designate classes of employment suitable for disabled persons, Municipal Corporations, as is the case with extraneous organisations employing more than 20 workers, must have not less than 3% of staff from the Disabled Persons Register. Moreover, the re-settlement of personnel who have sustained accidents or undergone certain operations frequently presents problems which are not easy of resolution.

As large scale employers of staff — comparable, indeed, with many sizeable industrial undertakings having complete industrial medical services — there would seem to be good reasons for major local authorities making arrangements to cover the type of contingencies mentioned above, and others besides. Indeed, there are a very few local authorities who do so but they are the exception rather than the rule.

These are but a few general remarks which may stimulate thought and a deeper consideration of a quite important facet of municipal interest.

I would also wish to make mention of the excellent services rendered throughout the year by the Council House Nurse, Mrs. J. Boston, who carries out her onerous duties maybe largely unnoticed but nevertheless with great efficiency and tact.

WORK OF THE PUBLIC HEALTH INSPECTORATE DURING 1962

Report of the Chief Inspector

B. D. ALLEN, D.P.A., M.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector	E. A. Johnson, M.A.P.H.I.
Divisional Food and Drugs Inspector	H. Ellis, M.A.P.H.I.
Divisional Meat Inspector	..... L. Himsworth, M.A.P.H.I.
Divisional Inspector (South)	..... T. E. Willmott, M.A.P.H.I.
Divisional Inspector (North)	..... D. C. Norcliffe, F.A.P.H.I., M.R.S.H.
Divisional Housing Inspector	..... R. D. Hayne, M.A.P.H.I., A.R.S.H.
Senior District Inspector (South)	D. H. Evans, M.A.P.H.I.
Senior District Inspector (North)	W. D. H. Kear, M.A.P.H.I.
District Inspectors	..... J. E. Saunders G. L. Morris, M.A.P.H.I. J. E. Smith, M.A.P.H.I. R. G. Puffitt, M.A.P.H.I., M.R.S.H. J. Lowe, M.A.P.H.I., M.R.S.H. A. G. Harrison, M.A.P.H.I., M.R.S.H. H. B. Parker, M.A.P.H.I. (From October, 1962). J. P. Higgins, M.A.P.H.I. J. W. Stranks, M.A.P.H.I., M.R.S.H.
Food and Drugs Inspectors	..... H. Lenton, M.A.P.H.I. B. McCutcheon, M.A.P.H.I. D. J. Wilson, M.A.P.H.I.
Meat Inspectors	..... E. Weare, M.A.P.H.I. J. Harrison, M.A.P.H.I. (From August, 1962)
Housing Inspectors	..... B. A. Seal, M.A.P.H.I., M.R.S.H. E. W. Wright, M.A.P.H.I., M.R.S.H.
Student Inspectors	..... Miss W. L. Spence, M. J. Skinner, R. D. Wagstaff, D. Sutton, R. Martin, T. J. Mills,

Smoke Control Technical Assistants	A. W. Garlick (From February, 1962)
	J. Oakley (From January, 1962)
	Mrs. S. J. Hogg (From February, 1962)
	Mrs. S. J. Dale (From May, 1962)
	Mrs. L. Veasey (From July, 1962)
Disinfectors	E. J. Gibson.
Chief Public Health Inspector's Secretary	Mrs. M. D. Butterfield.
Shorthand Typist	Miss P. Langston
Group Clerks	Miss E. M. Brown
	Miss L. A. Wheatley
	Mrs. H. M. Abel
	Mrs. P. G. Vivian
	Miss B. L. Smith (From April, 1962)
	Mrs. R. Mann (From June, 1962)
Rodent Officer	W. J. Brown
Rodent Operatives	A. Baker
	W. Head
	D. F. W. Pearse (From June, 1962)

The year 1962 fortunately saw only a few further additions to the duties of the Public Health Inspector. The previous year, 1961, had been rather a heavy one from the point of view of new legislation, and at least 1962 did give a breathing space, so that work could start under the new legislation, and some progress made. The new duties have been taken up vigorously in some instances, as they were pressing problems of environmental health, for example, houses in multiple-occupation, under the powers given by the Housing Act, 1961. However, the total number of qualified staff has remained static, so that the new duties have had to be undertaken by a reduction of duties in other sections of environmental health. At present there is just no other way to do it.

This report is divided into sections, corresponding to the Divisions in the Department, and it is felt that this method of reporting enables the readers to find quickly the section of the Public Health Inspector's work on which they want information. Every attempt is made within the space available to give a good outline of the work done, and where possible, what we are aiming for. The intention behind this is to fully inform Committee members and the members of the Council of the work that is being done in the Department. There is also the hope that this Report can act in some way as a reference book for them, and help them in giving fact and figure to the ratepayers in their wards.

Work under the main Public Health Act has continued during the year. A great part of this work relates to the repair of property under the Public Health Act, and the removal or abatement of matters that are prejudicial to health or a nuisance. There has been, during the course of the year, a fall in the amount of this work, and this is due solely to having to direct our staffing resources to other (for the moment) more pressing work in the field of environmental health. One aspect of this work that did again reach undesirable proportions during the course of the year was the number of complaints received from the public concerning the dumping of household refuse on public open spaces, and in the rivers, on river walks, and in small streams and water courses. One feels at times at a complete loss to explain these anti-social actions of dumping refuse away from one's own "private acre" and placing it in such a position as to obstruct or offend someone else's. Domestic refuse, discarded furniture, old bedding, and building rubble has been found dumped on Coventry's beautiful open commons, in pleasant country lanes in the city, and even in lay-bys. What is wrong with our present-day citizens that they shy from storing their refuse for a few days on their own premises, and are fearful to think of hiring a contractor to dispose of it in a proper manner if it is refuse which the domestic refuse service cannot take?

One citizen, aggrieved by this indiscriminate dumping of refuse, made the caustic comment that the people of the city of the motor car made the greatest use of its motor cars to carry refuse from their homes in order to dump it near someone else's. This is, indeed, a tragic comment on our affluent society of 1962. What of the future as more people acquire cars? Is the range of dumping to increase? It would help if more citizens would report any offenders to the Council. One does not like to think of citizens acting as informers, but in many cases public duty must over-ride such considerations.

During the course of the year considerable discussion arose over the question of caravans, and Local Authorities all over the country have been severely criticised by the caravan societies for the manner in which they viewed caravans. Before making any observations on the use of caravans for living accommodation, one has to make the important comment that in no place is a caravan defined. Vehicles under this name may range from a tiny 12 ft. long vehicle, said to be a

suitable home for four persons, to a 44 ft. giant, which is perhaps better described as a mobile home. The latter provides good (in the limited space) accommodation for three people, and is equipped with bathroom and sanitary accommodation, yet *both* are described as caravans, and, as such, *both* are regarded as ideal homes.

It is most difficult for a Housing Authority that has, for the last thirty years, worked hard to remove its decayed and overcrowded houses, each lacking in amenities, with shared water supply and common water closets, to have to "turn turtle" and recognise as true the claim of the *average* caravan as an ideal home.

The small caravan set in the middle of a field, in effect constitutes a one room dwelling, in which four people may live, with a water supply many yards away, and common closet accommodation perhaps even further away, with no facilities for recreation — how can this be an ideal home? To bring up children under such circumstances must be a great strain on the parents. In a one-room dwelling all social life has to cease once the child is put to bed. Conversation, radio or television would make too much noise. This is no basis for a family life!

The public health world does acknowledge that caravans are here to stay, and Public Health Inspectors realise that some people have got to live in them, due to our housing shortage (it is admitted that a small percentage will live in them from choice), until such time as normal housing accommodation becomes available. The aim is to get every site provided with as good facilities as possible in order to make the life of the forced caravan dweller as comfortable as possible.

Preparation is under way to bring the Wyken Croft Caravan Site, which is a municipal site, up to a good standard, and proposals are in hand to provide an additional municipal site for some 140 caravans off Woodway Lane. The aim is that Coventry will at least have room for some 318 caravans on municipal sites, which should give a reasonable reserve of sites for workers forced to live in caravans in the city.

The sites will be well laid out, and provided with roads, lighting, laundries, shops, bath-houses, and sanitary accommodation. Recreational space and car parking facilities are also to be provided. Every attempt is to be made to reach as high a standard as possible. It is hoped that they will, in fact, be Model Sites.

In relation to food and drugs work by the Department, one item of the work that calls for extended comment is that in relation to patent medicines. Each year the British public spends vast sums of money on patent medicines, and it is a policy of this Department from time to time to sample many of these products, and submit them for analysis to the Public Analyst. A considerable number are found to be unsatisfactory, and the main cause of failure is the length of time that they have been stored in the shop. Many of these preparations are sold by small street corner grocers' shops, even by

sugar confectionery retailers. It would appear that either the shopkeepers have little knowledge of the demand for these products, or else the manufacturers' salesmen are "super-sellers," and succeed in leaving the shopkeeper with several times as many bottles of pills or ointments as his normal yearly sales will dispose of. The result of this is that these medicaments lie on the shelves or in the shop windows for two, three, or perhaps even more years. As a result, some of them break down; others, which contain volatile substances, lose those substances, and in general the value of the article diminishes greatly. Yet they are still sold to the unsuspecting public, who take them home, happy in the belief that "Great Granny's Linctus" will do them good. One can only comment as to how much money may be wasted on this, and would ask, could not the manufacturing chemists advise shopkeepers on the storage life of their preparations, or perhaps even date the commodity with the words . . . "Not to be sold after (such and such a date)"? Without doubt there is room for considerable improvement in this type of trade.

One line of work undertaken during the course of the year was the testing of milk samples sold from chilled milk dispensers on cafe, shop, and snack bar counters. Samples of milk were taken in most instances before it was put into the dispensers, and samples taken afterwards invariably showed that the milk had gained a dirt load in being put and kept in these dispensers. In other words, what went in as "clean milk" was dispensed as "dirty milk" to the consumer. The fault lay in the lack of knowledge concerning means of cleaning and sterilising the dispensers, and it was found in many instances that not only was the dispenser not being cleaned regularly, but neither was it being emptied of milk. Fresh milk was being added to the old milk in the dispenser. One is hard put to to classify this type of failure in our food vending methods. Not only do workers not know how properly to control these things, but in some instances managements do not know. Failures such as this in our food industry can be listed almost without end. The need for more education in food hygiene occurs both at management level and worker level. New machinery by itself is not the answer to workers untrained in hygienic methods of food handling. *Every new machine adds a new problem. The machine has got to be cleansed, and to be operated in such a way as to prevent contamination.*

In the instance recounted we have a modern milk dispenser, with a refrigerated base for chilling, yet in almost every instance, this provided the consumer with a dirtier product than the catering premises received from the dairy.

During the course of the year, the new Coventry Cathedral was consecrated in the presence of Her Majesty the Queen. This event, on the 25th May, and for many months afterwards, each day brought many thousands of visitors into Coventry. Most of these visitors during some part of their stay required food and drink. During the whole of the Festival period, additional temporary catering facilities were set up in various parts of the town, some by private

enterprise, and some by the City Catering Department. The Public Health Inspectors' Department was consulted in every instance in connection with these temporary facilities, and our advice was taken with regard to types of equipment needed, methods of storage, and food handling in general. The standards reached were good, and on no occasion was any trouble reported or fault found. It must be remembered that in this type of catering, people were coming from all parts of the British Isles for a visit to this city. They were being fed and were then returning to their homes. Any carelessness in any of these catering facilities, with a resultant outbreak of food poisoning, could have had most disastrous consequences, and could have been very widespread. Great credit is due to those who observed the advice given by the staff of this Department as to the precautions necessary when handling food under temporary catering arrangements.

The work on meat inspection has, during the course of the year, kept four Public Health Inspectors employed full time in inspecting the 150,791 animals that were slaughtered at the Abattoir. A most pleasing thing to record is the continued decline in the incidence of bovine tuberculosis. Elsewhere in the report is shown a ten-year block diagram, giving the annual incidence of tuberculosis, and the decline in this serious disease affecting our beef and milk cattle is a wonderful thing to record. Work got under way at the Abattoir on the alterations necessary to make the premises comply with the Slaughterhouses (Hygiene) Regulations. With a large amount of building work in progress it has proved exceedingly difficult to maintain the required standard of hygiene. Some progress has been made, but when the works are finally completed, it is hoped that the standard of hygiene then reached will compare with, and possibly exceed, most places in this country.

In the early part of 1962, the Ministry of Housing and Local Government requested all Local Authorities to review their smoke control programmes, and, if possible, speed them up. Due mainly to staffing difficulties, the original programme formulated in Coventry had fallen behind schedule, and accordingly, in April, 1962, a new ten-year programme was submitted to the City Council, and approved. This programme provides for the coverage of the whole city by smoke control areas in ten years. In other words, by 1973, when the last areas should come into force, the whole of Coventry should be relatively smoke free. This is indeed an ambitious programme, and will necessitate some 9,000 dwellings a year being incorporated in smoke control areas. Every effort will be made by this Department to maintain this programme, but its ultimate success will depend upon three things :—

- (a) The staff available to handle the work ;
- (b) Adequate financial provision ;
- (c) An adequate supply of solid smokeless fuel.

This last factor is perhaps the most important, and the whole success

of the scheme depends upon a progressive increase in the production totals of existing solid smokeless fuels. After five years the main supply increase will have to be the new Coal Board smokeless fuel, which the Board has repeatedly stated will be in quantity production in 1965. The word "quantity" has not been defined by the Board, but spokesmen have stated that this would be in the first year up to 600,000 tons of fuel. The samples of this new fuel were sent out on test at the end of 1962, and a sample tested in this Department was without doubt of excellent quality. It was smokeless, easily ignited, and free burning. The only reservation one must keep is in relation to what price it is going to be on the domestic market. Members of the Health Committee with the Warwickshire Clean Air Council visited the Coal Board's Pilot Plant at Birch Coppice Colliery in the Spring, and saw the new fuel being made and tested.

During the course of the year a further smoke control area was brought into operation. This was the Coventry (Broad Lane No. 3) Smoke Control Area, which contained some 1,800 houses. The total number of houses in smoke control areas at the end of 1962 was 6,800 houses, covering 1,594 acres.

Additional staff were recruited to survey new areas, and as new members of the Department they have worked very well, and good progress was made in surveying the next areas. Two areas were surveyed during the year, amounting to some 5,945 houses, and Orders were made by the Council and submitted to the Ministry for confirmation. Incorporated in this report is a small folding map in diagram form, showing the ten-year programme of smoke control areas for Coventry. It is divided into five two-year stages. By 1973, when the programme should be completed, the City should then be free of the evils of smoke pollution, both from industrial and domestic sources.

Many talks were given during the course of the year in areas planned as smoke control areas, and at question time inevitably the point concerning the burning of coke and the giving off of fumes was raised. The questioner was often concerned with some belief that there is a hidden danger in the burning of coke. The source for this belief is rather hard to arrive at. COKE AS A FUEL CONTAINS NOTHING THAT IS NOT IN COAL. One hears statements that "I can burn such and such a smokeless fuel, but I cannot burn coke, as the fumes choke me." In statements such as this there can be no truth whatsoever. Firstly, it should be stressed that all manufactured solid smokeless fuels are EITHER COKES OR SEMI-COKES. They differ in the main from each other only in the extent to which they have been carbonised by heat, i.e., baked. If a coke fire gives off fumes into a room, the fault lies in the chimney. A coal fire in the same room will give the same fumes, and also smoke (soot) particles, and other unburnt hydro-carbons from the coal, which will be detected in the room, but not the other fumes. The combination of smoke and fumes from the coal are far more obnoxious and harmful to health than the fumes from coke. The solution is

not to seek other fuels, because all fuels will in such a case give nuisance into the room. The solution is to remedy the chimney defect. Any chimney which will burn coal satisfactorily will take away the products of combustion from any solid smokeless fuel without trouble.

Often people say that a coke fire dries the air. Where this is true, it is because the coke fire is hotter, and greater heat is given off per pound of fuel. Thus, better value is obtained for money, and the solution where this does arise is to reduce the size of the fire. However, some people get benefit from a small saucer of water kept in the room. This helps to increase slightly the humidity. Some say that this is also helpful in houses heated by gas and electricity. However, many people find that a greater standard of warmth is more appreciated than any other factor, and accordingly tend to disregard the drying of the atmosphere. After all, a warm dry home is a more healthy home.

In October, 1962, to coincide with the coming into force of the Broad Lane Smoke Control Area, the Public Health Inspectors Department organised a clean air exhibition in the exhibition hall of the City Architect's Department. The theme of the exhibition was "Smoke Kills and Blights." The exhibition was open for four weeks, and during that time a great number of citizens and schoolchildren saw it. A Public Health Inspector was available at all times to answer queries, and in addition, mobile demonstration vans were provided by the National Coal Board and the West Midlands Gas Board to show actual fuel appliances in operation. This exhibition was without doubt a great success, and credit must go to those members of the staff who worked so long and so hard, including weekends, in order to get the exhibition ready on time. The use of the hall was provided through the good offices of the City Architect and Planning Officer, and his officer in charge of the Model Making Section acted as adviser on the display. As a professional designer and display artist his services to this Department were reflected in the excellence of the display, which was built upon our knowledge of public health, and his science of display. Valuable assistance was also provided by the Solid Smokeless Fuels Federation and the East Midlands Electricity Board.

The principal work under the Housing Acts during 1962 was transferred from slum clearance and demolition to houses in multi-occupation. In relation to the clearance of unfit houses, it is estimated that there are at least 1,200 in the city requiring attention. These are known to be unfit houses, but it is sad to relate that very little progress has been made in dealing with them, due to the low rate of Council house building. In dealing with an unfit house, the method is that of Clearance Order and demolition. For every house demolished a new house has to be provided. Therefore, the clearance programme can only proceed as fast as the house building programme will allow. The present rate of building in Coventry is so low that it will be many years before our unfit houses are cleared, and in the meantime

many families will be forced to live in these conditions for a much longer period than was hoped when the survey was first made.

In the case of houses in multiple-occupation, i.e., those houses occupied by two or more families, information was obtained from various sources as to the number of houses so occupied. It was decided that as the preliminary stage, houses containing three or more families would be investigated first, as their conditions from the point of view of facilities would often be inferior to those occupied by only two families.

During the course of the year some 1,400 houses were investigated, firstly to ascertain the degree of overcrowding, and secondly to provide information within the Department as to the extent of the problem facing us, and the facilities that would be required in these houses to make living conditions tolerable for the occupants. It was a relieving fact to find that of the 1,400 investigated, only some seven per cent. were overcrowded, and the number of serious overcrowdings was quite small. This refers to space overcrowding, and not to the provision of facilities (i.e., cooking and washing facilities). The majority contain too many people when assessed by the facilities available in the house. Some 271 houses were found to be suitable in all respects for the manner in which they were occupied, and no further action is being taken in these cases.

In respect of the remainder, the picture unfortunately is a black one, and we are faced with two types of houses :—

- (a) The small five-roomed family house in a terrace, normally occupied by one family, with the facilities for one family, but now occupied by as many as five families, and
- (b) The old, large Victorian house of ten or thirteen rooms, with some small additional facilities, occupied by ten to thirteen families, when the facilities available are only just about sufficient for two, or at the most three families.

Living conditions of this type are tragic, and it is a serious reflection on our national housing resources that these conditions are being multiplied in every prosperous industrial town in this country. Many workers moving round the country to find work are forced to take this type of accommodation, as it is the only kind they can get. Often they have to pay for one room for a family a higher rent than they would pay for a Council house. Facts like these indicate the seriousness of our housing position.

The Housing Act of 1961 will not cure this "sickness" for houses — it will only relieve the worst of the squalor. Houses to let at rentals that these families could and would be willing to pay are the only answer. Houses and yet more houses ! All over the land vast commercial building projects (offices and shops) are springing up in our new city centres. Could not some of these investments be channelled to house building — for houses to let at a reasonable rent?

It is said that mobility of labour is necessary if this nation is to survive economically. Is it fair to expect a worker to move his family to find work if the only accommodation he can get is either one room in a house in multiple-occupation or, even worse, an old caravan? The nation must provide the houses.

Work under the Rent Act during the year was very low, and there appears to be a considerable amount of misunderstanding in the public's mind concerning repairs in relation to rent controlled houses. Efforts should be made to let tenants know that they can apply to the Local Authority for a Certificate of Disrepair at any time if their house is in disrepair, and that this action is not merely limited to the time when a landlord gives notice of any rent increase. If a house needs repair, a tenant can at any time serve the required form listing the repairs upon the landlord, and if the landlord does not either do the repairs or undertake to do them within a set period, the tenant can apply to the Local Authority for a Certificate of Disrepair. If granted, or if the landlord fails to carry out his undertaking, the tenant can make reductions in his rent in respect of any rent increases previously made for repairs under the Rent Acts. It is thought that many tenants, not knowing this, suffer houses in disrepair, and yet still continue to pay the full rent.

One very important aspect of the work carried on during the year was in the sphere of health education. So much of the work of the Public Health Inspectors' Department touches directly upon the daily life of the citizen, for example, housing conditions, food inspection and food hygiene, and the establishment of smoke control areas. Good public relations are essential if the Public Health Inspector is to do his work efficiently and effectively. Every effort is made in the Department to speak at ratepayers' meetings and association meetings, and, in fact, at any point where we can talk to citizens about our work. This is health education in practice, and by the end of the year outlines were in being to increase this work as much as possible, as it is felt that one citizen convinced that what we are doing is for the public good is almost equivalent to an extra member on the Department's staff.

NEW LEGISLATION

Enactments which extended the functions of the Department and which came into operation during the year were :—

Housing (Management of Houses in Multiple Occupation) Regulations, 1962.

These regulations came into operation on the 22nd May, 1962, and prescribe a code of management which a local authority may apply by order to any house which is occupied by members of more than one family. They are designed to remedy the failure to maintain proper standards of management in such houses, where they are applied. The regulations impose duties and obligations upon the manager in respect of adequate supervision, water supply, drainage, lighting, heating, repair, windows, ventilation, escape from fire, and other matters. The manager of a house to which the regulations apply is required to display therein certain documents (including a copy of the regulations) for the information of the occupants, and to provide the local authority on request with particulars of the number of occupants and use of rooms. These are stringent regulations to meet the pressing needs of a particular housing problem of the present day.

The Preservatives in Food Regulations, 1962.

These are consolidating regulations, which came into operation on the 26th July, 1962. They revoke the whole of The Public Health (Preservatives etc., in Food) Regulations, 1925, and the Amendment Regulations of 1926, 1927, 1940, 1948, 1953, and 1958. They also revoke part of The Colouring Matter in Food Regulations, 1957.

The Milk and Dairies (Preservatives) Regulations, 1962.

These regulations came into operation on the 26th July, 1962, and legislate specially for the protection of milk against the addition of preservatives. In these regulations "milk" means milk intended for sale or sold for human consumption or intended for manufacture into products for sale for human consumption, and includes skimmed milk, but not cream, dried milk, or condensed milk. They state quite briefly and compulsorily "no person shall add any preservative to milk," and "no person shall sell any milk to which any preservative has been added." Severe penalties which incur fines and imprisonment may be imposed for contravening these regulations.

The Milk and Dairies (Legal Proceedings) Regulations, 1962.

These regulations came into operation on the 27th June, 1962, and amend The Milk and Dairies (Channel Islands and South Devon) Regulations, 1956, and The Milk and Dairies (General) Regulations, 1959, by applying specifically certain sections of the Food and Drugs Act, 1955, relating to legal proceedings.

The Food and Drugs (Legal Proceedings) Regulations, 1962.

These regulations also came into operation on the 27th June, 1962, and amend the regulations specified in the Schedule, and also The Slaughterhouses (Hygiene) Regulations, 1958, as amended, The Meat (Staining and Sterilization) Regulations, 1960, and The Lead in Food Regulations, 1961, by applying specifically certain sections of the Food and Drugs Act, 1955, relating to legal proceedings.

The Milk and Dairies (Emulsifiers and Stabilisers) Regulations, 1962.

These regulations, which apply to England and Wales only, came into operation on the 11th April, 1962, and prohibit the addition of any emulsifier or stabiliser to milk, and the sale of any milk to which such an addition has been made.

The Emulsifiers and Stabilisers in Food Regulations, 1962.

These regulations came into operation on the 16th July, 1962, with the exception of part of regulation five and regulation six, relating to labelling and advertisement of the permitted emulsifiers and stabilisers, which come into operation on the 14th January, 1963. The regulations apply to England and Wales only, and prohibit the sale or importation of flour containing any emulsifier or stabiliser. They also prohibit the sale or importation of bread containing any added emulsifier or stabiliser, other than stearyl tartrate or partial glycerol esters. Only the emulsifiers and stabilisers specified in the First Schedule may be added to any other food which is intended for sale or importation.

HOUSING

When considering action under the Housing Act to secure the demolition of unfit houses, which naturally involves the re-housing of the occupiers, two old adages spring to mind, namely " You must cut your cloth according to the pattern," and " You cannot put a quart into a pint pot." Thus it is that the progress of Slum Clearance, either by means of Clearance Orders or Demolition Orders, has to be adjusted to the accommodation that the Corporation is able to provide for the displaced families. In addition to Slum Clearance requirements, the Corporation have to re-house families displaced by re-development schemes and new road works, and it so happens that during the year under review all three schemes have been inter-related, insofar as many houses scheduled for clearance under the Housing Act have been absorbed by re-development and road works. A total of 191 families (565 persons) have been re-housed from unfit houses, which is very satisfactory when taking into consideration the limited number of new houses which have been made available.

Eight Clearance Orders have been made during the year and submitted to the Minister of Housing and Local Government for confirmation. Three of these Orders, together with two submitted at the end of the previous year, were confirmed without modification after an inspection of the areas by one of the Minister's inspectors. In no case was a Public Inquiry held.

Forty-three " Individual Demolition Orders " were made in relation to dwellings which were incapable of being rendered fit for human habitation at reasonable expense. Two of these Demolition Orders were made following the failure of the owner to honour an undertaking which he had given to the effect that he would render the houses fit to the satisfaction of the local authority. In three instances Closing Orders were substituted for Demolition Orders.

Eighty-five houses in the ownership of the Corporation were certified to be unfit for human habitation, thirty-four of these being in declared Clearance Areas. In the case of twenty-nine of these houses, after the report of his inspector, the Minister of Housing and Local Government confirmed that the houses were unfit, and in the case of the remaining fifty-six houses, the Minister intimated that he did not propose to exercise his right to inspect and would accept the certificate of unfitness.

During the year 109 voluntary undertakings (56 of which referred to houses in Clearance Areas) were given by owners to the effect that upon the re-housing of the occupiers, the houses would be demolished.

As a result of formal and informal action, a total of 165 unfit houses have been demolished.

The problem of dealing with houses in multiple occupation has been given great attention, and as a result, a survey of 1,434 houses

which were known to have, or suspected of having three or more families in was made. From experience in the past it was known that these houses presented a more urgent problem than those with only two families. Of the 1,434 it was found that 271 complied with the requirements in regard both to the number of persons in occupation and to the amenities provided. This leaves 1,163 houses which require further action either by requiring additional amenities under Section 15 of the Housing Act 1961, or by the making of a direction under Section 19 of the Act to limit the number of occupiers. Action in either case will involve the re-housing of some of the occupiers, which in turn will place a further burden on the shoulders of the Housing Department. It is to be hoped that soon there will be a large extension of the house building programme in order that the implementation of the provisions of both the Housing Acts of 1957 and 1961 may be speeded up.

With reference to the provision of adequate amenities in houses in multiple occupation, the Ministry of Housing and Local Government's Circular 16/62 gave an indication of what should be required, and accordingly a set of standards has been drawn up incorporating these suggestions as far as it was considered possible under local conditions.

There are many difficulties encountered in the inspection of these houses, as many are controlled by persons who cannot (or indicate that they cannot) speak the English language ; also a great number of the occupiers of the " lettings " are at work all day. In addition it has been found that in many instances no rent books are provided, and the person in control of the house is unknown. It is hoped that this latter difficulty will be overcome by the implementation of the Landlord and Tenant Act, 1962, which requires the provision of a Rent Book for all weekly tenancies. In all cases where it is found that Rent Books are not provided, they are referred to the Housing Department, as the administration of the Act has been delegated to the Housing Committee.

Although the improvement of existing dwellings by the installation of amenities still continues with the financial assistance given under the Housing (Financial Provisions) Act, 1958, as amended by the House Purchase and Housing Act, 1959, and Housing Act, 1961, it is felt that insufficient advantage is being taken of the provisions of these Acts. This opinion is evidently shared by the Minister of Housing and Local Government, for his Circular 46/62 urges local authorities to try to persuade owners of property to avail themselves of either a " discretionary " or " standard " grant to enable them to bring the houses up to modern requirements, failing which the consideration of compulsory purchase is suggested, so that the local authority can themselves carry out the improvements. After consultation with the City Architect and Planning Officer's Department (who receive all applications for grants), two areas in the city were selected where it was felt that such an operation could be carried out, and at the end of the year a " plan of campaign " was being formulated.

With regard to actual applications for improvement grants, 198 houses have been inspected as to their suitability for "discretionary" grants, and 1,612 for "standard" grants. In one instance it was found that before a recommendation could be made for the approval of a "discretionary" grant, the owner had to carry out substantial repairs to the fabric of the house, and in 45 instances of applications for "standard" grants the houses fell short of the requirements, while in 8 instances, where the application for a grant had been made with a view to providing hot water installations, it was found that hot water was already available at the three specified points.

The provisions of the Public Health Act, 1936, have been used to secure the repair and maintenance of habitable dwellings, and during the year 2,871 repairs and improvements have been effected in 614 houses.

Under the provisions of the Rent Act, 1957, applications were received from the tenants of 44 houses for Certificates of Disrepair, and, after inspection, a recommendation was made in each case that a Certificate be issued. Following the service of the "notice of intention" on the landlords, 39 undertakings were received, and in one case the defects of repair were remedied forthwith, so that it was necessary only to issue 4 Certificates. Seven applications were received from landlords for the cancellation of Certificates of Disrepair. After the tenants had been notified, three objections were received on the grounds that the defects had not been remedied, and after investigation the objections were upheld. Two applications were received from tenants for certificates to the effect that the undertakings given by the landlords had not been honoured, and one application from a landlord for a certificate that the defects specified in his undertaking had been remedied.

HOUSING STATISTICS FOR THE YEAR, 1962.

Number of houses which on inspection were considered unfit for human habitation.	634
Number of houses in which the defects were remedied in consequence of informal action by the Local Authority or their officers	315
Number of reports made to the Local Authority with a view to	
(a) the issue of notices requiring the execution of works	614
(b) the making of Demolition Orders or Closing Orders	20
Number of notices served requiring the execution of works.	614
Number of houses which were rendered fit after the service of formal notices	299
Number of Demolition or Closing Orders made	43
Number of houses in respect of which an undertaking was accepted under Section 16 of the Housing Act, 1957	Nil
Number of houses demolished	130

The City Engineer kindly gives the following information concerning new dwellings :—

(a) Number of new dwellings erected during the year	
TOTAL	1,283
(b) With state assistance under the Housing Acts	
(i) By Local Authority	351
(ii) By other bodies or persons	Nil

REHOUSING

Number of applicants on waiting list 1st January, 1962	5,462
Number of applicants on waiting list 31st December, 1962	6,930
Number in Category A (First Priority)	Nil
Number in Category B (Second Priority)	1,054
Number in Category C (Third Priority)	4,566
Number in Category D (Fourth Priority)	1,310
Number of families rehoused during the year	
From Category A	6
From Category B	231
From Category C	807
From Category D	49
	1,093
Number of applications for Corporation Houses made during the year 1962	2,561
Number of dwellings erected by the Corporation during the year 1962	351
Number of families rehoused as a result of representations by the Public Health Inspectors' Department	63
Number of houses voluntarily closed	49

HOUSING ACT, 1957 — OVERCROWDING

(a)	(i)	Number of houses overcrowded at the end of the year	486
	(ii)	Number of families dwelling therein	609
	(iii)	Number of persons dwelling therein	2,410
(b)		Number of new cases of overcrowding reported during the year	264
(c)	(i)	Number of cases of overcrowding relieved during the year	197
	(ii)	Number of persons concerned in such cases	754
(d)		Particulars of any cases in which dwelling houses have become overcrowded after Local Authority have taken steps for the abatement of overcrowding	Nil

MOVABLE DWELLINGS

When speaking of movable dwellings it is intended to refer mainly to the type of dwelling that has been specially manufactured or adapted for use as a dwelling and is known as the caravan.

Movable dwellings, as far as matters affecting public health are concerned, come within the purview of two Acts ; these are the Public Health Act, 1936, and the Caravan Sites and Control of Development Act, 1960.

The definition of a movable dwelling under the earlier Act includes any tent, shed, van, or similar structure, but not a structure to which the byelaws of the local authority apply. The latter Act refers to caravans only, which it defines as any structure designed or adapted for human habitation which is capable of being moved, and any motor vehicle so designed or adapted.

There is no doubt that the caravan as a home is now a well established fact, and as there are some caravan dwellers who prefer this way of living, it is evident that they are here to stay. This fact is one which probably all local authorities take into consideration when dealing with applications for planning permission or site licences.

There are caravan site owners who consider that local authorities look upon caravan sites with disfavour and would like to see them discontinued. There is probably a measure of truth in this for several reasons. Many sites are ill equipped and run. Most caravans are in reality temporary homes providing substandard living accommodation and are not suitable places in which to bring up a family, due to absence of sufficient space and lack of normal facilities. Local authorities are asked to consider the demolition and clearance of houses which fall short of certain standards or do not enjoy certain facilities which many caravans do not enjoy. Yet the caravan is not necessarily subjected to the corresponding action imposed upon the dwelling house.

When issuing licences under the Caravan Sites and Control of Development Act, 1960, a local authority is empowered to attach conditions to the licence with a view to ensuring that the sites are properly equipped and run, and that the health of the caravan dweller is safeguarded as far as possible. The Model Standards for sites issued by the Minister have (as the statute requires) been used as a guide by licensing authorities, and many of them have, as in the case of Coventry, taken these conditions to be the minimum to be desired. A person aggrieved by any condition attached to a licence has power to appeal against the condition to a Magistrates' Court, which may vary or cancel the condition.

There were in the City, at the commencement of the Caravan Sites and Control of Development Act, 1960, twenty-nine private sites with 436 caravans stationed on them. In addition there was one site owned by the Corporation upon which were stationed 190 vans, so that there were 626 vans stationed on thirty sites within the City.

A number of these sites had planning permission, some had "existing user" rights, and some were licensed under the Public Health Act, 1936.

The position relating to sites and the number of vans occupying them at the close of the year is that ten sites occupied by thirty vans have been cleared, six of these sites being occupied by single vans. One site, which had 126 vans stationed upon it, is being developed as a housing estate. This is being run down, and thirty-two vans have so far been removed. Five sites, accommodating fourteen vans, are occupied by travelling showmen.

Two licences were issued during the year, one in respect of a site which has been granted planning permission until January 1977, and the other for a site for which planning permission expires in March, 1964. There are now five licensed sites within the City, accommodating 215 caravans.

Of the remaining sites, enforcement action by the local planning authority has either been taken or is contemplated. During the year, in two instances enforcement action has been upheld by the Minister, and the sites, accommodating twenty vans, are in the process of being cleared. In another case the Minister upheld an appeal against enforcement notices, and negotiations are at present going on between the owner and the local authority for the purchase of the site.

The closing of sites has presented difficulties regarding the re-siting of caravans to be removed, as all standings on licensed sites within the City are taken. The City Council, recognising that there is an urgent need for caravan sites has decided to bring its own site, which is under the control of the Housing Committee, up to at least the standard required of private owners, and the site is to be laid out to accommodate 170 caravans. Also, consideration is being given to the establishment of an additional site, which will be laid out and fully equipped to conform with the Model Standards. When completed the new site will provide accommodation for 148 caravans of the trailer type.

CLEAN AIR ACT, 1956 SMOKE CONTROL AREAS

The implementation of the Clean Air Act, as far as the establishment of Smoke Control Areas is concerned, is now proceeding according to the ten year programme made by the Health Committee and approved by the City Council in March of this year. This revised programme cancels the previous programme, which was submitted to the Minister in 1959.

The earlier programme had fallen behind ; its progress was based on the assumption that sufficient staff would be available to carry it out. However, it was not until this year that the full establishment of staff required to carry out the work involved was reached. There are now five persons appointed in a temporary capacity, and designated Smoke Control Technical Assistants, to assist in this work. Their duties are mainly those connected with the survey of domestic premises and the compilation of records associated with these. Inspections of industrial and commercial premises within the proposed areas are carried out by the District Public Health Inspector, who also supervises the work of the Technical Assistants in relation to fuel burning appliances in houses.

Under the provisions of Section 11 of the Act, which deals with the establishment of Smoke Control Areas, a Local Authority is given power to exempt from the provisions of any Smoke Control Order it may make any class of building or fireplace. Also, by virtue of his powers under the Act, the Minister has exempted certain types of furnaces, subject to the provision that they are properly installed and maintained.

So far all mechanically fired furnaces, within the areas for which Smoke Control Orders have been made, have been exempted. It is considered that all those using solid fuel, most of which have been installed during the past ten years, are capable of being operated virtually smokelessly. Of the furnaces within these areas, oil-fired installations predominate.

The table below shows the acreage to be covered by Smoke Control Orders and the numbers of dwellings included. This is the revised programme submitted to the Minister in April.

(1)	(2) Covered by Orders made up to 31.12.61	(3) Estimated additions covered by Orders to be made during 1962	(4) Estimated additions covered by Orders to be made during 1963	(5) Estimated additions covered by Orders to be made during 1964	(6) Estimated additions covered by Orders to be made during 1965	(7) Estimated additions covered by Orders to be made during 1966	(8) Final objective (the total numbers it is intended ulti- mately to cover)	(9) Target Year for com- pletion of pro- gramme (Orders oper- ative)
Premises	6,180	6,070	6,450	11,760	11,580	13,800	98,600	1973
Dwellings	5,900	5,870	5,900	11,360	11,180	13,200	93,172	
Acres	1,624	1,618	1,623	1,269	2,964	3,022	19,171	

From this table it will be seen that by 1966 it is envisaged that Orders covering approximately 12,000 acres and embracing some 53,000 dwellings will have been made by the Council. The target year for the completion of the programme is 1973, so that for the five years 1967—1971 inclusive, Orders covering 7,051 acres and including approximately 40,000 dwellings will have to be made. All orders will be operative by 1973. This is an ambitious programme, which will probably extend the efforts of the Department to its limits.

During the year one Smoke Control Order became operative and two Orders were made by the Council.

The Order which became operative was the Broad Lane (No. 3). This took effect from the 1st October, and covered an area of 210 acres. It is contiguous with the Tile Hill and Allesley Smoke Control Areas, and with them forms one large Smoke Control Area of approximately 1,600 acres.

This is an area still in the process of development. It is expected that the ultimate number of houses within it will be approaching 1,800. The number of houses requiring adaptations to firegrates was 286, and at the close of the year most of these adaptations had been completed. In all cases where adaptations had not been carried out by the date of operation of the Order, notices under Section 12(2) of the Clean Air Act were served.

As with the two areas already in operation, the Broad Lane (No. 3) Area came into operation fairly smoothly, although there was again the last minute rush to get the conversions and adaptations carried out to firegrates. This appears to be mainly due to occupiers placing orders for the conversions to be done very near to the date of operation of the Order.

The West Midlands Gas Board has given considerable assistance to the Department, by the use of a demonstration van, which was in the last area almost continuously from the date of confirmation of the Order until it came into force. Assistance has also been given by the Solid Smokeless Fuels Federation, who also stationed their demonstration van in the area, and gave advice to residents.

Publicity given to the need for clean air must, by reason of the various means through which it is channelled, reach every house. During the dense fog which covered a large area of the country for several days at the beginning of December, parts of several programmes on television were devoted to effects of pollution in large industrial towns, and a number of eminent persons in the sphere of public health were interviewed. Whilst some emphasis was laid on the dangerous invisible constituent of the products of fuel combustion, namely, sulphur dioxide, the danger to public health from the visible products of combustion was also made apparent.

During the year, 68 contraventions of Section 11 were observed. In all of these cases the offenders were burning bituminous coal. Each one was interviewed and the interview was followed up by a letter of warning. The cases which occurred during the year were reported to the Health Committee. A further report is to be made, and it is probable that the Health Committee will consider authorising legal proceedings to be taken against offenders.

Two more Orders were made by the Council during the year. These were the Coventry, Coundon (No. 4) Smoke Control Order, and the Coventry, Lime Tree Park (No. 5) Smoke Control Order, and it is expected that both will become operative late in 1963.

The No. 4 Order relates to an area to the north of and adjoining the Coventry, Allesley (No. 1) Area. It is 1,196 acres in extent and contains 3,800 dwellings. The No. 5 Order relates to an area to the south of and adjoining the Tile Hill (No. 1) Area. It covers 362 acres and contains 2,145 dwellings. These two areas will, if the Orders are confirmed, form, with the existing areas, one large area a little over 3,000 acres in extent, nearly 1/6th of the City Area.

CITY OF COVENTRY SMOKE CONTROL AREA PROGRAMME

YEAR.

1963-65.

1965-67.

1967-69.

1969-71.

1971-73.



STAGE 1.

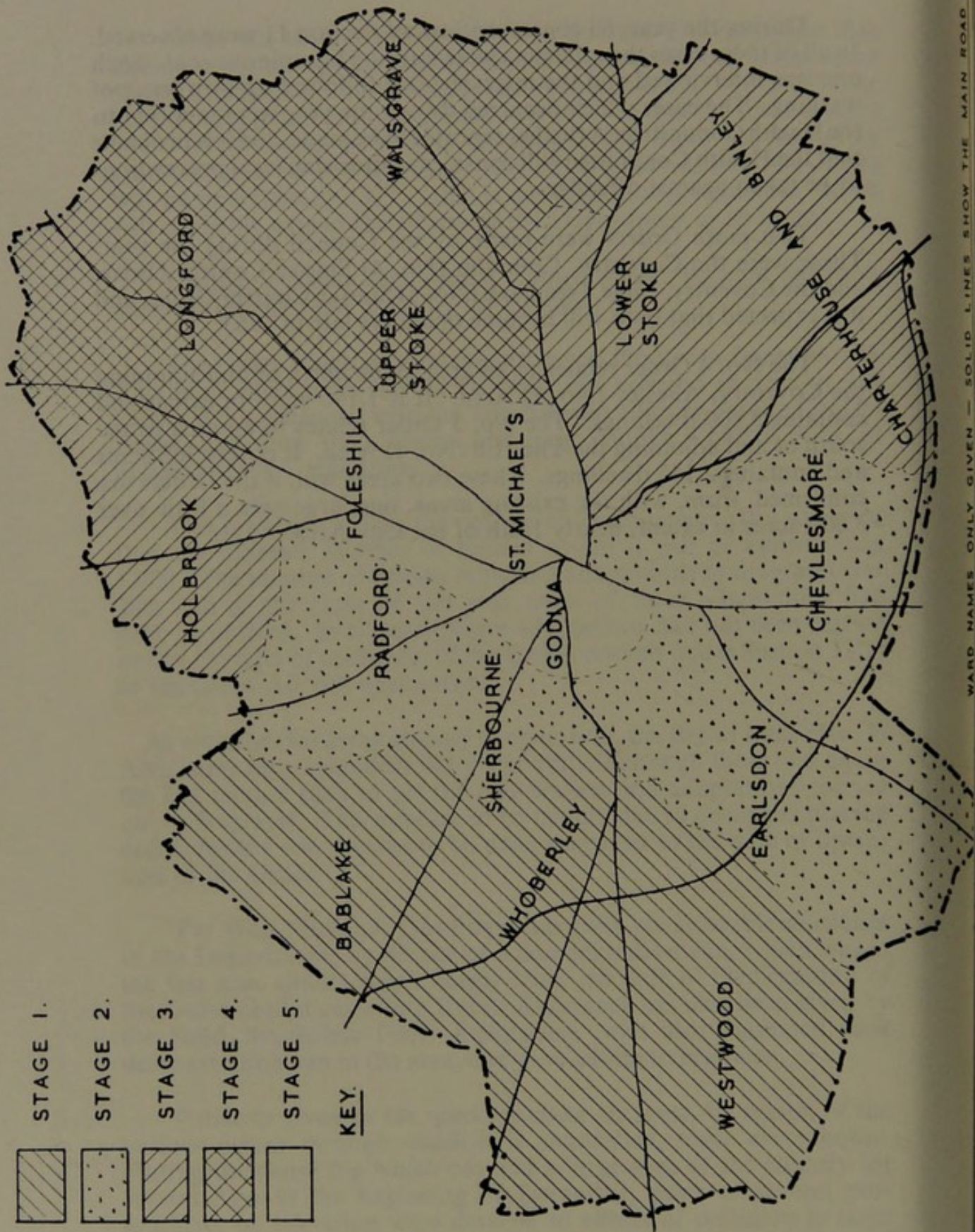
STAGE 2.

STAGE 3.

STAGE 4.

STAGE 5.

KEY.



WARD NAMES ONLY GIVEN — SOLID LINES SHOW THE MAIN ROAD SYSTEM.

INSTALLATION AND PRIOR APPROVAL OF FURNACES

A valuable provision in the Clean Air Act is the requirement that all new furnaces shall be, as far as practicable, smokeless. In order that it can be determined whether this is possible, details of the type and rating of furnaces and the fuel to be used are submitted to the Local Authority by the person or firm concerned.

Apart from the physical advantages of smokeless installations, we have the educative effect on managements that the unnecessary production of smoke is a serious offence. Subsequent breakdown of plant or decline in efficiency leading to pollution is more likely to be dealt with expeditiously by the firm without invoking the powers of the Act in regard to the production of smoke outside the permitted periods. Probably at no time have there been greater facilities open to the industrialist to remedy furnace defects, nor so many sources of advice available. The fuel industry and Government-sponsored organisations are prepared to give help.

The requirement to notify installation of furnaces to the Local Authority does not, however, apply to the domestic type of furnace which does not exceed a rated output of 55,000 British Thermal Units an hour. This is based on the assumption that the fuel used in such appliances is unlikely to give gaseous products in such concentration and quantity as to be a danger to health. Complaints have been received, however, from householders with regard to one particular type of domestic appliance. This is the oil-fired balanced draught furnace, which has no vertical flue. The products of combustion in this case are discharged into the open air at the level of the boiler. Nuisance has been experienced from the production of smuts, and there is also the fear in the minds of complainants that the fumes may be prejudicial to health as they rise and can be detected in nearby bedrooms. Since the oil used in these furnaces has a low sulphur content, and the amount consumed is comparatively small, the quantity of SO₂ produced from each boiler is of little health significance. There is no power at present to control such furnaces unless they produce visible smoke. It can be envisaged that with a widespread increase in oil-fired central heating in densely built areas, such complaints may become more numerous. It is a development which will be watched with care.

Notification of intention to install plant is frequently coupled with the depositing of plans for byelaw approval for the construction of a new boilerhouse. Section 10 of the Clean Air Act empowers a Local Authority to reject such plans if they are of the opinion that the height of the chimney shown upon the plan is insufficient to disperse the products of combustion without causing a nuisance or being prejudicial to the health of the inhabitants of the neighbourhood. In order to arrive at such a decision, information is required as to the type of furnace, its rated output and the type and quantity of the fuel to be used. The overall requirement of such plant is smokelessness, and therefore the height of the chimney is calculated on the possible

sulphur dioxide emission during periods of average maximum output, and its probable concentration at ground level. Naturally the sulphur dioxide level present in different parts of the City varies according to the concentration of fuel burning plant, and the City is therefore zoned so that chimney heights vary directly in proportion to the background sulphur dioxide concentration already present. Further amendments can be made to the chimney height, dependent on the height of surrounding buildings and the contours of the surrounding land. In general a minimum height of thirty feet is required for any industrial chimney. Thus, managements may take advantage of legislation to receive prior approval of their plant, which allows confident planning and construction of plant at an early stage. The minimum accepted height of thirty feet has been the subject of some criticism as to its adequacy, and much research is being done at present towards the amendment of this standard.

During the year twenty-seven notifications of intention to install furnaces were received in accordance with Section 3 of the Act. Prior approval was required in fifteen instances. It is an interesting commentary on the trends in fuel usage that of these furnaces, sixteen were oil-fired, six gas-fired, four coal-fired, and one coke-fired.

Smut Emission Nuisance

Perhaps the most significant comment made by industrial interests soon after the commencement of the Clean Air Act, 1956, was that "Smoke abatement is no problem, grit emission is our headache." Oil-fuel usage means no grit emission as such, and appreciation of this fact has no doubt been one of the reasons for the widespread conversions from solid to oil fuel. Unfortunately, things are never so easy, and industrial solid-to-oil-conversions are viewed with suspicion, since a newly-recognised condition known as "acidic smut emission" can arise, where soft, feathery, soot flakes are emitted over the surrounding houses and countryside. Such deposition is generally considered to be much worse than the grit emission which the fuel change was designed to eliminate. At a factory in the Holbrooks area this trouble was experienced, and, after intensive investigation by fuel technologists, it was agreed that in this, and others similar, "the answer lies in the chimney."

It is now fully realised in combustion circles that chimney design has not kept in step with fuel efficiency developments. For economic reasons the last scrap of available heat is extracted from oil-fuel to do useful work, with the consequence that waste or chimney gas temperatures become lower and lower. At a critical temperature conditions are ripe for circumstances which produce the characteristic soot emission from the chimney top.

At the factory in question the problem appears to have been satisfactorily solved insofar as soot emission is concerned by the installation of three special chimneys of unusual design. This type of chimney, which has double walls enclosing reflective insulation, forms a heat barrier which maintains the temperature of the waste gases and prevents soot formation and emission.

GRIT & DUST

The Clean Air Act, 1956, puts responsibility on the occupier of any building other than a domestic building to minimise the emission of grit and dust from the chimney of that building where a furnace or oven is used to burn solid fuel or solid waste. To accomplish this any practicable means must be used.

Pulverised fuel gets a special mention, together with other solid fuel, burned in quantities of one ton or more per hour with the requirement that industrial plant using either fuel must be provided with grit and dust arresting equipment to a standard agreed by the Local Authority. Exemption is given, however, to all pulverised fuel plant in existence before the appointed day. A further weakness is that the Minister, six years after the coming into operation of the Act, has made no regulations requiring occupiers to measure the grit and dust being emitted from furnaces under their control. Inasmuch as the object for measuring grit and dust is to check the efficiency of any arrester equipment, the absence of regulations may be construed by industry, as indicating a lack of resolve at the moment, to reduce one of the three principal types of air pollution. Although Section 10 is normally regarded as the means to provide higher chimneys to disperse sulphur gases, these same chimneys can also effectively disperse grit and dust.

Apart from industrial processes, grit and dust are emitted from furnaces, whether or not there is visible smoke at the chimney. Ash is carried up with flue gases in an amount dependent on the nature of the fuel, condition of the fire, and velocity of the draught. The greater the draught and the finer the fuel, the greater the amount of ash drawn up in the chimney. Unburned particles of carbon or coal may be drawn up, particularly when powdery or pulverised fuel is used. Plant using pulverised fuel requires mechanical arresters supplemented by electrostatic precipitators. In some cases fabric filters may be necessary to remove fine dust. The important factors to be considered are the weight of dust discharged, size of particles, and whether a chimney is of sufficient height to disperse the residual dust adequately.

The Department of Scientific and Industrial Research has issued figures showing that in Great Britain each year, 3,000,000 tons of solid matter are thrown into the air, almost all of it from industrial sources. The weight of grit and dust from all sources thrown out onto the ratepayers of Coventry may be seen from Table 1.

TABLE 1
ESTIMATION OF ATMOSPHERIC POLLUTION BY
STANDARD DEPOSIT GAUGE
TOTAL SOLIDS DEPOSITED TONS PER SQUARE MILE
1962

Station	J	F	M	A	M	J	J	J	A	S	O	N	D	Monthly Average	
														1961	1962
Precinct	16.31	7.82	16.18	11.55	14.59	5.34	7.85	8.29	6.41	7.52	6.95	11.41	10.02	10.63	10.02
Edgwick	—	—	—	13.07	18.78	4.96	9.36	12.90	12.52	7.01	8.70	21.15	13.16	15.91	13.16
Spon End	20.64	6.43	9.97	—	—	—	—	—	—	—	—	—	—	—	—
Parkgate School	11.13	7.35	21.93	8.84	14.70	6.89	5.60	—	6.03	4.80	6.85	9.61	9.43	8.61	9.43
Wood End	11.61	6.54	8.93	6.81	9.67	6.71	6.01	6.98	6.28	6.98	5.40	8.79	7.56	7.81	7.56
Foleshill	20.74	12.72	17.28	11.61	17.72	11.44	12.39	—	15.67	10.44	8.15	20.71	14.44	15.64	14.44
Radford	6.44	5.04	9.30	5.30	—	—	—	—	—	—	—	—	—	10.10	—
Mount Nod	10.96	5.50	11.23	7.32	12.85	—	—	—	—	—	—	—	—	9.43	—
Memorial Park	8.96	3.15	8.89	6.88	—	10.77	5.64	—	—	13.25	9.46	5.97	8.11	8.10	8.11
Little Heath	46.76	42.53	85.48	42.19	64.69	42.99	37.99	33.05	15.80	—	104.39	33.12	49.91	54.84	49.91
Pridmore	27.16	14.54	22.55	17.55	27.92	15.57	16.42	19.08	22.06	14.38	10.39	12.89	18.38	30.93	18.38

**ESTIMATION OF ATMOSPHERIC POLLUTION BY
LEAD PEROXIDE INSTRUMENTS
ABSORPTION OF SO₂ EXPRESSED AS MILLIGRAMS
SO₃ PER 100 sq. cm. OF LEAD PEROXIDE PER DAY
1962**

Station	J	F	M	A	M	J	J	J	A	S	O	N	D	Monthly Average	
														1961	1962
Precinct	2.77	4.04	2.79	1.77	1.11	0.65	0.88	0.71	1.06	0.94	2.93	3.03	1.89	1.86	
Edgwick	2.54	2.80	2.77	1.90	1.36	0.66	0.59	0.59	0.84	0.89	3.04	3.63	1.54	1.80	
Spon End	1.33	1.61	2.03	1.14	—	—	—	—	—	—	—	—	1.15	—	
Whitley	1.33	1.68	2.39	1.14	—	—	—	—	—	—	—	—	1.15	—	
Copsewood	3.02	1.72	2.04	1.15	0.98	0.42	0.69	0.57	1.06	0.93	1.97	2.32	1.12	1.41	
Stoke Park	2.20	2.52	2.83	1.67	1.43	0.71	0.50	0.52	1.01	0.96	2.63	3.24	1.64	1.69	
Wood End	4.40	2.15	2.23	1.50	1.12	0.67	0.70	0.65	1.16	0.96	2.47	2.73	1.56	1.73	
Foleshill	3.89	2.62	2.29	1.63	1.38	1.10	0.96	—	1.51	1.05	2.35	3.55	2.00	2.03	
Radford	1.80	2.01	2.38	1.48	—	—	—	—	—	—	—	—	1.32	—	
Mount Nod	1.96	1.44	2.24	0.90	0.49	—	—	—	—	—	—	—	0.98	—	
Memorial Park	1.03	1.77	2.26	1.25	0.89	0.39	0.61	0.39	1.65	0.93	2.30	2.54	1.11	1.33	
Parkgate School	2.02	1.99	2.14	1.11	0.92	0.52	0.57	0.35	0.88	1.13	1.46	2.76	1.47	1.32	
Pridmore	2.63	2.43	2.63	1.61	1.44	0.69	0.64	0.29	1.04	1.15	3.27	3.34	1.83	1.76	
Little Heath	2.19	2.90	2.72	1.48	1.43	0.54	0.70	0.70	1.17	1.00	3.35	2.90	1.87	1.76	

During the year fifty-six complaints were received, thirteen of which were in respect of gross nuisance from grit and dust. The majority of the industrial premises concerned are situated in the Northern part of the City, and the necessary action was taken in each instance to reduce or remedy the cause of complaint. Improvements and alterations, which were begun in the previous year to the boiler plant at three factories to minimise the emission of grit, were continued and extended following further complaints in the year under review.

Alterations carried out to the furnace grates in the boiler installation at a public swimming bath proved to be insufficient to diminish the discharge of grit and dust on to surrounding properties. The fitting of grit arresters was subsequently authorised to overcome the operational faults. The burning of solid smokeless fuel at a timber machining factory, as an alternative to the waste wood chippings and sawdust, for the production of steam for space heating, proved an effective remedy for a serious cause of complaint.

Complaints received concerning grit and dust nuisances from industries in the City which are governed by the Alkali etc. Works Acts and Orders were referred to the Alkali Works Inspector. The Inspector took appropriate action in each instance, and an improvement in atmospheric conditions was effected.

By the end of the year all the boiler house plants which were the subject of complaint had either undergone the necessary improvements and adaptations to obviate the emission of grit and dust, or were in the process of correction for this purpose.

Close contact throughout the year was maintained with the National Industrial Fuel Efficiency Service. Visits to boiler houses of industrial undertakings were made from time to time by Service representatives, and advice on fuel burning efficiency given to the occupiers. This procedure has always led to an improvement in boiler house practice and a reduction in atmospheric pollution.

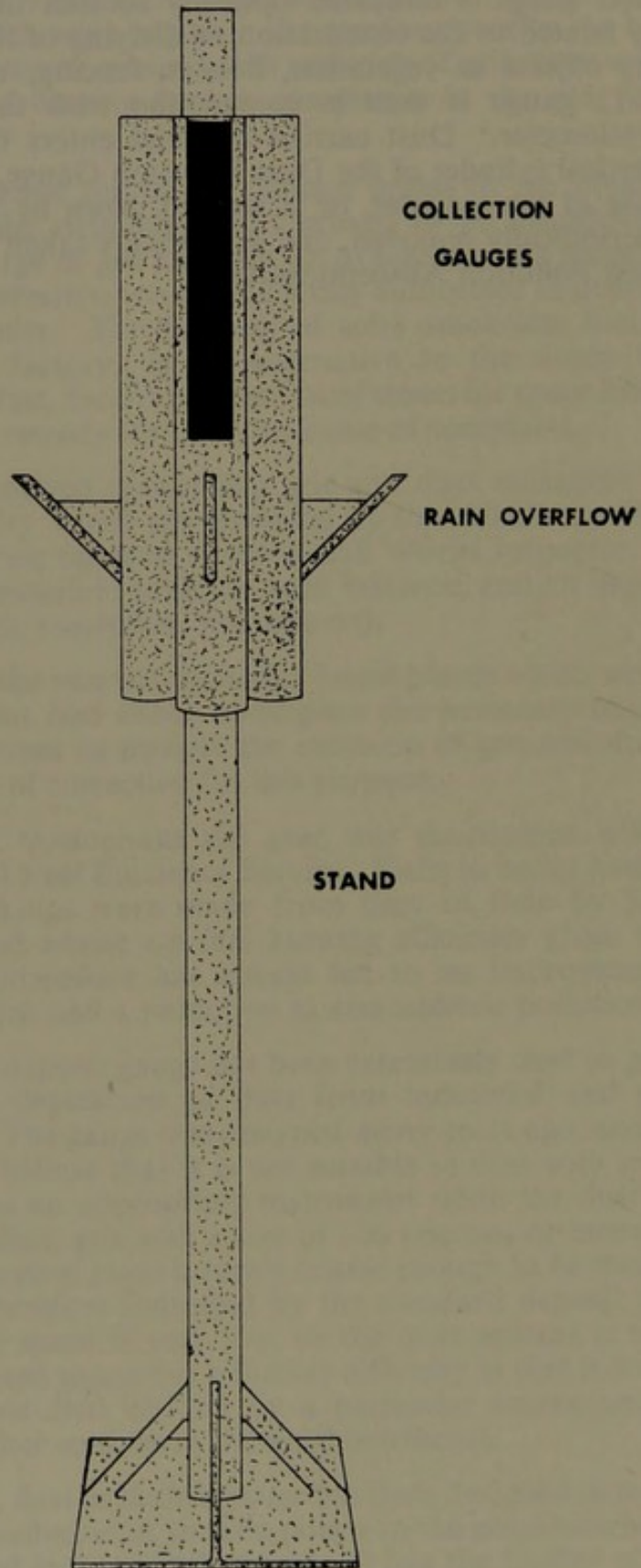
The standard deposit gauge has been extensively used to give an indication of the deposition of dust from industrial and power station chimneys. The gauge was designed many years ago, and there is good reason to believe that it is not suitable to deal with modern conditions. It was an appropriate instrument when the dust to be measured was, in fact, grit with a size of 100 microns or more. The dust emitted by modern plant is rarely coarse enough to be classed as grit, and is not therefore indicated by the standard deposit gauge, except when wind speed is very low, or the dust emitted is unduly coarse. The standard gauge has a further difficulty in that it does not distinguish between dust emitted by a particular source and dust deposited from other sources in the neighbourhood.

The C.E.R.L. dust pollution gauge has been designed to measure the ground level pollution at specific points in the neighbourhood of power stations and industrial chimneys. It has the facility of being

directional, and allows some discrimination between dust emitted from different sources. The standard deposit gauge collects those particles which actually fall into its collecting bowl, and the collected dust is measured by weighing and analysis. The dust collected in the C.E.R.L. gauge is measured optically so that the measurement is closely related to the obscuration or dirtying of the surface of such varying objects as vegetation, houses, fencing, washing, etc., The C.E.R.L. gauge is used in conjunction with the Dust Pollution Absorptiometer. Dust carried by wind enters the vertical orifice in a vertical cylinder of the Dust Pollution Gauge, where it drops to the base of the cylinder, or is washed down by falling rain. It is then periodically removed, and samples are taken for application to the Dust Pollution Absorptiometer.

C.E.R.L. DEPOSIT GAUGES.

REPRODUCED BY COURTESY OF EVANS ELECTROSELENIUM LIMITED.



MEASUREMENT OF AIR POLLUTION

The establishment of the Government Committee on Air Pollution in 1953 marked an important step in this branch of environmental hygiene. Its terms of reference were :—

“ To examine the nature, causes and effects of air pollution and the efficacy of present preventive measures ; to consider what further preventive measures are practicable ; and to make recommendations.”

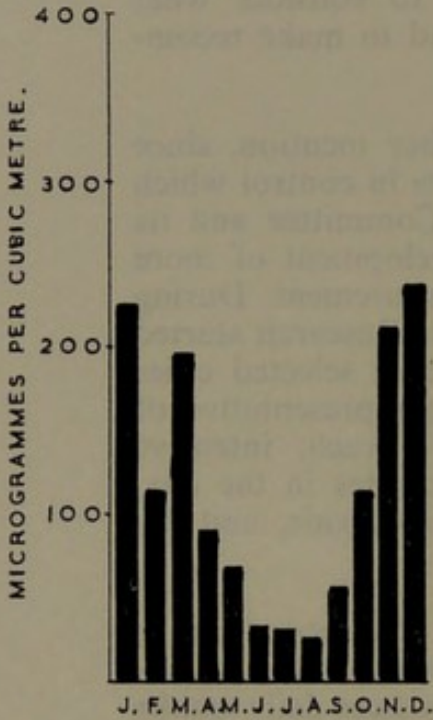
After nearly a decade, it is worthy of further mention, since all of the far-reaching and extensive developments in control which have affected most citizens stemmed from this Committee and its findings. Not least of these issues was the development of more widespread and positive means of air-pollution measurement. During 1961 the Department of Scientific and Industrial Research started a five year national survey of air-pollution, using selected cities and towns, and Coventry was selected as being representative of modern, large-scale, industrial development. As such, intensive day-to-day measurement is carried on at selected sites in the city, of suspended matter (smoke) in the air, sulphur dioxide, and deposited matter.

During the year under review measurement was carried out at twenty fixed stations, and a number of “ spot ” situations for temporary investigations. Of the fixed stations, six possess daily smoke filters and volumetric sulphur dioxide assemblies, where a known quantity of air is drawn over a period of 24 hours through the assembly. Suspended matter in the air is deposited on a filtering medium and measured in microgrammes per cubic metre by assessing the density of the resultant stain, using photo-electric methods of comparison. The determination of sulphur dioxide in the air is made by means of a daily chemical titration. The six stations are :—

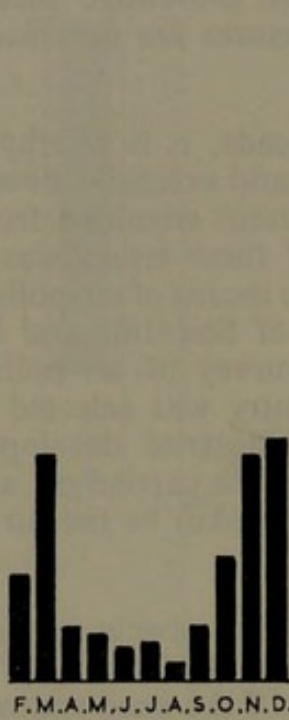
- (I) Council Offices, Earl Street
- (II) Technical College, Butts
- (III) Lyng Hall School, Blackberry Lane
- (IV) Foxford School, Longford
- (V) Health Centre, Jardine Crescent, Tile Hill (commenced 15/1/62)
- (VI) Broad Heath School, Broad Street (commenced 8/2/62).

AVERAGE MONTHLY SMOKE CONCENTRATIONS FOR 1962 BY DAILY SMOKE FILTER.

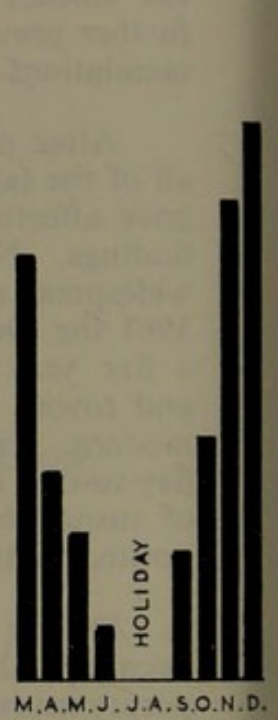
COUNCIL OFFICES
EARL STREET.



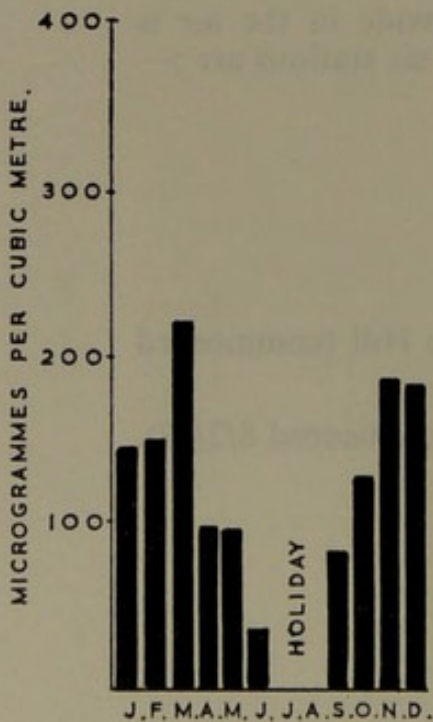
JARDINE CRESCENT.



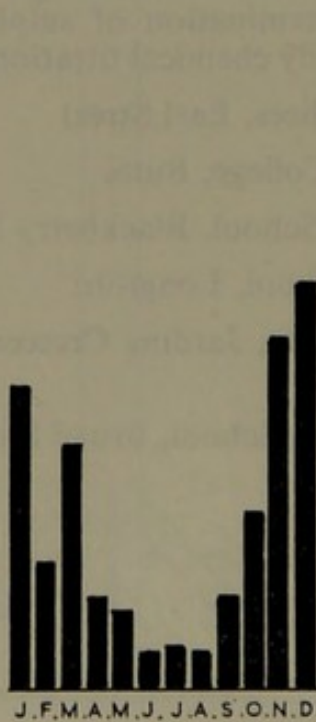
BROAD HEATH SCHOOL
BROAD STREET.



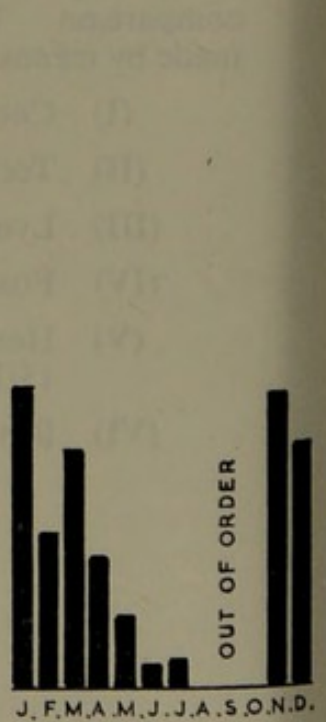
TECHNICAL COLLEGE
BUTTS.



FOXFORD SCHOOL
LONGFORD.



LYNG HALL SCHOOL
BLACKBERRY LANE.



Extension of this type of measurement to other areas is envisaged, particularly before and after such areas become smoke-controlled. At the present time only the instrument in the Health Centre, Jardine Crescent station, is included in an established smoke control area, and comparisons with the other uncontrolled areas are very striking.

The fourteen stations operated during 1962 for the measurement of deposited matter and estimation of sulphur dioxide levels were as follows :—

Day Nursery, Edgwick	
Spon End Waterworks	*
Whitley Pumping Station	*
Stoke Park Secondary School	
Memorial Park	
Foleshill Cemetery, Windmill Road.	
Wood End Primary School	†
Precinct	†
Copsewood, Stoke	†
Radford (Cheveral Avenue)	*
Mount Nod Pumping Station	*
Parkgate Junior School	†
Little Heath Primary School	
Pridmore Road School	

* *Measurement discontinued during the year.*

† *Measurement of deposited matter by deposit gauge discontinued during the year.*

As circumstances alter, it has been the policy of the Department to reduce the number of monthly-assessed deposit gauge stations and increase the number of *daily* measurement stations. One of the reasons behind this is that the daily instrument measures the lighter suspended matter in the atmosphere which is breathed in to the human respiratory system — the health hazard component. On the other hand, the material measured by the deposit gauge is, obviously, that which is deposited by virtue of being heavier, and as such is generally considered as being less of a health hazard, though still a serious nuisance.

Undoubtedly the daily-operated instrument will eventually supersede other forms of measurement. Already the daily instrument is being developed to incorporate an " eight-port mechanism " whereby only weekly attention is required. One of the considerable difficulties in establishing daily-measurement stations is to find sufficiently dedicated people to operate them in areas and at situations where required. In Coventry certain senior schools are giving invaluable assistance, and tribute is paid to the headmaster and

science teachers for managing to "squeeze in" still yet another ancillary duty into their already busy school hours. On the other hand, it is hoped that participation in the subject provides a practical application of theoretical studies in science, and at the same time an interest in clean air.

Clean Air Exhibition

During the month of October, 1962, the Department organised an exhibition dealing with many aspects of air-pollution in the exhibition room on the ground floor of the City Architect's Department, Earl Street. This is an admirable "shop window" from which pictorial and other information dealing with local government activities may be disseminated to the citizens.

The exhibition was opened by the Right Worshipful the Lord Mayor, Alderman A. J. Waugh J.P., before an audience invited by the Chairman of the Health Committee, Councillor R. Loosley. The exhibition had the dramatic title-theme of "Smoke Kills and Blights," and portrayed the adverse effects of air-pollution on health and amenity, and indicated the efforts made in Coventry to combat it. Another section dealt with measurement, with particular reference to Coventry, giving information on the extent of pollution and trends. The remaining section illustrated methods of solving the problem. Householders affected by the developing smoke control areas in the city were able to obtain the best advice on how to comply with the requirements, and the attendances and enquiries made proved that they took full advantage of it. During the period of the exhibition, mobile demonstration vehicles provided by the National Coal Board and the West Midlands Gas Board were stationed on the forecourt of the exhibition building. These contained actual solid fuel appliances in operation, and the discerning householder had full choice of fuels and firegrates, in addition to the guidance of the Public Health Inspector manning the exhibition itself.

During the month of the exhibition, senior schools in Coventry, ratepayers' associations, local societies, and women's organisations were invited to view the exhibits and discuss problems. The response was very encouraging and, in the case of the senior schools, indicated the potentialities of the subject of air-pollution as a part of schools' curricula, perhaps linked with science. An example of this interest was found in the case of Tile Hill Wood Comprehensive School where, prior to the exhibition visit, an admirable questionnaire had been prepared by the headmistress and staff, dealing with aspects of the problem of air-pollution. The questions required answers from the pupils, and the necessary information was assiduously gleaned by them from the exhibition material. The initiative of the school in question, being situated in Coventry's first Tile Hill (No. 1) Smoke Control Area, is very pleasing.



The Right Worshipful the Lord Mayor, Alderman A. J. Waugh, J.P., Councillor R. Loosley, Chairman, Health Committee, and the Chief Public Health Inspector at the opening ceremony of the Clean Air Exhibition.

Warwickshire Clean Air Council.

The association of twenty local authorities in Warwickshire, formed in 1957 to act as an advisory body in all matters relating to air pollution, continues to function, organising measurement and uniform action under the Clean Air Act 1956. Co-operation between local authorities, whether on a regional or county basis, would seem to be highly appropriate for a subject such as air-pollution, where adverse effects in one area may result from circumstances in another. The Clean Air Act, 1956, leaves a great deal to individual local authorities in the matter of fixing standards and requirements for smoke control areas, industrial boiler plant, and chimney heights, to mention only a few. The purposes of local government are not adequately served when at boundaries one side of a road is smoke controlled and the other is not, or where "A" authority requires certain industrial chimney heights, and "B" authority something different for identical boiler plants. Measurement, too, continues to be uniform in conception, and a joint operation of Warwickshire Clean Air Council, using approximately 160 measuring instruments throughout the county.

Conference for Schools

As in previous years, a day's conference for schoolchildren was held on the 4th October, 1962, in the Herbert Art Gallery and Museum lecture theatre, for 170 senior pupils from schools in Coventry and the county. The majority of the pupils were engaged on daily measurement of air-pollution for Warwickshire Clean Air Council. The morning's proceedings took the form of a demonstration of the chemistry of atmospheric pollution by Mr. C. M. Killick, B.Sc., Air Pollution Division, Department of Scientific and Industrial Research, followed by films, dealing with clean air, by courtesy of the National Coal Board and Shell-Mex B.P. Ltd. The afternoon session commenced with a visit to the Coventry Public Health Inspectors' Department Clean Air Exhibition, followed by an organised visit to Foleshill Gasworks for a tour of gas and smokeless fuel manufacture processes. This latter visit was by courtesy of the West Midlands Gas Board and proved to be extremely interesting, particularly to young minds coping with the intricacies of clean air.

FUMES

One of the products of manufacturing processes or combustion which can give rise to a public health nuisance is effluvium or fume.

Although effluvium is not confined to manufacturing processes, the relevant section of the Public Health Act, 1936, dealing with nuisances from effluvia, does confine it to trade or manufacturing processes, and Section 92 (1) (d) of the Act states, "Any dust or effluvia caused by any trade, business, manufacture or process and being prejudicial to the health of, or a nuisance to, the inhabitants of the neighbourhood shall be a statutory nuisance within the meaning

of the Act." This section has been amended by the Public Health Act, 1961, so as to include spent or ejected steam, except steam from a railway locomotive.

From the above it can be seen that the Act, as amended, deals with dust and steam as well as effluvia. However, to include fumes emitted from the chimney of a boiler plant from the combustion of fuel it may be that it would have to be proved that the boiler plant is part of the trade or manufacturing process. The Clean Air Act, 1956, also deals with the emission of dust, but this confines itself solely to dust emitted during the combustion of fuel or solid waste. This is often emitted as an ingredient of smoke, but here again it is defined as smoke and dealt with under the Clean Air Act. Some reference in this latter Act is made to fumes. This is in relation to the spoilbanks of mines or quarries from which coal or shale has been mined. This is the only time it is mentioned. To prove that a boiler plant is part of a process may be extremely difficult and act as a deterrent to action by a local authority. This is one reason for insisting upon a reasonable height for chimneys of such plants to ensure that the gaseous products of combustion are discharged at such a height as to minimise any risk of a public health nuisance arising.

Fortunately there are few manufacturing processes in the City which give rise to fume emission. Complaints are received from time to time concerning emissions, but these are usually confined to paint spraying in the motor car industry. Nuisances from this source are often very difficult to abate, especially in the larger type of plant where great volumes of air are exhausted to the atmosphere from the paint shops. Industrialists could, as with other sources of nuisance, do much either to prevent or to minimise such nuisances by considering whether any process is likely to give rise to a nuisance, and by more careful planning and siting of the buildings in which any offending plant may be housed. In a few instances approaches on these lines have been made by this Department. There has been consultation between officials of the Public Health Inspectors' Department and managements, with results that have proved beneficial to nearby residents.

There were, during the year, twelve complaints made to the Department concerning fume emissions. In each instance the complaint was investigated and representations were made to the management of the factory concerned, with a view to abating the nuisance. In ten instances the nuisances were either abated or improvements effected. In the remaining two cases, removal of the nuisances presented special difficulties, and at the close of the year consultations were still taking place between the Department and the managements concerned.

NOISE

“ Many people can sleep through any amount of noise. In fact it isn't noise which keeps one awake. It's the reaction — the impulse to do something about it. It's cursing it, getting out to shut the window or burying one's head under the clothes that destroys sleep. If you can passively accept a noise, not resent it, it will even lull you off.”

So said a medical columnist in a national newspaper. Whether writing with tongue in cheek or not, the author had obviously no conception of the tirade of complaint frequently confronting the Public Health Inspector, directed mostly against industrial noise, nor the likely reaction to the suggested palliative. Behaviour in response to noise is invariably complex, as would be expected of a sensation with peculiarly subjective associations. Apart from the more positive acoustic trauma resulting from long-term exposure to intense noise, such as hearing loss, and, in the more dramatic context, pain at 140 decibels, loss of sense of balance at 170 decibels, and shattering of eardrums at 200 decibels, noise does not seem to have a uniform pattern-effect. “Cerebrotonics,” so named by psychiatrists as people highly sensitive to noise, would agree that some noises are annoying to almost all people, and probably any particular noise is annoying to some person. Certainly emotional associations of noise with something pleasant or unpleasant play a part in producing complaints, which further exemplifies the complexities of the subject.

Many who find noise annoying will argue that it has adverse effects on health or efficiency. In general, effects on health from noise seem to be somewhat slighter than is often thought. Annoyance, however, is a different matter and, as would be expected, it can be reduced by reducing the noise, even though annoyance may be produced by very faint sounds. An important point in considering this subject is undoubtedly the emotional association angle. There can be pleasant and unpleasant sounds, noises being similar to other sensory stimuli, and, within limits, certain noises trigger-off certain reactions. A piece of music with happy associations to one person may be violently displeasing to another where it recalls embarrassment, failure, or unhappiness. A recent public opinion poll concerning aircraft noise disclosed that a very large proportion of the objectors admitted to a strong fear of flying and of aircraft crashing on them. Presumably, continuous subjection to noise without unpleasant associations should produce a condition of emotional neutrality, and tests show that the effects continue further to decline as the noise becomes familiar.

Even a subject such as noise makes interesting study from a sociological point of view. Groups and bodies of all shades of opinion and branches of endeavour now find the subject fascinating, and one on which some times abstruse opinions can be, and are, developed. Noise emanating from a factory, a most common source of complaint, has been alleged to be in the “emotionally neutral” category, since the prosperity the factory brings to the neighbourhood

is a pleasant association of ideas. This theory would seem to be somewhat out of focus in most modern, thriving, industrial cities. On the contrary, whether it be some facet of present-day industrial relationship, capable only of true analysis by the political theorist, or that we are breeding even more discerning cerebrotonics, noise of all levels of intensity arouses deep and lasting resentment. Further adding to the inherent difficulties is still another theory known to be valid by Public Health Inspectors, that once an emotional reaction to a noise has been established it is self-supporting, and passive acceptance of it by familiarising exposure is not possible. Reduction of an industrial noise by sound-proofing to what is considered to be an acceptable level to the average man, and confirmed by "before" and "after" noise level measurements, does not always satisfy complainants. They will not readily accept anything less than *total abolition* of the intruding noise. In an industrial city this is impossible.

Noise is well-known as being peculiar in its effects, but not quite as peculiar as is alleged by the extravagant assertions of many writers, who see into it possibilities not far removed from the context of space-fiction. Classic examples have been quoted of noise being responsible for a decline in the birth-rate, and for increase in mental illness. Another of the nightmarish effects possible was an American experiment recently, in which a group of scientists burned the hair from a rat with intense high-frequency noise. The average person is not likely to experience noise even approaching such range of intensities, but in its more modest ranges it can be an acute annoyance and, in legal jargon, prevent a person from the reasonable enjoyment of his occupation of premises.

"Impaired efficiency" is a phrase often heard in relation to noise, and extensive tests have been made connected with different industrial operations in order to gauge the extent. In the textile industry it has been proved conclusively that "noise-induced attention-shifting" is responsible for periodical mental blanks and consequent decreased efficiency. An important point is that *no effect on efficiency* has been found with noise levels less than 90 decibels, but annoyance and interference with speech communication can occur with such levels. A case in point in Coventry was illustrative of this fact where, after sound-proofing of a foundry, the management notified the Department of the existence of a more peaceful atmosphere and the elimination of quarrels amongst employees.

Noise Abatement Act, 1960

Local authorities possess power to institute proceedings in regard to noise by virtue of the Noise Abatement Act, 1960, which became operative in November, 1960. Coventry might be said to have had a flying start in this field, being one of two or three authorities in the country which possessed private Act powers previously, in Coventry's case since 1958.

The Noise Abatement Act, 1960, refers to "any noise or vibration which is a nuisance" other than noise or vibration from aircraft, and the statutory provisions of the Public Health Act, 1936, may be applied to such nuisances. An important over-riding policy decision in this respect is that there should be at least an element of noise nuisance to the community at large before a local authority resorts to legal proceedings. Local industrial managements have shown themselves anxious to foster and maintain closer ties with Coventry's every day life and to be integrated more closely with the day-to-day life of the City. This is amply borne out by activities in the fields of environmental hygiene and noise, and co-operation in regard to industrial noise complaints between managements and the Department is very satisfactory. As would be expected, the operation of the Noise Abatement Act, 1960, is a dual responsibility, one part being administered by the Health Committee and the other by the Watch Committee. The former part refers to noise and vibration from industrial establishments, workplaces, shops, and other premises. The latter restricts the operation of loudspeakers on highways, etc., noise of human origin, radio and television, and is dealt with by the Police Department.

Noise Measurement

One of the many objections put forward by industrial and other interests to legislated noise control by local authorities was that an array of expensive noise measuring instruments would be necessary to combat the facilities and know-how available to industry. Sound level meters, octave band analysers and tape recorders, etc., were deemed to be essential, but experience has shown that a minimum of equipment, in the form of a portable sound level meter, is all that is required.

Concurrently with the development of sound level meters for Public Health Inspectors' use in field work, has been the establishment of noise level standards. In 1961 such standards, or criteria, were published after long investigation by the Building Research Station of the Department of Scientific and Industrial Research, and have proved to be invaluable. Whilst as yet possessing no force in law, the criteria are a welcome guide to the Inspector in deciding whether or not a noise complained of by members of the community is likely to be adjudged as a nuisance in law. Conversely, a noise level reading higher than the criterion can be demonstrated to a factory management as a signal for it to put its house in order noise-wise. At this point the big guns of industry are naturally brought to bear to re-check and re-measure the offending noise, which is useful in that it provides a talking-point of co-operation. An ideal situation between industry and the local authority, and, although time-consuming in negotiation, one which is fruitful and well worth fostering. Surprisingly, it is industry which, whilst confirming its genuine desire for co-operation, also takes great pains to demonstrate to the local authority that it, too, is technically capable of dealing with the intricacies of noise. In short, of being "with it."

An interesting and developing side-issue of the growth in importance of this subject is the increase in the number of firms of noise specialists and acoustic consultants. Noise measurement and analysis, sound-proofing and remedial measures are offered, undoubtedly with a much better chance of achieving success than do-it-yourself methods. A further welcome extension of this service is where the acoustic specialists are retained on a more or less permanent basis by the larger factories to exercise surveillance over and advise on any change of usage or lay-out, or alteration or extension of production lines, from a likely noise production point of view. Which process, of course, may be termed "internal planning control," as distinct from local authority planning control. Being closely similar in theory and aims, both forms should have adequate consideration in the plan stage.

Noise Control

During the year under review 189 complaints were received concerning noise, and 877 visits made for investigation purposes. In accordance with the normal pattern, most of the complaints referred to industrial noise, and investigations included measurement of the noise in the approved manner, application of criteria standards, and negotiations with managements or consultants as to remedial measures. The usual results were reduction of the noise to acceptable levels or, in certain cases, complete suppression. It was not necessary to serve any legal notices, nor were any proceedings taken during the year.

Characteristics of the effects of noise which are frequently commented upon are the emotion engendered, and the "chain-reaction" spread of that indignation. Industry amidst a residential area has many precarious problems in public relations, a very common one in the summer months being that employees are determined to have factory doors and windows open for ventilation, and the nearby residents are equally determined to have them closed to keep in the noise.

The fact that noise has certain useful implications, and characteristic of the "startle" effect put to good purpose, is realised on visiting certain of the larger industrial boilerhouses in the City. When an excessive quantity of smoke is emitted into the factory chimney an alarm bell sounds and continues until the smoke emission is abated. Only by manual adjustment of combustion controls can the smoke be reduced, and the peremptory note of the alarm galvanizes the entire staff into frenzied action.

Reminiscent of the adage that "every child should be musical except the one next door," an interesting case arose where a teacher of singing complained of a persistent monotone noise emanating from a fan at the fish and chip shop next door. The substance of the complaint was that when the teacher struck the traditional tuning-fork to provide the pitch of the test-piece for the singing pupil,

the pupil took the different note of the fish and chip shop fan with disastrous and confusing results ! With some trepidation the Inspector approached the fish-frier expecting the obvious retort that the noise of the singing also put his customers off their fish and chips !

Cases dealt with during the year referred principally to noise from general engineering workshops carrying out all the varied operations associated with the car and other industries. In addition to these general sources of noise, complaints have been specifically received as follows :—

Car Factories

Grinding and polishing equipment	General engineering operations
Fettling processes	Production line operations
Ventilation fans	

Aero Engine Works

Aero engine testing	Plating shop extraction system
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Tyre Storage Depot

Night loading of transport vehicles
Movement and packing of transport vehicles

Machine Tool Factories

Boilerhouse operations	Roadway pneumatic drilling operations
Compressors	

Bakehouse

Refrigeration Compressor

Dairy

Loading and unloading of churns	Refrigerator compressor
Process operations	

Railway Siding

Diesel engined loco.

Garage

Transport vehicles movement

Electrical components works

Production line operations
" Music While You Work "
Public address system

Building Contractors

Cyclone arrester/collector

Ice Cream Manufacturer

Vehicle electricity generators

FOOD AND DRUGS

During the year 1,671 samples of food and drugs were obtained. 1,529 were reported by the City Analyst as genuine and 142 unsatisfactory. The total number of samples obtained for the purpose of the Food and Drugs Act, 1955, showed a slight increase over last year's figures.

The system of sampling has again shown a high percentage of unsatisfactory samples. However, in regard to milk samples the position indicated by the samples obtained is quite satisfactory. The results of the samples show that the standard of milk sold in the city is, on the whole, above the legal permissive standard.

Details of the Samples Collected are as follows :

Formal samples obtained	42
Informal samples obtained	1,629

MILK

During the year 1,062 samples of milk were obtained, and of these 59 were found to be unsatisfactory. Details of the unsatisfactory samples are set out below, together with the action taken.

<i>Type of Milk</i>	<i>No. of Samples</i>	<i>Result of Analysis</i>
T.T. Pasteurised	11	11 deficiency of solids not fat.
Pasteurised	31	30 deficiency of solids not fat. 1 added water.
Pasteurised, School	4	4 deficiency of solid not fat.
T.T. Pasteurised, Channel Island	1	1 deficiency of fat.
Sterilised	5	4 deficiency of solids not fat. 1 thermoduric bacteria.
Farm	7	7 deficiency of solids not fat.

The 56 samples of milk reported to be deficient of solids not fat were all genuine milk by the Hortvet freezing point test.

Most of these samples came from two small dairies, and the incoming raw milk supplies were sampled before processing. These samples were found in seven instances to be also deficient of solids not fat, and the farmers concerned were notified of the results.

One sample of Channel Island milk was found to be deficient of butter fat, but when a formal sample was taken this proved to be genuine and above the required 4% standard.

A sample of sterilised milk, the subject of a complaint respecting peculiar taste, was examined and found to be genuine, but heavily contaminated with thermoduric bacteria heat resistant organisms giving to the milk a bitter taste. This result was reported to the processing dairy concerned.

An informal sample of pasteurised milk was found to contain a small amount of added water, probably due to carelessness, as formal samples were found to be genuine.

SAMPLES OF FOOD

Articles of Food	No. of Samples		No. Genuine	No. Unsatisfactory	
	Formal	Informal		Formal	Informal
Almonds	—	1	1	—	—
Almonds, Ground	—	4	4	—	—
Anchovies	—	1	1	—	—
Baby Foods	—	16	16	—	—
Baking Powder	—	3	3	—	—
Batter Mixture	—	1	1	—	—
Beans, Baked, with Baconburgers	—	1	1	—	—
Beef Extract	—	1	1	—	—
Beetroot	—	1	1	—	—
Beverages	1	14	13	—	2
Biscuits, Gluten-free	—	1	1	—	—
Breadcrumbs	—	1	1	—	—
Butter	—	2	2	—	—
Butter, Peanut	—	1	1	—	—
Butter (including 1 brandy butter and 1 rum butter)	3	5	7	—	1
Cake Decorations	—	3	2	—	1
Cake and Sponge Mixes	—	8	7	—	1
Caraway Seeds	—	1	1	—	—
Cheese	—	7	7	—	—
Cheese, Cheddar	—	2	2	—	—
Cheese Spread	—	11	10	—	1
Cherries, Glace	—	2	1	—	1
Chewing Gum	—	5	4	—	1
Chocolate, Drinking	—	3	3	—	—
Chocolate, Milk	—	2	2	—	—
Cloves	—	2	2	—	—
Cinnamon, Ground	—	2	2	—	—
Coconut, Desiccated	—	2	2	—	—
Coffee	—	11	10	—	1
Coffee, Decaffeinated	—	2	1	—	1
Condiment, Non-Brewed	—	1	1	—	—
Cream, Double Devon	—	2	2	—	—
Cream, Salad	—	3	3	—	—
Cream, Sterilised	—	1	1	—	—
Curry Powder	—	5	5	—	—
Curry Base	—	1	1	—	—
Curry, Veal	—	1	1	—	—
Curry, Chicken and Mushroom	—	1	1	—	—
Cutlets, Mock Salmon	1	—	—	1	—
Desserts, Quick Jel	—	1	1	—	—
Fish Cakes	—	4	4	—	—
Fish Fingers	—	5	5	—	—
Fish Pastes	—	15	15	—	—
Fish Steaks	—	1	1	—	—
Fish, Potted	—	4	4	—	—
Fish—Kipper Fillets (battered)	—	1	1	—	—
Flour, Plain	—	5	4	—	1
c/fwd.	5	167	160	1	11

SAMPLES OF FOOD (contd.)

Articles of Food	No. of Samples		No. Genuine	No. Unsatisfactory	
	Formal	Informal		Formal	Informal
bt/fwd.	5	167	160	1	11
Flour, Self-Raising ..	—	1	1	—	—
Flavouring Essences ..	—	14	14	—	—
Food Colouring—					
Cochineal ..	1	1	—	1	1
Fruit, Dried ..	—	6	6	—	—
Fruit, Tinned ..	—	8	7	—	1
Gelatine ..	—	3	3	—	—
Ginger, Ground ..	1	5	5	—	1
Gravy Salt ..	—	1	1	—	—
Health Drink, Blackcurrant	1	4	3	1	1
Herbs ..	—	6	6	—	—
Honey ..	—	1	1	—	—
Horseradish, Creamed	1	1	—	1	1
Horseradish, Relish ..	—	1	1	—	—
Ice Cream ..	—	12	12	—	—
Lemon Curd ..	—	2	1	—	1
Marmalade ..	—	2	2	—	—
Marmite ..	—	1	1	—	—
Margarine ..	—	1	1	—	—
Marzipan ..	—	3	3	—	—
Meat—					
Corned Beef ..					
Minced Steak ..					
Steak Pudding ..					
Chicken ..					
Beefburgers ..					
Bacon ..	—	41	26	—	15
Lamb ..					
Pork Roll ..					
Canelloni ..					
Ready Meal ..					
Meat Paste ..	—	21	20	—	1
Meat Pies ..	—	12	10	—	2
Milk, Evaporated ..	—	2	2	—	—
Milk Powder, Dried ..	—	5	3	—	2
Milk Shake Powder ..	—	2	2	—	—
Mincemeat ..	—	4	4	—	—
Mint ..	—	1	1	—	—
Mustard ..	—	3	3	—	—
Nutmeg, Ground ..	—	3	1	—	2
Oil ..	—	2	2	—	—
Paprika ..	—	1	1	—	—
Parsley ..	—	1	1	—	—
Pastry Mix ..	—	1	1	—	—
Pâté with Mushrooms ..	—	4	4	—	—
Peanuts, Sugared ..	—	1	1	—	—
Peel, Mixed ..	—	1	1	—	—
Pepper, White ..	—	2	2	—	—
Pickles ..	—	7	7	—	—
Potatoes, Spanish ..	—	1	1	—	—
Puddings ..	—	14	14	—	—
Raising Powder ..	—	2	2	—	—
c/fwd.	9	371	337	4	39

SAMPLES OF FOOD (contd.)

Articles of Food	No. of Samples		No. Genuine	No. Unsatisfactory	
	Formal	Informal		Formal	Informal
bt/fwd.	9	371	337	4	39
Rennet, Essence of ..	—	2	1	—	1
Rice, Spanish	—	1	—	—	1
Rice, Ground	—	1	1	—	—
Sauces	1	24	22	1	2
Sausage	—	2	1	—	1
Seasoning, Italian ..	—	1	1	—	—
Separated Milk and Vegetable Fat ..	—	1	1	—	—
Soft Drinks	—	9	8	—	1
Soups	—	4	4	—	—
Spaghetti	—	1	1	—	—
Spices, Mixed	—	4	3	—	1
Spirits	29	—	26	3	—
Spreads	—	4	3	—	1
Suet, Beef	1	2	2	—	1
Sugar	—	3	3	—	—
Sugar Confectionery ..	—	1	1	—	—
Sweetening Tablets ..	—	1	1	—	—
Table Jellies	—	4	3	—	1
Tapioca	—	1	1	—	—
Tea	—	7	7	—	—
Tomatoes, Tinned ..	—	1	1	—	—
Vinegar	—	2	2	—	—
Walnuts, Pickled ..	—	1	1	—	—
Totals	40	448	431	8	49

SAMPLES OF DRUGS

Articles of Food	No. of Samples		No. Genuine	No. Unsatisfactory	
	Formal	Informal		Formal	Informal
Analgesic Tablets (Junior)	—	6	3	—	3
Antacid Tablets ..	—	1	1	—	—
Baby Cream	—	1	—	—	1
Balm, Pain Relieving ..	—	3	3	—	—
Balsam, Friars	—	2	1	—	1
Bicarbonate of Soda ..	—	3	3	—	—
Borax, B.P.	—	1	1	—	—
Cetamide Lotion	—	1	1	—	—
Cough Mixtures	—	18	15	—	3
Cough and Cold Tablets	—	15	14	—	1
Cream of Tartar	—	1	1	—	—
Haliborange Tablets ..	—	1	1	—	—
Indigestion Tablets ..	—	5	2	—	3
Iodine	—	2	—	—	2
Lanoline Cream	—	5	4	—	1
Laxatives	—	3	3	—	—
Liquid Paraffin	—	2	2	—	—
Medicine	—	1	1	—	—
Neuralax	—	1	1	—	—
Ointment	—	8	7	—	1
Oils	—	5	4	—	1
Rose Hip Tablets	—	1	1	—	—
Sal Volatile	—	2	—	—	2
Slimming Aids	—	3	3	—	—
Snuff	—	1	1	—	—
Vapour Rub	—	3	2	—	1
Vitamin Tablets	—	19	15	—	4
Yeast Tablets, etc. ..	—	7	5	—	2
	—	121	95	—	26

TABLE SHOWING DETAILS OF SAMPLES OF FOOD OTHER THAN MILK WHICH WERE REPORTED TO BE UNSATISFACTORY

<i>Type of Food</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Beverages : Coffee— flavoured (1)	The Analyst reported that the label was unsatisfactory in that the word "glucose" was used, and he considered this to be ambiguous.	This is a debatable point and does not materially affect the product. No further action was therefore taken.
Buttermilk Drink (1)	The label on this product gives the impression that buttermilk is being purchased, whereas the material is a cultured, fat-free skimmed milk.	A formal sample was obtained, and the result of the analysis was awaited at the end of the year.
Butter (1)	A sample of butter was found on examination to be margarine. This sample was the subject of a complaint by a customer who purchased rolls and butter at a local hotel.	The management were interviewed and cautioned to take more care in future, and to ensure that no margarine was served and called butter.
Cake Decorations(Marzipan) (1)	This sample was deficient of 26% of the almond content required.	It was intended to obtain a formal sample but this is a seasonable article, and when the shop was re-visited no more were in stock.
Cake and Sponge Mixture (1)	This sample was unsatisfactory due to the fact that debris consisting of rodent droppings, dirt, etc. were present between the inner lining and outer packet.	The sample was obtained from a local shopkeeper who had recently purchased the business. The stock was aged and the rest of the sponge mixtures, along with other aged foods, were surrendered and destroyed.
Cherries, Glace	The label on this sample claimed the presence of glucose in the list of ingredients, whereas the Analyst found hydrolysed starch syrup to be present.	The packers were notified and agreed to amend the label on any future packets.
Chewing Gum (1)	This chewing gum was compositionally satisfactory but the Analyst took exception to the advertisement claim that the product was "stimulating." As sugar is the main ingredient he does not consider that this word is justified.	This is a matter of opinion and not considered of sufficient importance to warrant any further action ; also the advertisement has not re-appeared.

<i>Type of Food</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Coffee : Instant, Decaffeinated (1)	The label on this sample claimed "stimulating cup of coffee," but caffeine was found to be almost absent.	As caffeine contains the stimulating properties of coffee and was absent from the sample, a letter was sent to the manufacturers pointing this out to them. They replied that the labels had been altered and the word "stimulating" omitted.
Coffee and Chicory (1)	The Analyst reported this sample to be deficient of 10% caffeine.	A formal sample was obtained and found to be genuine.
Cheese Spread (1)	This was reported as unfit for human consumption.	The rest of the stock was surrendered and destroyed.
Fish (Mock Salmon Cutlets) (1)	This formal sample was found to contain some meat cutlets inadvertently mixed with the mock salmon cutlets.	The sample was therefore void and no action could be taken.
Flour ("Extras" Plain Flour) (1)	The Analyst took exception to the word "Extras" in the name of this flour.	The manufacturers were contacted and a satisfactory explanation given.
Food Colouring (Cochineal) (2)	An informal and a formal sample were reported by the Analyst to be unsatisfactory in that cochineal was absent and a permitted artificial food colour was present.	The manufacturers were notified and stated that this matter had already been brought to their attention by another Authority. The label has now been amended and a copy of the new label was received. This was satisfactory.
Fruit, Tinned (Prunes) (1)	The label on this tin of prunes claimed the presence of glucose, but analysis indicated the presence of hydrolysed starch syrup.	This matter was taken up with the packers of the fruit, and they arranged to alter the future labels on their fruit products.
Ground Ginger (1)	This informal sample was found to contain mineral matter equivalent to 8.4%, which in the Analyst's opinion was excessive in view of the claim "finest ground ginger."	A letter was sent to the manufacturers informing them of the Analyst's report and asking for their comments.
Health Drink (Blackcurrant) (2)	The Analyst reported that an informal and a formal sample were unsatisfactory, as in his opinion the article was presented to the public in a manner suggesting it was not a soft drink, and would therefore contravene the Labelling of Food Order.	This matter was taken up with the manufacturers, who maintained that no contravention of the Order exists. The matter is still under consideration.

<i>Type of Food</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Horseradish, Creamed (2)	The Analyst took exception to the labelling of this product. The label claimed the presence of "cream milk" and no such term is recognised. The Analyst also stated that the vinegar was out of order in ingredient priority.	The manufacturers were notified of these comments and agreed to alter the label in accordance with the Analyst's recommendations.
Lemon Curd (1)	The Analyst reported that this sample was compositionally satisfactory but contained a small quantity of black specks, which were found to be charred vegetable material.	The vendor was notified and the remainder of his stock inspected. This appeared to be an isolated case, and the remainder of the stock was passed as satisfactory.
Meat : Chicken Fritters (1)	The Analyst took exception to the amount of fat present in the finished product, and also objected to the meat content not being in keeping with the title.	The manufacturers were notified of the Analyst's comments and they disagreed with his report. They were not prepared to alter their label and stated that the amount of fat present was due partly to the fat content already present in the chicken, and the remainder due to absorption in processing. In view of this explanation no further action was taken.
Meat : Corned Beef (1)	This sample was obtained in connection with a suspected case of food poisoning. The Analyst found that the lead content was in excess of 50 parts per million.	The shop from which the sample was purchased was visited, but no more tins of this type of corned beef were on sale. The importers were notified of the Analyst's findings but stated that the consignment had now been sold, and they had no other tins of this brand in stock.
Ready Meal (1)	This tin was purchased from a local shopkeeper and the Analyst reported that he found 7½% of peas and only 2% of carrots, whereas the labelling gave precedence to carrots.	In view of the composition of this product and the possibility that some tins may vary in composition, no action was considered necessary.

<i>Type of Food</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Chicken Pie, Chicken in Jelly, Boned Chicken in Jelly, Beef Savouries, Casserole with Gravy, Cornish Pasties, Chicken Supreme, Steak & Gravy, Meat Pies, Canned Meat Paste, (15)	These samples were obtained throughout the city in order to check the meat content of various products. The Analyst reported that in his opinion the meat content of all the products mentioned was below the standards recommended by the Food Standards Committee.	Discussions took place with the manufacturers of the various products, and in one instance the Analyst's comments were sent overseas to a packing station in Holland. However, in view of the fact that the standards are only recommended standards, no official action was taken, beyond advising the various producers to keep a check on the meat content of their products.
Milk Powder (2)	Two informal samples of milk powder were obtained from a school kitchen and both were found to be grossly contaminated.	This powder is supplied by the Milk Marketing Board, who were notified of the Analyst's comments. A representative came and took samples of the powder for their own Analyst. He also arranged for an investigation to be made at the processing premises.
Nutmeg (2)	These two informal samples were found to be deficient of volatile oil.	The vendor's premises were visited and the remainder of the stock inspected. This was found to be old and out of condition, and the remainder of the stock was surrendered and destroyed.
Rennet (1)	This was an informal sample, and the salt content was found to be in excess of 22% by weight. As the salt concentration was greater than the rennet essence the Analyst reported the labelling as unsatisfactory.	The Analyst's comments were referred to the manufacturer, who replied that the label in question had been approved by the appropriate authorities and they disagreed with the Analyst's comments. In view of this no further action was taken.
Rice, (Spanish Rice) (1)	The main label on this product claims the presence of pork, while the list of ingredients claims the presence of bacon.	A letter was sent to the manufacturers, calling their attention to the mistake in the labelling.
Sauces (Tomato Piquant) (3)	These samples, one informal and the other formal, were reported by the Analyst to be deficient in tomato solids, and in his opinion contravened Section 6 of the Food and Drugs Act, 1955, and the Food Standards (Tomato Ketchup) Order, 1949.	Proceedings were instituted in this case and the magistrates after hearing the evidence dismissed the case.

<i>Type of Food</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Sausages (Beef) (1)	This sample was found to contain 375 parts per million of sulphur dioxide. This was within the permitted level.	The vendor's premises were visited, and a notice declaring that the sausage contained preservative was on display. No further action was necessary.
Soft Drink— Orange (1)	The Analyst reported that this informal sample was unsatisfactorily labelled, as the Vitamin 'C' claim on the label was printed in green ink on a green background, and was not easily decipherable.	The manufacturers were notified and stated that they would alter the label to comply with the Labelling of Food Order.
Spices, Pickling (1)	This sample was found to be contaminated with crystals of magnesium sulphate; also several of the coriander seeds showed signs of larval infestation.	The vendor's premises were visited and the remainder of the stock, which was found to be old, was surrendered and destroyed.
Suet, Beef (1)	This sample was found to be deficient of 3.6% of the minimum fat required.	A formal sample was obtained but was found to be genuine.
Spirits (3)	Three formal samples of spirits were reported to be below 70° proof, these being Rum 66.6°, Gin 68°, and Brandy 61.5° proof spirit.	In connection with the rum and gin, the brewers in question were notified and their representatives carried out a check on all the spirits sold in the public house concerned. In the case of the adulterated brandy the brewery concerned was prosecuted and fined £10 with £5 5s. 0d. costs.
Spread, Chocolate (1)	This was an informal sample and the Analyst stated that the ingredient declaration claimed the presence of glucose, but analysis indicated hydrolysed starch syrup to be present.	A letter was sent to the manufacturers asking them to amend the label accordingly.
Table Jelly, Brandy Flavour (1)	The Analyst reported that in this sample brandy was present to the extent of approximately 2%. He suggested that the labelling was naive, and in his opinion should be modified.	As the product was analytically correct no official action was taken.

TABLE SHOWING DETAILS OF SAMPLES OF DRUGS WHICH WERE REPORTED TO BE UNSATISFACTORY

<i>Type of Drug</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Analgesic Tablets (Children's Aspirins) (3)	These samples were all informal and two of them were found to contain excessive salicylic acid ; also two labels claimed " the tablets dissolved in water make a pleasant orange drink."	The manufacturers were notified and the remainder of the stock surrendered and destroyed. The question of labelling was reported to the Chief Inspector of Weights and Measures.
Baby Cream (1)	The Analyst reported that zinc oxide was 30% in excess of the amount claimed, and also that the label claimed the presence of " Castor " which was presumably intended to mean " Castor Oil."	The manufacturers were notified and they replied that they were investigating the excess zinc oxide. They were aware of the misprint on the label and if this product is kept on the market new labels will be issued.
Friars Balsam (1)	The Analyst reported that this sample appeared to have deteriorated, probably due to long storage.	The vendor's premises were visited and the remainder of the stock surrendered and destroyed.
Cough Remedy (Lobelline) (1)	An informal sample of this product was examined and the Analyst reported that the ingredient list claimed the presence of " Lobelline B.P." and this material is no longer included as a monograph in the latest British Pharmacopoeia.	The manufacturers were informed and replied that the label must have been a very old one, as they have had a revised label in use for a few years. A copy of the new label was supplied and found to be satisfactory.
Cough Mixture: (Glycerine, Lemon and Ipecac. (2)	In both the samples the Analyst reported the glycerine content to be in excess of the amount claimed on the label.	The manufacturers were notified, and also the information was sent to the Chief Inspector of Weights and Measures for any action considered necessary.
Indigestion Tablets (3)	The Analyst reported that each of these samples contravened the Pharmacy and Medicines Act.	The Analyst's report was referred to the Chief Inspector of Weights and Measures.
Iodine (2)	The Analyst reported that both these samples were unsatisfactory as the iodine was in excess of the amount declared, and also there was a deficiency of ammonia.	The matter was taken up with the manufacturers, who agreed to amend the labels on future stocks, and also to withdraw the remainder of the existing stock which was aged.
Lanoline (1) Boric Acid Ointment (1)	These samples were found to contravene the Pharmacy and Medicines Act.	The matter was referred to the Chief Inspector of Weights and Measures.

<i>Type of Drug</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Seven Oils (1)	This was an informal sample and the Analyst stated that the composition declaration was numerically expressed. This was unsatisfactory in view of the fact that the material may be compounded either by weight or by volume.	The packers of this article were notified and they agreed to withdraw the rest of the stock and to amend future labels.
Catarrh Pastilles (1)	The Analyst reported the contents declaration was expressed as percentage composition without pastille weight declaration.	This matter was referred to the Chief Inspector of Weights and Measures for action.
Sal Volatile (2)	One informal sample was found to be deficient of ammonia and incorrectly labelled. The other sample was found to be unsatisfactory, probably due to long storage.	This product is packed for a local chemist who agreed to amend the label and report the deficiency to the suppliers The vendor's premises were visited and the stock, which was aged, was surrendered and destroyed.
Vapour Rub (1)	The Analyst claimed the labelling of this product contravened the Pharmacy and Medicines Act.	The matter was referred to the Chief Inspector of Weights and Measures.
Vitamin Tablets (4) (Multivitamin Tablets)	The Analyst reported that a packet of multivitamin tablets claimed on the label the composition per four tablets. This contravenes the Pharmacy and Medicines Act which requires composition declaration for each portion.	This matter was referred to the Chief Inspector of Weights and Measures.
(Vitamin and Mineral Capsules)	Vitamin and mineral capsules were found to contain 18.4 mgms. of Vitamin 'C,' whereas the label claimed the presence of 30 mgms.	This was old stock and the Vitamin 'C' had deteriorated with age. The vendor was notified and the remainder of the stock surrendered and destroyed.
(Halaurant Tablets)	The Analyst took exception to the labelling of this product, which claims "restores and maintains good health and promotes and maintains lasting health." In view of the dosage advocated and the requirements set out by the League of Nations Health Organisation, either the composition or the recommended dosage should be amended.	As there is no legal standard for this product no official action was taken.

<i>Type of Drugs</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
(Vitamin Capsules)	The Analyst reported that the contents claimed 25 five minim capsules and only 24 were found in the packet.	This was referred to the Chief Inspector of Weights and Measures.
Yeast Tablets (2)	The Analyst reported that both of these samples contravened the Pharmacy and Medicines Act with reference to table and weight declaration and claims for vitamin content.	This information was passed to the Chief Inspector of Weights and Measures for action.

FOOD AND DRUGS SAMPLES STATISTICS

TOTAL NUMBER OF SAMPLES 1,671

Total number of samples found to be unsatisfactory	137
Percentage found to be unsatisfactory	8%

Milk Samples — Total 1,062

Percentage found to be adulterated	0.28%
Percentage found to be deficient of solids not fat or fat	5.27%

Samples of Food Excluding Milk — Total 488

Percentage of samples found to have unsatisfactory labels	3.5%
Percentage of samples found to be adulterated	7.0%
Percentage of samples found to be unsatisfactory by reason of rancidity, moulds, contamination, etc.	1.2%

Samples of Drugs — Total 121

Percentage of samples found to have unsatisfactory labels	12.4%
Percentage of samples found to be adulterated	6.6%
Percentage of samples found to be unsatisfactory due to age, etc.	2.5%

MEAT INSPECTION

Classified summary of inspections carried out by Meat Inspectors.

Ante and post mortem examinations of animals slaughtered	150,791
Post mortem examination of animals dead on arrival or in lairs	34
Inspections of country dressed carcasses	8
Re-inspections of home killed meat	37
Detailed inspections of imported meats	63
Inspections of canned meats	50
Inspections of other meats	29
Inspections under the Public Health Acts	208

Unsound Food

The total weight of meat and offals condemned at the Abattoir and Wholesale Market was :—

78 tons 2 qrs. 24 lbs.

Meat Inspection

The throughput of animals at the abattoir dropped this year, probably due to economic and climatic conditions. The figures for cattle and pigs remained substantially the same, but calves fell by 20%, and sheep fell by 16%. This fall in sheep was recorded mainly in the Autumn, as the expected seasonal glut of lambs did not materialise. Prices remained relatively higher, and this no doubt resulted in economies by the housewife.

No changes occurred in the slaughtering arrangements, and a 100% meat inspection service was maintained. Except for emergency slaughter no Sunday work was carried out at the abattoir, a fact appreciated by all concerned. There can be no doubt that given adequate chill room facilities the industry can approximate to factory conditions to the benefit of all employed. No less important is the fact that such temperature control is absolutely necessary for a perishable commodity such as meat from the point of view both of food poisoning and of spoilage. During the year 21,000 cu. ft. of new chill room space was brought into operation, making 42,000 cu. ft. in all available at the Public Abattoir.

The following details were recorded :

**SUMMARY OF INSPECTIONS OF SLAUGHTERED ANIMALS
COVENTRY PUBLIC ABATTOIR 1962**

Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
No. killed	14,112	6,058	2,835	78,043	49,743
No. inspected	14,112	6,058	2,835	78,043	49,743
<i>All diseases except Tuberculosis and Cysticerci</i>					
Whole carcasses condemned	6	13	43	106	115
Carcasses of which some part or organ was condemned ..	3,331	1,431	22	4,387	6,945
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci ..	23·6%	23·8%	2·28%	5·75%	14·19%
<i>Tuberculosis only</i>					
Whole carcasses condemned ..	1	—	—	—	1
Carcasses of which some part or organ was condemned ..	85	21	4	—	486
Percentage of the number inspected affected with tuberculosis	0·6%	0·34%	0·14%	—	0·97%
<i>Cysticercus Bovis</i>					
Carcasses of which some part or organ was condemned ..	135	24	—	2	—
Carcasses submitted to treat- ment by refrigeration ..	79	18	—	—	—
Carcasses jointed and passed	55	6	—	—	—
Carcase condemned due to other reasons	1	—	—	—	—

**Diseases (other than Tuberculosis and Cysticerci)
Affecting Whole Carcasses**

Disease — Condition	Cattle exclu- ding Cows	Cows	Calves	Sheep	Pigs	Total
Decomposition	—	—	1	1	—	2
Emaciation	—	2	—	44	5	51
Extensive injuries ..	—	—	3	2	3	8
Fever	—	—	2	2	37	41
Immaturity	—	—	8	—	2	10
Jaundice	—	—	4	—	6	10
Joint ill	—	—	10	—	—	10
Leukaemia	—	—	—	2	—	2
Tumours	—	—	—	1	2	3
Malodour	—	—	—	—	1	1
Moribund	1	—	2	—	5	8
Oedema	1	4	2	6	3	16
Osteomalacia	1	—	—	—	—	1
Osteomyelitis	—	—	—	1	1	2
Pyæmia	—	—	—	4	7	11
Septicæmia						
(a) Septic arthritis ..	—	—	2	2	11	15
(b) Septic enteritis ..	1	1	2	1	2	7
(c) Septic mastitis ..	—	2	—	5	—	7
(d) Septic metritis ..	—	—	—	6	—	6
(e) Septic pericarditis ..	1	—	1	—	1	3
(f) Septic peritonitis ..	—	2	3	5	9	19
(g) Septic pleurisy ..	—	—	—	7	1	8
(h) Septic pneumonia ..	1	1	3	16	2	23
Swine Erysipelas ..	—	—	—	—	5	5
Swine Fever	—	—	—	—	11	11
Toxaemia	—	1	—	1	—	2
Sarcocysts, generalised ..	—	—	—	—	1	1
Total	6	13	43	106	115	283

Diseases and Conditions (Other than Tuberculosis) Affecting Parts or Organs encountered during Inspection of all Animals during the Year

Disease—Condition	Cattle exclud- ing Cows	Cows	Calves	Sheep	Pigs	Total
Abscess	605	127	3	102	106	943
Actinomycosis-bacillosis	182	22	1	—	4	209
Adenitis	4	—	—	—	2	6
Angiomata	124	524	—	—	—	648
Arthritis	1	1	—	2	77	81
Bacterial necrosis	6	—	4	3	1	14
Cirrhosis-hepatitis	—	1	—	2	1798	1801
Congestion	38	6	1	13	133	191
Echinococcus	253	135	—	824	4	1216
Emphysema	29	53	—	—	4	86
Endocarditis	—	1	—	—	—	1
Enteritis	1	3	—	1	19	24
Fascioliasis	1171	321	—	1074	1	2567
Fat necrosis	—	2	—	—	—	2
Fatty infiltration	9	29	1	76	55	170
Fibrosis	9	2	—	—	—	11
Fractures, injuries, etc.	39	10	1	24	36	110
Haemorrhage	3	3	1	—	4	11
Johnes Disease	4	11	—	1	—	16
Mastitis	—	30	—	—	9	39
Miliary Necrosis	1	—	—	—	—	1
Nephritis	13	17	—	—	103	133
Oedema	3	1	—	1	1	6
Parasites unclassified	189	27	1	1743	15	1975
Pericarditis	94	20	—	60	1198	1372
Peritonitis	204	103	—	41	530	878
Pigmentation	19	8	—	6	2	35
Pleurisy	390	56	—	98	1240	1784
Pneumonia	34	4	4	390	3550	3982
Rash	—	—	—	—	19	19
Ringworm	—	—	1	—	5	6
Tumours	2	3	—	2	—	7
Bone Taint	1	—	—	—	—	—
Decomposition	4	1	—	—	2	7
Food aspiration	23	1	—	—	—	24
Totals	3455	1522	18	4463	8918	18376

Animal Health

The quality of animals dealt in remained high, with the exception of certain sheep for a small section of trade, and swine fever contacts. Condemnations followed the pattern of previous years with few exceptions. The number of whole carcasses condemned showed an increase due almost entirely to fevered conditions in pigs, including 11 which were confirmed as Swine Fever.

Fascioliasis

The figures showed a continued fall in the number of whole bovine livers condemned for this parasitic condition, but an increase in sheep livers. However, the weight of condemned livers, including parts, remained more or less the same, 40,150 lbs. as against 41,700 lbs. in 1961. This is a tragic waste of valuable food due to severe parasitic infection.

Echinococcus

The percentage of cattle and sheep infected with this parasite increased again this year to 1.2%, as compared with 0.6% in 1961. Against this there was a notable reduction in the condemnation of sheep livers for unclassified degenerated parasitic cysts.

Ascaris

There was a marked decrease in the number of whole pig livers condemned this year for round worm infection. Whether this is a normal fluctuation is not known, and the matter is being investigated.

Lung infections

The number of cases of simple pneumonia and pleurisy in pigs remained at a comparatively high level during the year.

Contagious Pustular Dermatitis

One consignment of 67 sheep was recorded during the year as being very badly infected with this virus. Despite precautions taken in handling them one meat inspector developed Orfs pustule and two further cases of Orfs pustule occurred among slaughtermen during the year, due to becoming infected with the virus when handling these sheep.

Cysticercus Bovis

The existence of this parasitic condition still causes the meat inspector and the trade some concern. Guidance in dealing with this condition leaves much to be desired, and it would appear that practice varies. The large majority of cases seems to indicate some past infestation with the presence of a single nodule which cannot be positively identified as *C. Bovis*. As such it could be discounted, except that authoritative statements take such degenerated cysts into account, especially where more than one is found. Condemnation of the affected part is straightforward in the case of predilected sites, but it is difficult to deal logically with this when the affected part is, for example, the shoulder, loin or intercostal muscles. Generalisation

is not defined. This year a detailed analysis was made as shown in the accompanying figures, and two significant facts emerged. Firstly, out of 69 carcasses jointed because of the existence of a single degenerated cyst, *no* viable cyst was found in any part of the carcass, but one further degenerated cyst was found in eight. Secondly in only one case out of 159 were more than two cysts found. This particular carcass had 21 degenerated cysts in the heart, skirt and head, and no further cysts were found when the carcass was jointed. All carcasses with only evidence of a single degenerated cyst in the head were jointed, and passed if no further cyst was found. All carcasses with viable cysts, or with multiple cysts, were placed in cold store.

<i>Animals affected</i>		<i>Viable</i>	<i>Degenerated</i>
Cows		7	17
Others		13	122
		<i>No of carcasses</i>	<i>Action taken</i>
<i>Location</i>			
Single Viable Cysts	Head	17	Cold storage
	Heart	3	" "
Multiple viable Cysts		Nil	
Single Degenerated Cysts	Head	61	Jointed & passed 54 placed in cold store, one condemned for other reasons. Cold Storage
	Heart	55	
	Skirt	6	
Multiple Degenerated Cysts			
On inspection (two cysts)	Head and heart	3	Cold storage
	Head and skirt	1	" "
	Skirt and heart	2	" "
	Heart	2	" "
(21 cysts)	Head, skirt & heart	1	Jointed & Cold storage
On jointing (two cysts)	Head and loin	1	Cold storage
	Head and brisket	1	" "
	Head and shoulder	3	" "
	Head & Intercostal M.	2	" "
	Head and shin	1	" "

Eradication of Tuberculosis

The figures for this year again show a striking reduction, although comparative statistics have been upset to a certain extent by the fact that from July no reactors were sent in to this abattoir by the Ministry of Agriculture, Fisheries & Food. These animals are dealt with on a competitive basis, so it can be assumed that the Ministry have obtained better prices elsewhere. It must be pointed out that

practically all animals now sent in as reactors are affected with tuberculosis only to a very minor degree (e.g., one organ or part affected) so that the market value is an important secondary consideration.

Apart from reactors, 30 cases (3.4%) were found in Irish cattle, and 12 cases in local market cattle. Details of the 12 were passed to the Ministry for their information.

Eradication of Bovine Tuberculosis.

	Advanced	Non Advanced	Total
Animals slaughtered under the provisions of the Tuberculosis (Slaughter of Reactors) Order 1950			
(a) With visible evidence	—	69	69
(b) No visible evidence			(22)
Irish cattle	—	30	30
Cattle from local markets	1	11	12

Diseases of Animals Acts.

34 animals arrived dead or were found dead in the lairages and were examined bacteriologically or otherwise to eliminate the possibility of a notifiable disease. No such notifiable disease was found during the year, other than 4 cases of Swine Fever involving 11 pigs. The Ministry was informed and after confirmation appropriate measures were taken for the disposal of the carcasses and for disinfection.

There was a considerable increase in the incidence of Swine Fever throughout England & Wales this year, and 893 pigs were received as contacts. As these were clinically healthy pigs, practically all were passed as fit for human consumption.

The Minister is introducing a scheme for compulsory slaughter, with compensation, from 11th. March, 1963, and no provision is being made for the salvage of healthy contact pigs from infected premises. Very little difference is to be expected in the work of the meat inspector, as it will still be necessary to search for the odd case of swine fever which may get through and may be the start of an outbreak.

Wholesale Market.

Constant supervision was maintained over this market and adjoining wholesale meat depots. Unsatisfactory conditions at one stall were rectified by informal action and full co-operation from the firm.

During the year the following amounts of meat and offals were rejected as unfit for food, the figures showing an overall reduction of some 3000 lbs. over the previous year.

	lbs.
Souring	391
Blood splashing	287
Decomposition	3,427
Arthritis	4
Bone Taint	818
Moulds	92
Abscesses	148
Tyrosin	62
Bruising	431
Malodour	115
Fibrosis	80
Necrosis	26
Contamination	285
Total	<u>6,166 lbs.</u>

Slaughter of Animals Acts.

Slaughter of Animals (Prevention of Cruelty) Regulations

The general conduct of slaughtermen and stockmen remained satisfactory throughout the year, but complete compliance with the above Regulations will not be possible until the necessary alterations are completed by the appointed date.

Ritual slaughtering for the Mohammedan population increased this year, and it must be said that this method of slaughter, with nothing to commend it, was one cause of continual friction among slaughtermen.

The Slaughterhouses Act.

The Slaughterhouses (Hygiene) Regulations.

Progress was maintained throughout the year in implementing these Regulations, but much has to be done and constructional works have to be completed by the appointed date. (1st April, 1963).

It has been found that a general improvement throughout the abattoir is a necessary complement to dealing with the individual men. The slaughtermen are slowly appreciating that clean practices are as much a habit as dirty ones.

Applying these regulations to a large existing public abattoir with market adjoining poses extra problems when a gang system is operated. There are numerous employers, each with their own labour and a meat market staff, employed dually between the slaughterhouse

and the market. Facilities for cleaning, removal of by-products, identification of offals, cleansing, sterilisation, and provision of equipment and lighting for meat inspection have all to be equitably arranged for each gang to avoid friction, so that administration is difficult and the cost of duplicating these facilities is inordinately high. So much so that it is open to question whether any large public abattoir can be run economically using any method other than a line system, whereby the amount of equipment and services are correspondingly reduced and more fully utilised.

Regarding individual regulations, those dealing with dressed and undressed carcasses have caused some concern at times. Apart from the primary reason for these regulations, it seems remarkable how ill-informed some of the farming community and some of the veterinary profession appear to be on the need for certificates to accompany certain carcasses. In the case of farmers one can understand their reluctance to pay for veterinary services on top of the possible loss of a casualty. Against that, some fail to appreciate that speedy evisceration of a carcass is necessary and prompt notification to their own local authority would in many cases save them money.

In regard to animals which have died, the regulation is specific, but appears to be interpreted differently by various authorities. Whether the legislators intended to exclude all dead animals or only those 'knowingly' brought into a slaughterhouse is open to question. In the event of an animal in a consignment dying on the way in, each driver is technically guilty of an offence as the regulations now stand. Furthermore, it is open to question whether the legislators gave consideration to the safe disposal of such carcasses except at an abattoir possessing a digester and sterilising plant. Slaughterhouses may not have convenient knackery yards or destructors, and there is no control over the disposal of such animals if they are refused admittance, irrespective of the disease or condition causing death.

The Slaughterhouses (Meat Inspection Grant) Regulations.

New regulations to take the place of the above are under consideration for introduction next year. These regulations may impose a charge on the trade for meat inspection, which will be compulsory. It is also proposed that a system of meat marking will be introduced, and this will involve changes in meat inspection with increased work and responsibility for each individual inspector.

General

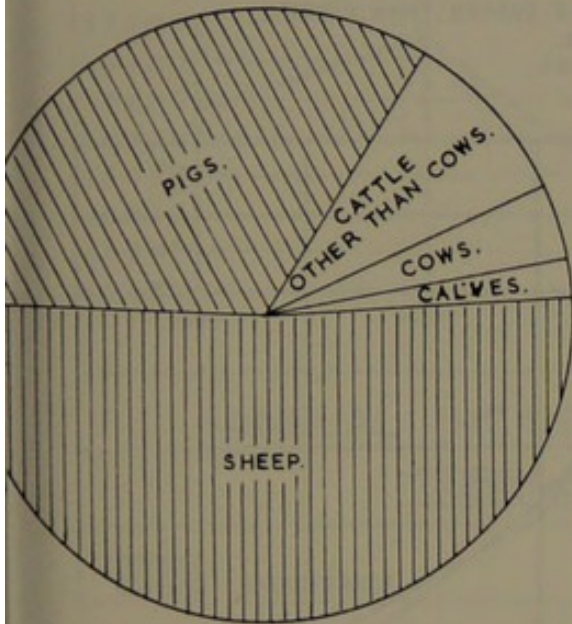
The progress achieved during the year was in no small measure due to the co-operation of the Markets Department and of the wholesale firms. Assistance, at all times, was readily given by the Ministry of Agriculture, Fisheries & Food, the Public Health Laboratory and the City Laboratory.

The following amounts of pharmaceutical products were collected under supervision.

Pharmaceuticals (lbs.)

	<i>Liver—unfit for food but suitable for processing</i>	<i>Pancreas</i>	<i>Spinal Cords</i>	<i>Suprarenals</i>
Cattle	40,150	10,245	6,235	856
Calves		108		
Pigs		3,411		

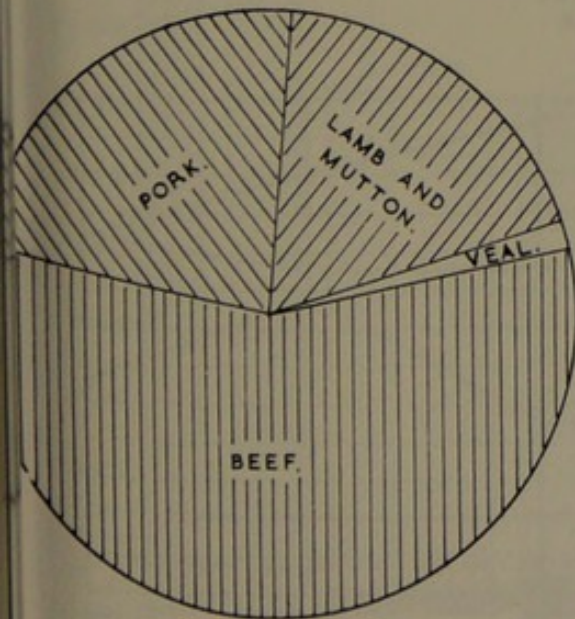
DIAGRAM ILLUSTRATING PROPORTIONATE NUMBERS OF ANIMALS KILLED.



PERCENTAGE KILL.

CATTLE OTHER THAN COWS	9.36
COWS	4.01
CALVES	1.88
SHEEP	51.76
PIGS	32.99

DIAGRAM ILLUSTRATING ESTIMATED WEIGHTS OF MEAT.



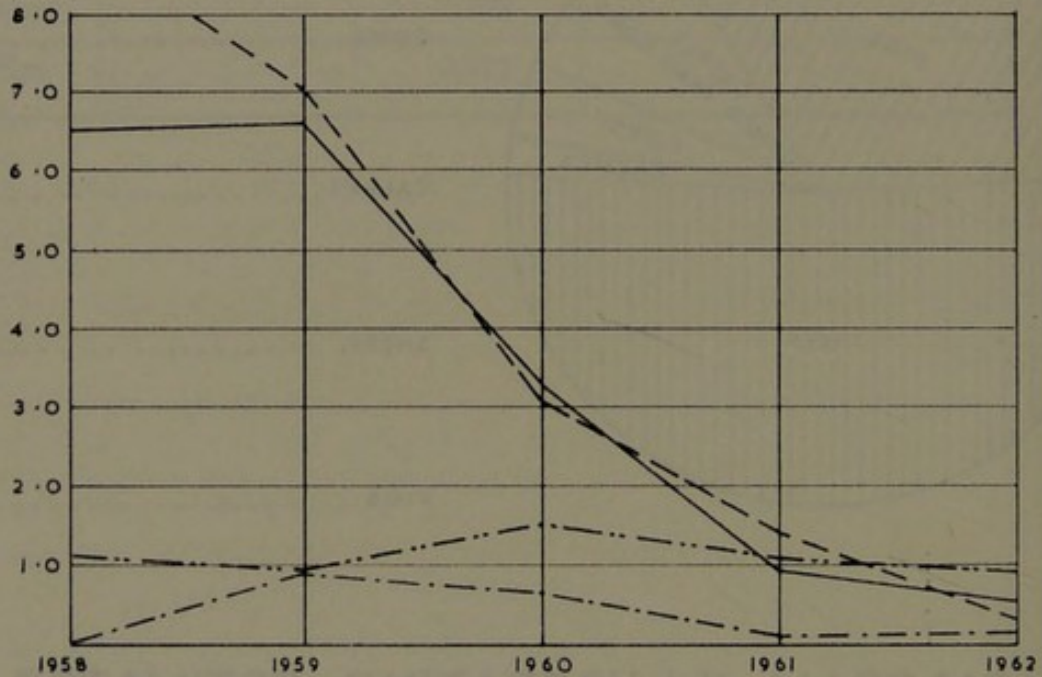
PERCENTAGE.

BEEF	57.0
VEAL	1.0
LAMB AND MUTTON	19.0
PORK	23.0

GRAPHICAL REPRESENTATION OF
PERCENTAGE OF DISEASE INCIDENCE
IN ANIMALS SLAUGHTERED.

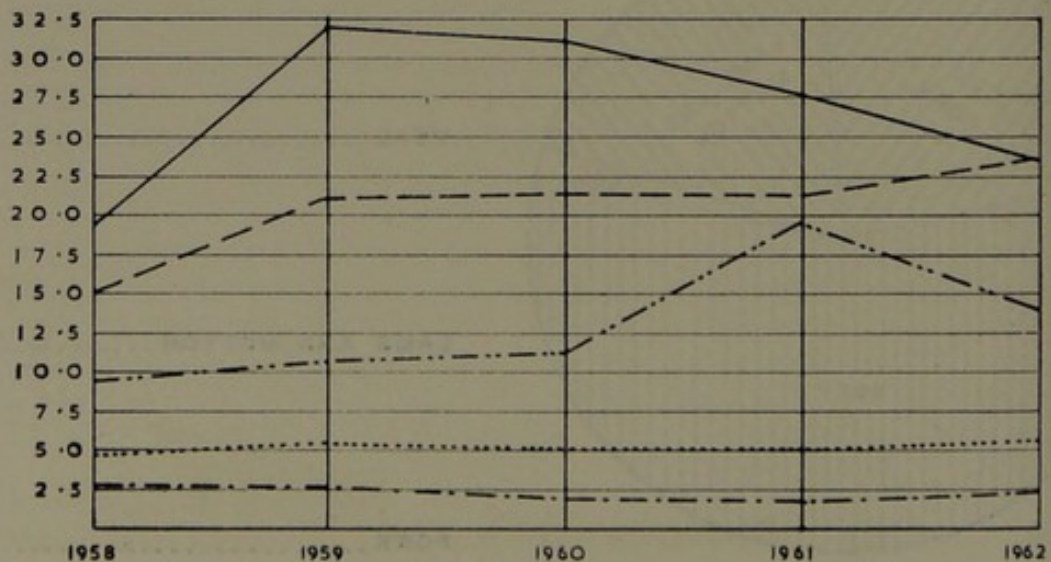
(A) TUBERCULOSIS.

————— CATTLE (OTHER THAN COWS).
 - - - - - COWS.
 - · - · - CALVES.
 · · · · · PIGS.

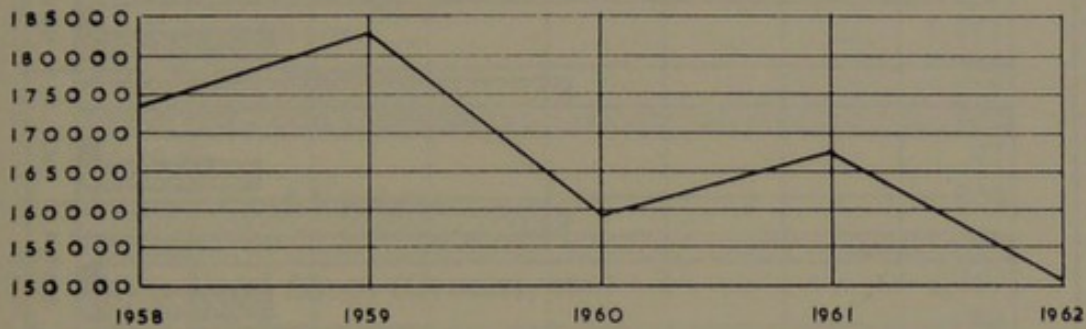


(B) DISEASES OTHER THAN TUBERCULOSIS
AND CYSTICERCOSIS.



————— CATTLE (OTHER THAN COWS).
 - - - - - COWS.
 - · - · - CALVES.
 · · · · · SHEEP.
 · · · · · PIGS.



GRAPH SHOWING THE NUMBER OF ANIMALS
SLAUGHTERED AT THE PUBLIC ABATTOIR
DURING THE LAST FIVE YEARS.



ANNUAL INCIDENCE OF BOVINE
TUBERCULOSIS.

 INCIDENCE.
 ANIMALS SLAUGHTERED COMPULSORILY.

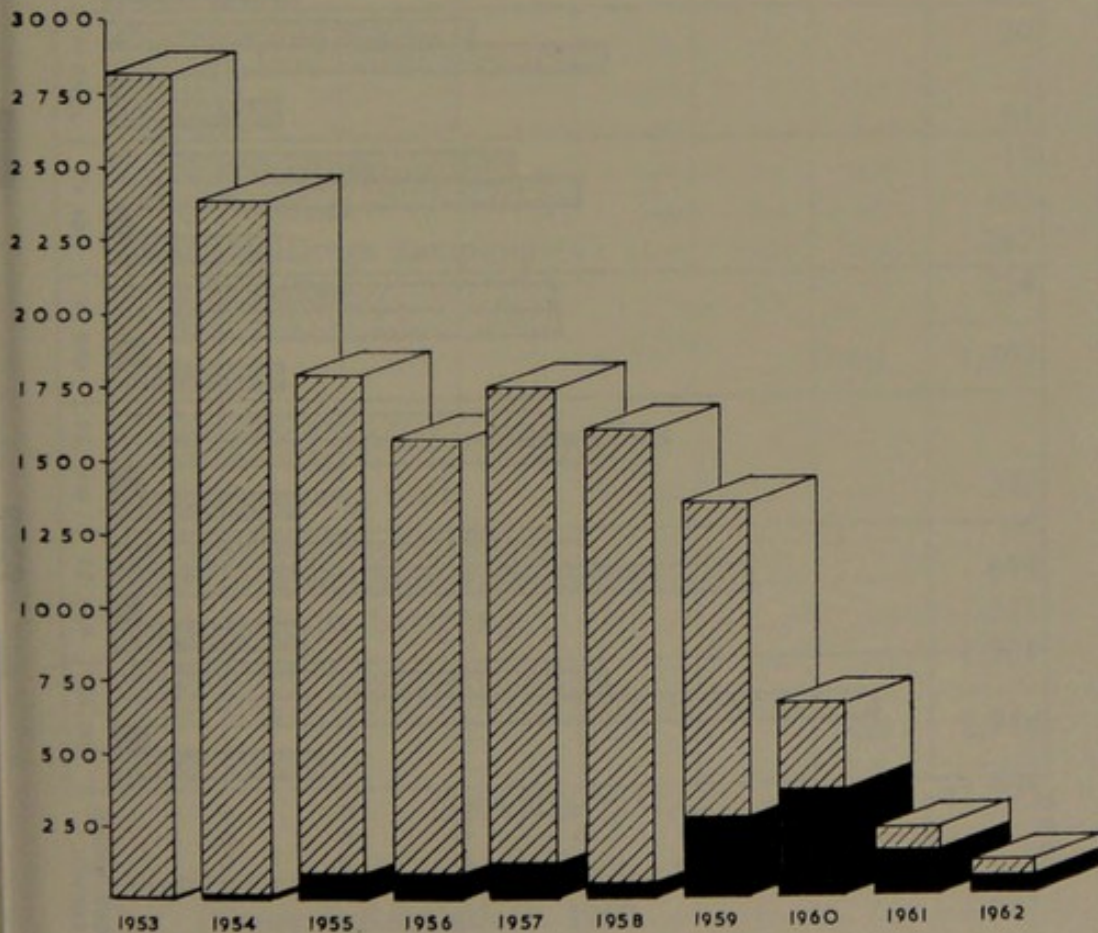
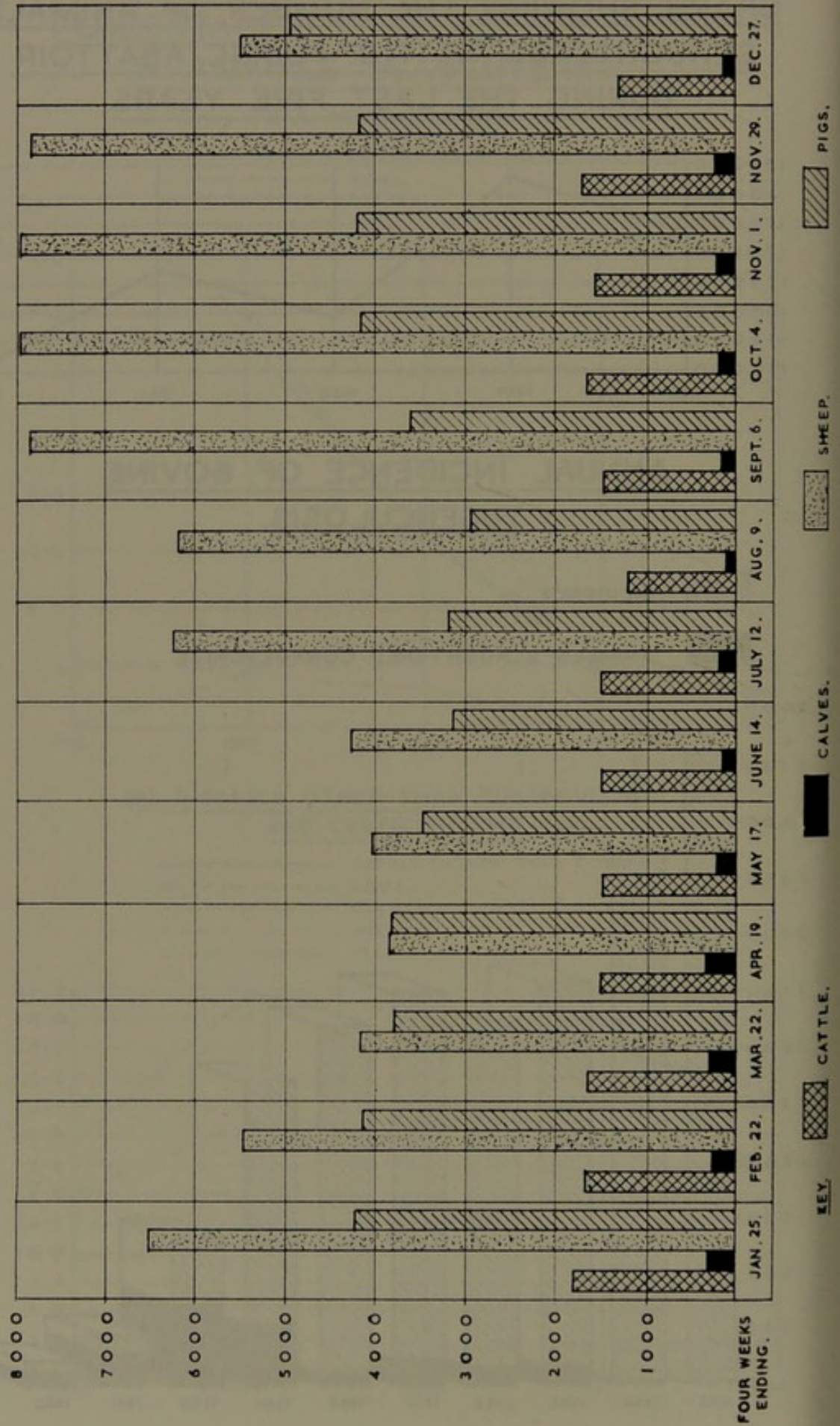


CHART ILLUSTRATING ANNUAL KILLING SPREAD-OVER FOR 1962.



VISITS OF INSPECTION TO FOOD PREMISES

Dairies	414
Milk Shops (Personal Reg.)	613
Hawkers	65
Cooked Meat Shops	540
Ice Cream Shops	1,111
Fish Friers' Premises	229
Preserved Food Premises	330
Markets	47
Canteens and Kitchens	929
Schools	49
Other Food Shops (Grocers, etc.)	1,757
Food Vehicles	98
Butchers' Shops	399
Greengrocers	756
Bakehouses	123
Total	7,460

Other Visits in connection with Food Inspection

Institutions	1
Food Shops	645
Canteens and Kitchens	20
Abattoir	7
Markets	64
Food and Drugs	13
Other Premises	141
Food and Drugs Sampling	292
Milk Sampling	214
Total	1,397

Other Visits

Food Poisoning Visits	371
Food Poisoning Revisits	64
Visits to Rivers and Watercourses	649
Visits re Water Sampling	531
Miscellaneous	1,301
Total	2,916

GRAND TOTAL

11,773

Number of contraventions under Food Hygiene
(General) Regulations, 1960

1,557

Details of Work Carried out under the Food Hygiene (General) Regulations, 1960

Number of Food Premises :—

Cleansed and redecorated	668
Structural repairs carried out	170
Lockers provided	37
Sinks provided	49
Wash hand basins provided	158
Hot water provided	220
Refrigeration provided	7
Screening of open food provided	98
Tables and counters covered with an impervious material.....	107
Floors repaired or renewed	111
Accumulations of refuse removed and bins provided	74
New first aid kit	118
New dustbins provided	18
Miscellaneous	375
TOTAL	2,210

BACTERIOLOGICAL EXAMINATION OF FOOD

During the year 23 samples of food were submitted to the Public Health Laboratory in connexion with cases of food poisoning and in respect of complaints from shops and canteens.

Details of the samples submitted and the results obtained are set out below :—

Types of Food	No. Submitted	No. Satisfactory	No. Unsatisfactory
Blackcurrant/Cream Cake with elastoplast dressing	1	1	—
Bones from beef carcase	1	—	1 Osteomalacia
Chocolates	2	2	—
Cutlet of Halibut	1	—	1 Cysts of Tape-worms, Grillotia.
Dutch Honey Cake	1	1	—
Paprika	1	1	—
Salmon Spread	1	1	—
Sausage	1	1	—
Sweets	2	1	1 Staphylococcus aureus
Swab from Ducks	3	3	—
Pork	1	—	1 Degeneration too far gone for recognition.
Tinned Ham	8	2	6 Streptococcus faecalis, etc.

The samples of blackcurrant cream cake, chocolate, Dutch honey cake, paprika, salmon spread, sausages, and swabs from ducks, were all taken in connection with suspected food poisoning cases, but in each instance no food poisoning organisms were isolated.

The sample of bones from a beef carcass, and the sample of pork were taken from the Public Abattoir to assist the meat inspector in the diagnosis of the disease. The laboratory reported that the bones from the beef were affected with osteomalacia, and the pork contained degenerative cysts, but degeneration was so great as to defy recognition.

The sample of halibut was infected with cysts, and these were submitted to the laboratory for identification. The laboratory reported that the cysts contained the larval tapeworm of Genus *grillotia* which was the cystic stage of tapeworms that infest sharks and dogfish. The halibut in question was surrendered and destroyed.

A publication in the press that certain sweets were contaminated was brought to our attention, and investigations were made to ascertain if this type of sweet was on sale in the city. Two samples were obtained and one of them was found to contain *Staphylococcus aureus*. The distributors were informed and the sale of these sweets in the City was suspended.

Eight samples of tinned ham were taken because of a sudden increase in the number of hams being reported as unfit. These tinned hams average nine to twelve pounds in weight and are imported and distributed from one central depot in London. The laboratory reported that *Streptococcus faecalis* in considerable numbers were present in some of the hams. In view of this, particular care was taken in the inspection of this type of ham. Altogether 124 tins of cooked ham, and 45 tins of cooked shoulders were taken and destroyed. In addition to these, 84 tins were withdrawn from sale by the wholesalers. Recent consignments of these hams have, however, been examined and found to be satisfactory.

INSPECTIONS CARRIED OUT AT MARKETS, SHOPS AND STALLS

During the year 7,460 inspections were made of markets, shops, and stalls, etc., where food is prepared, stored or exposed for sale, and 1397 additional visits were made for the purpose of examining food to ascertain its fitness or otherwise for human consumption. In the cases where food was found to be unfit, it was surrendered by the owner, and a surrender certificate issued. The surrendered foods were destroyed locally at the refuse destructor, except where they had some value as animal feeding stuffs, or disposed of on Corporation tips.

The quantities of food surrendered as unfit during the year are set out on the following page :—

Total Weight of Food Surrendered

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Meat	—	15	2	10
Fish	2	7	—	23
Fresh Fruit and Vegetables	8	18	—	16½
Other Foods	1	2	1	20½
Poultry	—	2	—	18
TOTAL.....	13	5	2	4

The meat referred to in this table is in addition to that condemned at the Abattoir.

CANNED FOODS

Meat	2,381
Fruit and Vegetables	10,645
Others	2,517

FOOD AND DRUGS ACT, 1955**Premises registered under Section 16 of the Act for the Manufacture, Storage or Sale of Food**

This section prohibits the use of premises for the manufacture or sale of the under-mentioned foods, unless the premises are suitable for the purpose and are duly registered by the local authority.

- (a) The sale or manufacture of ice cream or the storage of ice cream intended for sale ; or
- (b) the preparation or manufacture of sausages, potted, pressed pickled or preserved food intended for sale (The preparation of meat or fish by cooking is deemed to be the preservation thereof for this purpose).

Before registration is effected the premises must comply with the provisions of the Food Hygiene (General) Regulations, 1960, which lay down certain requirements relating to structural conditions, suitability and cleanliness, which must be observed in order to prevent contamination of the food produced or sold.

The number of premises registered under the Act is set out as follows :—

	1962
Number of premises on register, 1st January	1,323
Number of premises added to register during the year	52
Number of premises discontinued during year	69
Number of premises on register, 31st December	1,306

CLASSIFICATION OF PREMISES REGISTERED AT CLOSE OF YEAR

	1962
Premises registered for the manufacture of ice cream	12
Premises registered for the storage and sale of ice cream	987
Premises registered for the preparation or manufacture of pressed, potted or preserved meat, etc.	139
Premises registered for cooking of fish	88
Premises registered for the manufacture of sausages only	81

MILK

It is estimated that the quantity of milk processed daily in the City is approximately 34,650 gallons, and in addition to this 5,800 gallons of sterilised milk processed in other areas are distributed in the City daily.

Coventry is in a specified area and all the milk sold must be Designated Milk, and the 40,450 gallons are made up as follows :—

	<i>Gallons</i>
Pasteurised Milk	27,100
Tuberculin Tested Pasteurised Milk	6,450
Channel Island T.T. Pasteurised Milk	400
Channel Island Pasteurised Milk	600
Tuberculin Tested Milk	100
Sterilised Milk	5,800

Again, during the year, only a few complaints were received, and these were mainly due to dirty milk bottles. In each instance the complaints were investigated, the dairies inspected, and the dairymen warned.

Approximately 1,600 gallons of milk were supplied daily to the schools in the City, this being served to 38,005 children per day. In addition to this, milk is also supplied daily to the school kitchens.

The milk has been sampled and submitted for chemical and bacteriological examination regularly throughout the year, and the results have been consistently good. Details of these results are recorded later.

PURVEYORS OF MILK

Number of retail purveyors selling milk within the City :—

	1961	1962
(a) residing in the City	67	64
(b) number of retail purveyors selling bottled milk only, from shop premises	440	468

During the year 1,027 inspections were made of dairies, milk-shops and milk vehicles.

At one dairy a new bottle washing machine was installed, and the A.P.V. pasteuriser was modified and its throughput increased.

At another dairy the plant for the production of sterilised milk was removed, and extensive alterations are being carried out to provide a new loading deck and to fix a new churn washer.

Towards the end of the year visits were made to cafes in the City and samples of milk were taken from milk dispenser units. In the first instance 24 samples were taken and submitted to the methylene blue test. 20 of these failed the test and 4 were reported to be satisfactory.

Following these unsatisfactory samples revisits were made, and in some instances samples were taken from the milk churns before the milk was placed in the dispenser. 11 samples were taken from the dispensers and 5 from milk churns. All the 5 samples of milk taken from the churns were found to be satisfactory, and 9 of the samples from the dispensers were also satisfactory. In every case where an unsatisfactory sample was obtained, the vendors were advised on the methods of sterilisation of the utensils.

Further samples will be obtained during the coming year.

DESIGNATED MILK

The Milk and Dairies (General) Regulations, 1959

The Milk (Special Designation) Regulations, 1960

Table setting out the number of licences in force at the end of 1962.

Pasteurised Milk, Pasteurisers' Licences	6
Pasteurised Milk, Dealers' Licences	441
Sterilised Milk, Dealers' Licences	518
Tuberculin Tested Milk, Dealers' Licences	229

The six pasteurisers' licences include four licences to pasteurise milk by the High Temperature Short Time Process and two by the Holder Process.

One dairy licensed to pasteurise milk closed down early in the year.

All the milk sold in the City, with the exception of a small quantity of tuberculin tested milk, is either pasteurised, T.T. pasteurised or sterilised.

Samples of milk were obtained from all the processing dairies in the City, and samples were also taken of milk processed outside the City and retailed here. All samples were submitted to the City Analyst for examination, and the number of samples submitted and the results obtained are set out below.

TABLE SHOWING NUMBER OF SAMPLES AND RESULTS

<i>Designation</i>	<i>No. of Samples Obtained</i>	<i>No. Satisfactory</i>	<i>No. unsatisfactory</i>			
			<i>Total Unsatisfactory</i>	<i>By Methylene Blue Test</i>	<i>By Phosphatase Test</i>	<i>By Turbidity Test</i>
Pasteurised	261	258	3	—	3	—
Pasteurised Channel Island	48	47	1	—	1	—
Pasteurised School	217	217	—	—	—	—
T.T. Pasteurised	206	205	1	—	1	—
T.T. Pasteurised Channel Island	80	80	—	—	—	—
Sterilised	220	219	1	—	—	1
TOTAL	1032	1026	6	—	5	1

1032 samples of designated milk were obtained during 1962, compared with 823 samples in 1961. The percentage of samples failing the prescribed test was 0.58%, compared with 0.45% in 1961. This represents a very satisfactory state of affairs in the processing dairy trade in the City.

In connexion with the unsatisfactory samples, each dairy was visited and the plant and equipment inspected and checked. In each instance the dairymen were advised and repeat samples taken.

ICE CREAM

**Food and Drugs Act, 1955 (Section 16)
Ice Cream (Heat Treatment, etc.) Regulations, 1959**

The number of premises registered for the manufacture, storage and sale of ice cream within the City at the close of the year is as follows :—

	1962
No. of premises registered for manufacture and sale	12
No. of premises registered for storage and sale only	987

During the year inspections of premises and vehicles were made, and 278 samples of ice cream were submitted to the Public Health Laboratory for examination for bacteriological cleanliness in accordance with the Ministry's provisional grades. It will be seen from studying the chart below that the number of samples taken this year is much higher than in previous years. This is due to the fact that an extensive sampling campaign was carried out at two of the large soft ice cream depots within the City.

The samples taken were graded as follows :—

Grade 1	163	}	Satisfactory
Grade 2	36		
Grade 3	31	}	Unsatisfactory
Grade 4	48		

52 of these unsatisfactory samples were taken from soft ice cream vans operating from one depot within the city and are the subject of a more detailed discussion later. The rest were from other manufacturing premises in the City and from vans operating from them, and investigations were made at the premises concerned. The plant, equipment and thermometers were checked and advice given respecting cleanliness and sterilisation of equipment. Repeat samples were taken and found to be satisfactory.

The instigation of concentrated sampling, during which 107 samples were taken in three months at the van depot previously mentioned, was necessary because a series of routine samples taken from the vans were found upon examination at the Public Health Laboratory to be Grade 4.

After receipt of these unsatisfactory sample results a visit was made to the depot, where the manager was informed of the position and the depot was inspected. The general condition of the depot was satisfactory.

The ice cream is manufactured on the vans from a liquid premix in speed freeze units and none is actually manufactured within the confines of the depot. Consequently the depots cannot be registered for the manufacture of ice cream. The vans, which do not come in the category of premises as defined in the Food and Drugs Act, 1955, are also not registerable.

The responsibility for sterilising the speed freeze units rested solely upon the individual salesman, and instructions were given to the manager to re-instruct fully his staff in sterilisation procedure in

order to alleviate the problem. At the same time two samples of ice cream and one of premix were taken and submitted to the Public Health Laboratory. The two ice cream samples were grade 4, and the premix sample grade 1.

The premix is manufactured at the company's main factory in South East England and packed in polythene containers, which are then transported under refrigeration.

A further visit was made to the depot, and the problem again discussed with the manager and his superior. It was decided that sterilisation of the machines by the salesmen was unsatisfactory, and that the long hours they worked and the fluctuations in staff would make one hundred per cent. reliance upon them impossible. In view of this it was agreed to appoint a woman to be solely responsible for all sterilisation and to be fully instructed in the process. Arrangements were then made for a revisit to carry out sampling from each van as it left the depot, as a counter-check.

As arranged, samples were taken from 11 vans as they left the depot, and were submitted to the Public Health Laboratory. When the results of these were obtained, it was found that only one was grade 1, two were grade 2, four were grade 3, and four were grade 4. Consequently a further visit was made to the depot, and the woman responsible for sterilisation was interviewed. It was obvious that she had been misinstructed in the fundamental factors of the sterilisation process, and in view of this a working code of practice for sterilisation was drawn up for the firm's use.

A further series of samples were taken and submitted to the Public Health Laboratory. Of these, seven were grade 1, four were grade 3, and one was grade 4. Repeat samples were taken of the five which had failed, and two were grade 1, one was grade 2, and two were grade 3.

From this it appeared that the standard of hygiene and sterilisation of the fleet had radically improved and that no further serious trouble could be anticipated. A further series of eleven ice cream samples, together with three samples of premix prior to reconstitution, were taken as a final check.

When results of these samples were obtained, it was found that of the samples of ice cream, seven were grade 4, one was grade 3, and two were grade 1; and of the premix samples, one was grade 4, one was grade 2, and one was grade 1. These results raised the question of the sterility of the premix, which prior to this had not been in doubt, since the sterilisation of the equipment appeared satisfactory in all respects. In order to try to amplify this, a further 24 samples were taken — twelve of the premix and twelve of the same premix reconstituted. The results of these showed that five samples of the premix and five corresponding reconstituted samples were grade 4.

When the firm were informed of these fresh developments, arrangements were made for their chief chemist to meet representatives of the department, and on two occasions further samples of the premix were taken in triplicate by ourselves, the firm, and an in-

dependent analyst. On the first occasion, of ten samples taken seven failed the test, but on the other occasion all seven samples taken passed. These results were confirmed by the triplicate samples. It would appear from this that the source of infection was indeed in the premix, and in view of this arrangements were made for representatives of the department to visit the factory in question, and to meet the inspector of the local authority in whose area the factory is situated.

From this inspection it would appear that the only possible source of infection of the polythene packed premix is at the point of bagging, and that there was no other apparent source of contamination. The sampling arrangements of the firm themselves are such that no sample is taken after bagging.

Further samples were taken a month or so later, and of an initial six samples of reconstituted ice cream, five were found to be grade 4. Immediately repeat samples were taken of four premix, and four of the premix reconstituted. Of these six were grade 1, and two were grade 4. The grade 4 results were one premix and the corresponding ice cream.

It has become increasingly obvious from the pattern of the results obtained that the source of trouble does lie at this point of infection mentioned earlier, and notification to this effect has already been forwarded to the firm, who have promised to take whatever steps they can to remedy the matter and to let us know their findings. A letter has also been sent to the local authority in question, suggesting that they sample after bagging, and informing them of our findings. In view of this no further action has been taken until the firm's decision has been reached.

Table of Comparison of Ice Cream Samples Taken 1953-1962

	No. of Samples	No. Satisfactory	No. Unsatisfactory	Percentage Unsatisfactory
1953	116	92	24	21%
1954	85	54	31	37%
1955	73	63	10	14%
1956	15	10	5	33.3%
1957	148	126	22	14.8%
1958	95	89	6	6.3%
1959	108	89	19	17.6%
1960	84	78	6	7.4%
1961	127	112	15	11.8%
1962	278	199	79	28.4%

FOOD HYGIENE

Re-allocation of work within the Department has resulted in a notable increase in the inspection of food premises during the year. Particular attention has been given to cooked meat shops, which are probably the greatest potential source of food poisoning outbreaks. The nature of the food is ideal for the growth of bacteria, and the trade involves a high degree of handling and preparation by its employees, with a correspondingly greater risk of contamination.

Increased attention has been applied to the smaller type of foodshop which occupies part of premises used otherwise as living accommodation. Some of these businesses are almost inextricably involved with the domestic activities of the proprietors. They are small, overstocked and frequently with inadequate storage space. Stock rotation is often poor and the cramming of stock into inadequate space frequently results in difficulty being experienced in thorough cleansing and repairing of surfaces. Washing facilities are often remote and unsatisfactory, and a drive is in progress to provide separate washing facilities and sinks at these premises.

Improvements at food premises rose to 2,210 as a result of increased inspection, and 1,557 contraventions of the Food Hygiene Regulations were discovered. Most of these were remedied by notice, but in five cases the premises were in such a condition as to warrant prosecutions, and these were successfully instituted. In two instances inadequate supervision had allowed conditions to lapse seriously, and fines of £100 and £30 were correspondingly imposed by the Magistrates.

A prosecution against a proprietor of a mobile food shop was only partially successful. It again emphasised that the law regarding these businesses, which are not premises within the meaning of the Regulations, is inadequate to exercise complete control, particularly in regard to their structure. Consequently, externally dilapidated, converted buses still disfigure the outer suburbs of the City in contrast to some excellent, purpose-made, mobile food shops which are in use in the City. Apart from lack of constant water supply, some of these equal conditions found in food premises and represent no extra risk to the public health.

The number of confirmed cases of food poisoning fell sharply during the year, and it is pleasant to note that there were no major outbreaks in the City. Nationally, the incidence of food poisoning appears at last to have been contained, and it is hoped that years of intensive education in food hygiene are at last bringing their reward.

Coventry Corporation Act, 1948 — Sections 56 and 76.**FOOD HAWKERS**

This Act provides for the registration of all persons not keeping a shop, who sell or expose for sale any food from any cart, barrow, or other vehicles, or from any basket, pail, tray, or other receptacle. The premises used as storage accommodation for any food intended for sale from such vehicles or receptacles are also required to be registered. At the end of the year, the number of persons registered was ninety-three, and in forty-eight instances the premises were also registered.

During the year, sixteen applications were received from persons who wished to be registered as food hawkers. The premises were visited and found to be satisfactory. Registration was approved in each case.

Of the total number of food hawkers registered, no less than seventy sell fruit, vegetables, and pre-packed foods. In twelve instances the registered mobile food vehicle is used for the sale of open food, such as snacks, sandwiches, tea, sausage rolls, meat batches, hot dogs, fish and chips, and candy floss intended for immediate consumption. Seven mobile vehicles are registered for the sale of ice cream. One registration is in respect of the sale of Indian foods and spices, while another permits the sale of Continental foods, catering for the city's population from overseas. In the two remaining instances, registration was approved for the sale of wet fish, poultry, and rabbits.

For the purpose of registration, the mobile food shops, and food storage premises, where these are used in conjunction with the vehicles, are required to comply with the provisions of the Food Hygiene (General) Regulations, 1960, as they apply to food businesses of this kind.

A total of ninety-eight inspections of mobile food vehicles was made during the year.

**LEGAL PROCEEDINGS TAKEN BY DEPARTMENT
UNDER THE FOOD AND DRUGS ACT AND
THE FOOD HYGIENE (GENERAL) REGULATIONS
DURING 1962**

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Regulation 5, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises	Convicted	£10.0s.0d.	
Section 8, Food and Drugs Act, 1955. Sale and exposure for sale of raisins unfit for human consumption	Convicted	£6.0s.0d.	
Labelling of Food Order, 1953, Part II 4 (2). Quarter pound packet of tea sold when not labelled as required by the Order bearing the name and address of the packer or seller	Convicted	£2.0s.0d.	
Section 2, Food and Drugs Act, 1955. Sale of three chocolate bars containing maggots	Absolute Discharge		
Section 2, Food and Drugs Act, 1955. Sale of pot of jam containing pieces of glass	Convicted	£10.0s.0d.	
Section 8, Food and Drugs Act, 1955. Sale of loaves of bread contaminated with paraffin	Convicted	£40.0s.0d.	£8.0s.0d.
Section 2, Food and Drugs Act, 1955. Sample of Gin 41° under proof and equivalent of 90·8% of genuine Gin	Convicted	£20.0s.0d.	£5.0s.0d.
Section 8, Food and Drugs Act, 1955. Sale of Packet of skinless pork sausages in a mouldy condition	Convicted	£20.0s.0d.	£3.3s.0d.
Section 2, Food and Drugs Act, 1955. Sale of jam containing mould	Convicted	£5.0s.0d.	£3.3s.0d.
Section 2, Food and Drugs Act, 1955. Sale of a Fish Finger containing a fly	Convicted	£5.0s.0d.	£1.1s.0d.
Regulations 5, 23(1), 24, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises. Food room in a dirty condition. There was an accumulation of refuse in a food room	Convicted	£30.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Sale and having in possession for purpose of sale meat pies in a mouldy condition	Convicted	£10.0s.0d.	£0.10s.0d.

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Regulations 8, 9, 26, Food Hygiene (General) Regulations, 1960.			
(a) In that a mobile food shop was not provided with hot water and clean towel for personal cleanliness	Convicted in respect of contravention	£2.0s.0d.	
(b) Overclothing was not kept clean	(d). Other summonses dismissed.		
(c) Floor covering of vehicle was dirty and so defective that it could not be effectively cleaned.			
(d) The name and address of person was not displayed on vehicle			
Section 8, Food and Drugs Act, 1955. Sale of cereal food in mouldy condition	Convicted	£5.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Sale of vanilla flavoured chocolate rolls in a mouldy condition	Convicted	£20.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Sale of shelled walnuts unfit for human consumption	Convicted	£4.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Sale of skinless pork sausages in a mouldy condition	Convicted	£5.0s.0d.	
Section 6, Food and Drugs Act, 1955. and Food Standards (Tomato Ketchup) Order 1949. Label on bottle of Tomato Piquant was calculated to mislead as to the substance of the commodity not containing the necessary percentage of tomato solids.	Both summonses dismissed.		
Regulations 5, 16, 17, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises. Clean towels or other suitable drying materials not provided. First Aid materials not provided	Regs. 16 and 17 Convicted. Reg. 5 was Dismissed	£5.0s.0d.	
Section 8, Food and Drugs Act, 1955. Sale of pork pie in mouldy condition	Convicted	£5.0s.0d.	
Section 2, Food and Drugs Act, 1955. Sale of prepacked chicken salad not of the quality demanded in that the chicken was in a mouldy condition.....	Convicted	£25.0s.0d.	£4.4s.0d.
Regulations 5, 16(2), 16(3), 19, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises. Hot and cold water not provided to the wash hand basin. Soap, nail brushes and clean towels not provided. Hot and cold water not provided to the sink	Convicted	£100.0s.0d.	£3.3s.0d.

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Section 8, Food and Drugs Act, 1955. Sale of skinless beef sausages in a mouldy condition	Convicted	£10.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Sale and having in possession for sale for human consumption pork steak in a decomposing condition	Convicted	£20.0s.0d.	
Section 2, Food and Drugs Act, 1955. Sale of dairy cream Chartreuse Trifle containing a moth	Convicted	£1.0s.0d.	
Regulation 9(e), Food Hygiene (General) Regulations, 1960. Smoking while handling open food	Convicted	£3.0s.0d.	
TOTALS		£363.0s.0d.	£43.19s.0d.

Legal Proceedings Under Other Statutes

Legal proceedings were also instituted in twenty-three cases under the Public Health Act, 1936, involving the service of forty summonses for failure to comply with notices requiring repairs to be carried out to property. Fines and costs totalling £25 10s. 0d. were imposed by the Magistrates in respect of eight summonses.

Magisterial proceedings were also instituted in one case under Section 90 of the Housing Act, 1957, in respect of overcrowding in a house in multiple occupation. In another case brought before the local courts under Section 7 of the Factories Act, 1961, for failing to maintain suitable sanitary conveniences for the persons employed in a factory, two fines of £1 0s. 0d. were imposed.

HEALTH EDUCATION

For some years the legislation most requiring the support of Health Education measures has been the law with regard to food. Since the advent of Smoke Control Areas under the Clean Air Act it has proved to be more and more necessary to convince people that this is an Act passed for their own good, and is not merely an exercise in the functions of bureaucracy ; or, as one offender put it succinctly, as making " jobs for the boys."

There is evidence that, behind the cloak of fuel shortage, in winter a few citizens take the opportunity to burn coal in Smoke Control Areas, sometimes purchasing pre-packed coal when pre-packed smokeless fuel is on sale at the same shop. This is not a gesture against authority but really only an action against their own health and that of their neighbours. The local authority has to take measures to seek them out and take action against them in order to protect the health interests of their neighbour who observed the smoke control order.

The public are also becoming confused by publicity given to statements calculated to discredit the usefulness of the Act. A physician on a televised programme described the Clean Air Act as " something of a swindle " because nothing was done to remove sulphur dioxide from the air. Domestic coal smoke has two major pollutants, soot and sulphur dioxide. The problem of sulphur dioxide is at present intractable and in any case the mere substitution of smokeless fuel does not increase its concentration in the air. It would be, nevertheless, folly to allow dangerous particulate filth to remain simply because the removal of another pollutant is, at the moment, impractical. It is similar to having two sore thumbs and healing neither because you cannot heal both at once.

The answer to this is active Health Education. The people must be convinced that these restrictions are for their ultimate benefit and that the extra cost and difficulties will bring a dividend of health and amenity. The present annual Bronchitis death rate of 30,000 people is frightening, and the loss of millions of working days through the ravages of this disease is an intolerable financial burden. **THE ONLY REMEDY AVAILABLE AT THE MOMENT IS SMOKE CONTROL.**

To meet part of this need many talks have been given this year to various groups within proposed Smoke Control Areas. An exhibition was held which gave information and facts about smoke control, and this has been described elsewhere. In this way prejudice has been broken down among the comparatively few who oppose Smoke Control, and answers given to some of the fears that exist with regard to the use of certain smokeless fuels. Some of these fears are,

of course, completely irrational. In one case a householder claimed to suffer from the "fumes" from coke but not from "Gloco" (which is a coke!)

Food Hygiene has also received its usual close attention during the year. All new entrants to the School Meals Service have received instruction in food hygiene and the causes and prevention of food poisoning. The Home Helps service has also been similarly instructed, and also given a review of other services of the Department. This has proved particularly helpful in discovering sources of danger to the public health during their work, and the remedying of many causes of complaint. Local Government really sells a service, and it is important that some sales promotion should be used.

All requests for talks from various organisations have been met during the year. Steps have been taken to increase the number of inspectors who are prepared to give of their own time to put over the message of Environmental Hygiene. Commerce has never been slow to exploit the current pre-occupation with disease to sell their products. Toothpastes which destroy mouth bacteria, disinfectants which destroy dangerous germs "around the bend," and devices to filter germs out of the air have all received their quota of advertisements. The truth is that germs reappear in these situations very quickly indeed, and soon assume their original numbers, but they sell the product. Public Health matters should be sold equally vigorously, but with claims based on facts and truth. The public are our customers, they pay for the services we provide, and they should be told of the services available. Audiences frequently express astonishment at the complexity and range of public health legislation, and frequently ask for help to remedy long standing grievances for which they did not know the remedy. Services which are not publicised are services which are not used and the people must be informed if legislation is to give them protection and help.

RIVERS AND STREAMS

The condition of the rivers and streams in the city was generally good throughout the year, and no continuous serious pollution occurred.

Several minor sources of pollution were found in co-operation with the City Engineer's Department and the Severn River Board Inspector, and 84 samples of the waters were taken during the year.

In one instance sewage was found entering the River Sherbourne, and this was traced to a large factory. After alteration to the drainage system this pollution ceased.

Early in the year the Swanswell Pool was found to be seriously polluted and in an offensive condition. After investigation, including examination of the drains and sewers at the Coventry and Warwickshire Hospital, it was found that the waste from the hospital kitchen had been connected to the storm water sewer which discharges into

the pool. This was immediately disconnected, and a gradual improvement was noticed in the condition of the water in the pool.

During the year an oil trap was provided on the storm water sewer from Woodlands School, following a further leakage of fuel oil from the heating system.

At a large factory a grease and oil trap was provided at an approximate cost of £20,000. This trap should prevent oil and grease from gaining access to the River Sowe.

In one instance petrol was found in the Canley Brook and this was traced to a petrol and oil depot. This matter was taken up by the Severn River Board and the firm concerned installed a suitable trap to remedy this leakage.

Work on the Springfield relief sewer has continued throughout the year and no serious pollution has been found in the brook. This is a great improvement, as the brook was formerly a continual source of pollution to the River Sherbourne.

SWIMMING BATHS AND PADDLING POOLS

During the year 91 visits have been made to the following swimming baths and paddling pools, and 105 samples of water were obtained for bacteriological examination and for determination of the chlorine content.

Livingstone Road Baths
 Gosford Park Open Air Swimming Pool
 Manor Park School Open Air Bath
 Canley Training College Swimming Bath
 Caludon Castle School Swimming Bath
 Lyng Hall School Swimming Bath
 Hill Farm School Swimming Bath
 Binley Paddling Pool
 Edgwick Paddling Pool
 Binley Park Swimming Pool
 Foxford School Swimming Pool
 Woodlands School Open Air Swimming Pool
 Whitmore Park School Swimming Bath

Details of the samples are set out in the accompanying table, and in most cases have been consistently good.

There are three public swimming baths in the City. Two at Livingstone Road are owned by the City Council. One of these was opened in April this year, and both of the baths are in excellent condition and well managed and maintained.

The other public swimming bath is an open air bath at Gosford Green, which is privately owned. This pool was a source of trouble throughout the summer months. The chlorine content of the water was well maintained throughout this period, but the pH was always low, and the water in the pool was very turbid. The proprietors were notified, and called in experts to try to clarify the water in the pool. This was only partially successful, and the water was not completely satisfactory when the pool closed in September. From the public health point of view, however, the maintaining of a sufficient chlorine level was satisfactory, but the low pH gave rise to anxiety.

In addition to the above, there are eight swimming baths at schools. Of these, five are covered swimming baths and three open air. The five covered pools are in excellent condition. The baths are fitted with a continuous flow system and the water is chlorinated and filtered. Conditions at all the baths were satisfactory.

The three open air pools at the schools were kept in reasonable condition after advice on chlorination.

There are two paddling pools in the City, one at Edgwick and one at Binley Road. The one at Edgwick is fitted with chlorination and filtration plant, and was maintained in a satisfactory manner for most of the year. The pool at Binley Road was visited regularly, and although there is no chlorination or filtration plant, due to the efforts of the Parks Department in changing the water at regular intervals, no adverse conditions were found. This pool, however, cannot be satisfactorily maintained until some automatic method of chlorination and filtration is installed.

RESULTS OF SWIMMING POOL WATER SAMPLING

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Binley Paddling Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— —	— —	— —	trace 180 +	0.25 —	— —	— —	— —	— —	— —	— —	— —
Edgwick Paddling Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— —	— —	— —	nil 1	— —	2.0 0.0	0.4 —	1.5 —	— —	— —	— —	— —
Livingstone Road Public Baths Free chlorine content in p.p.m. Coliform per 100 ml.	1.0 0.0	— —	1.25 0.0	1.5 0.0	2.0 0.0	3.0 0.0	— —	— —	1.5 0.0	— —	1.5 0.0	2.0 0.0
Livingstone Road New Public Baths Free chlorine content in p.p.m. Coliform per 100 ml.	— —	— —	— —	0.75 0.0	1.5 0.0	— —	— —	— —	0.5 0.0	— —	1.5 0.0	1.5 0.0
Manor Park School Bathing Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— —	— —	— —	— —	— —	5.0 0.0	— —	— —	— —	— —	— —	— —
Hill Farm School Bathing Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— —	— —	— —	— —	— —	2.0 0.0	— —	— —	— —	— —	— —	— —
Caludon Castle School Bathing Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— —	1.25 0.0	0.5 0.0	— —	1.0 0.0	1.5 —	— —	— —	2.0 0.0	— —	0.25 —	— —

RESULTS OF SWIMMING POOL WATER SAMPLING (contd.)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Binley Park School Bathing Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— —	— —	1.5 —	— —	— —	— —	— —	— —	— —	— —	— —	1.0 0.0
Foxford School Bathing Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— 0.0	0.75 0.0	0.75 —	— —	0.5 0.0	1.0 —	— —	— —	— 0.0	1.0 —	0.25 1.0	0.25 —
Woodlands School Bathing Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Canley Training College Bathing Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— —	— —	0.5 0.0	1.0 0.0	0.75 0.0	3.0 —	— —	— —	2.5 —	2.0 —	1.5 —	— —
Lyng Hall School Bathing Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— —	1.0 0.0	0.75 0.0	— —	1.0 0.0	1.0 —	— —	— —	— —	— —	1.0 —	— —
Whitmore Park School Bathing Pool Free chlorine content in p.p.m. Coliform per 100 ml.	— —	— —	— —	— —	— —	Nil 2.0	— —	— —	— —	— —	— —	— —
Gosford Park Swimming Pool												

SEE DETAILS IN SEPARATE REPORT

COMMON LODGING HOUSES

The one registered common lodging house in the city is under the control of the Men's Social Section of the Salvation Army. To conform with the common lodging house provisions of the Public Health Act, 1936, application for renewal of the registration of the London Headquarters of this branch of the religious organisation's social activities as the keeper was approved by the Health Committee at the beginning of the year. The Act limits the period of registration of the keeper to thirteen months, when a renewal of the registration is required.

A deputy keeper also appointed under the Act is resident at the lodging house for the purpose of management and supervision. He, or an approved assistant deputy keeper, also resident on the premises, is always available during the statutory hours of nine o'clock in the evening and six o'clock in the morning of the following day. The nightly average of men seeking lodgings during the year is in excess of one hundred and twenty, and it is rare that accommodation is vacant. The night's accommodation consists of bed and breakfast, but full board is provided for those men who order it.

The communal facilities, wash rooms and bathrooms are clean and well maintained. The food preparing kitchen and dining rooms are satisfactory, and the standards maintained are of a good order. The establishment was well-conducted, and provided much needed shelter and comfort for old and young alike. Extra care and consideration is shown by the management towards the number of aged lodgers who are more or less permanently settled in the hostel. The appreciation of these men is expressed in the number of years most of them have made the hostel their home.

During the course of the year, twelve visits of inspection were made to this common lodging house at various times of the day and night. Conditions were found to be satisfactory, and there was no overcrowding. The buildings, though very old, are maintained in a sound condition.

As commented in a previous report, the future of this common lodging house is uncertain in view of the redevelopment and road improvement schemes in which the premises are involved. That there is still a need for accommodation of this type is indicated by the number of men who nightly apply for food and lodgings after their daily work in various parts of the city. Should the comprehensive schemes envisaged in the city's reconstruction lead to the removal of this building, there is a case for the inclusion of this social amenity in new surroundings contained within the scheme, and serving the same useful service.

CANAL BOATS

During the year, twenty-seven visits were made to the canal, and the cabins of twenty-three boats were examined, and found to be occupied by eleven men, eighteen women, and fourteen children.

There was no case of infectious disease notified during the year.

All the boats were found to be free from vermin infestation.

Other details for the year are as follows :—

Total number of boats registered up to 31st December, 1961	552
Boats added to register in 1962	3
Registrations cancelled	328
Actual number of boats on register at 31st Dec- ember, 1962	227

VERMINOUS PREMISES

Fourteen cases of vermin infested dwelling houses were dealt with by the Department during the year, as compared with twenty-eight cases dealt with in 1961, ninety-two during 1960, and one hundred and ninety two during 1959.

The bed bug (*cimex lectularius*) was the pest requiring most attention, and complete disinfection was carried out in each instance. The insecticides used contain D.D.T. and Gammexane in liquid form or generated as a residual smoke.

The human flea (*pulex irritans*) called for some attention, and was effectively treated.

The marked reduction on former years in the incidence of vermin infestation in dwelling houses recorded in this annual review, may be attributed to a combination of circumstances. Not least amongst these are the improved standards of housing provided for families rehoused from unfit houses in slum clearance schemes. There is a continuous, if slow, forward process in this connection in the Department's efforts to achieve the completion of the City's programme of rehousing from slum cleared dwellings. One hundred and sixty five houses were demolished during the year. In every case where vermin are found or suspected in a house from which the occupants are due to be removed on the grounds of unfitness, systematic and controlled fumigation of the household contents is carried out to prevent the transference of bug infestation from the old to the new. Another contributory factor may well be the improved composition of present day insecticides containing more powerful ingredients, and having residual properties lasting over several months.

Complementary to these practical contributions towards the decrease in domestic bug infestation is the pride and appreciation often met with amongst housewives who have become the possessors of modern housing accommodation in place of a slum dwelling. There are indications on the domestic front that this parasitic intruder is receiving the treatment it deserves, and is becoming more and more a stranger in the modern home.

The demand for the services of the Department to deal with infestations of insect pests other than the bed bug and flea showed an appreciable decrease on the previous year. These included cockroaches, ants, wasps, crickets, flies, woodworm and beetles. In this connection two hundred infestations were treated.

Much attention was given to the incidence of the German Cockroach (steam fly) found to be infesting canteen food kitchens. Successful treatments were carried out in every instance by the use of liquid insecticides and dusting powders containing D.D.T.

FACTORIES ACT, 1961

This Act came into force on the 1st April, 1962. It is a consolidating Act repealing, among other enactments, the Factories Acts of 1937, 1948 and 1959.

It re-enacts the provisions of Part I of the 1937 Act, which deals with matters affecting the health of employees, and makes no material change in the few other provisions enforced by local authorities, whose duties relating to its enforcement are very limited.

Factories without power are fast disappearing. At the close of the year under review there were only twenty-one such factories in the City. This is due to the increased use of mechanical means for carrying out operations formerly done by hand. The mere conversion of a sewing machine from hand or foot operation to electrical operation changes the designation of the premises, and so reduces the scope of duties of a local authority in respect of them.

The supply of drinking water in all factories is taken from the Corporation's main supply. Several large factories do obtain water from private sources, namely, wells sunk within the factory curtilage. This water is, however, in all cases used only for processing and purposes other than drinking, so that it has not been necessary to issue any certificate of approval in relation to a water supply.

The following tables are inserted in compliance with Section 153 of the Act. From these it will be observed that there has been a slight reduction in the number of factories within the City. This has been most marked in respect of those without power. Each of the 48 contraventions observed was followed up by a notice to the occupier of the factory. Little difficulty has been experienced in securing compliance with notices, as in most cases factory managers are co-

operative. It was, however, found necessary in one instance to institute magisterial proceedings against the owner of a factory for non-compliance with the Act in relation to the absence of a water supply to sanitary conveniences. Although the water supply had been reinstated before the summons was heard, a fine of £2 was imposed.

During the year nine outworkers' lists were received in accordance with the requirements of Section 133. Table 3 shows the number of outworkers employed by the four firms which made returns during August.

TABLE 1 — INSPECTION

Premises	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 of the 1961 Act are enforced by local authorities	21	23	1	—
2. Factories which are not included in 1, in which Section 7 of the 1961 Act is enforced by local authorities	995	518	47	1
3. Other premises in which Section 7 of the 1961 Act is enforced by local authorities (excluding outworkers' premises)	33	16	—	—
	1,049	557	48	1

TABLE 2 — DEFECTS

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (Sec. 1)	1	1	—	—	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable tempr. (Sec. 3)	—	—	—	—	—
Inadequate ventilation (Sec. 4)	—	—	—	—	—
Inefficient drainage of floors (Sec. 6)	—	—	—	—	—
Sanitary conveniences (Sec. 7)					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	46	36	—	10	1
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Acts (Not including offences relating to outwork)	—	—	—	—	—
Totals	48	38	—	10	1

TABLE 3
PART VIII OF THE ACT
HOMEWORK
(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel { Making etc., Cleaning and Washing	41	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	22	—	—	—	—	—

Bakehouses

The table below shows the number of bakehouses in the City on 31st December, 1962, and the number of inspections carried out during the year.

There are now only 24 bakehouses in the City and most of these are small concerns. There are two large bakehouses which supply a considerable amount of the bread consumed in the City, but two other large firms have closed their premises in Coventry, and in one instance have built a new large bakehouse just outside the City boundary.

Contraventions of the Food Hygiene (General) Regulations, 1960, were observed at 14 bakehouses, and in each case, after service of a notice, the premises were placed in compliance with the Regulations.

Number on register January 1962	.....	.....	34
Number closed during the year	.....	.....	10
Number of changes of occupation	.....	.....	Nil
Number of new bakehouses opened during the year	.....	.....	—
Number on register December 1962	.....	.....	24
Number of inspections carried out during 1962	.....	.....	120

COVENTRY CORPORATION ACT, 1948 — SECTION 57

Hairdressers and Barbers Premises

The provisions of Section 57 of the Coventry Corporation Act, 1948, require that "every person who carries on the trade or business of a hairdresser or barber within the city shall register his name and place of abode and also the premises in which such trade is carried on in a book to be kept at the offices of the Corporation for the purpose."

Moreover, the Corporation have made byelaws under the powers granted by this Section with the object of securing.

- (a) the cleanliness of any premises so registered and of the instruments, towels, materials, and equipment used therein, and
- (b) the cleanliness of persons employed in such premises in regard to both themselves and their clothing.

It is a condition of registration that a copy of the Byelaws made under this Section is displayed in the registered premises. This enactment is administered by the Public Health Inspectors' Department, and in this connection one hundred and fifty-one inspections of hairdressers and barbers premises were made during the year under review.

Applications in respect of twenty-one hairdressers and barbers premises were approved during this period, and one such business was discontinued. At the year end, there were three hundred and twenty-five premises recorded in the register.

ABOLITION OF CESSPOOLS — DRAINAGE

Comment has been made in previous Annual Reports on the work of the Public Health Inspectors' Department in connection with this fundamental branch of environmental hygiene. The City of Coventry is favoured with a share of rural amenities within its boundaries, used by householders who have, through the years, become resident of these outlying areas. While they enjoy the pleasures and benefits to be derived from living in country surroundings, many of them have, because of the absence of sewerage facilities, had to put up with the objectionable conditions which arise from time to time from the cesspool or the conservancy methods of sewage disposal.

The provision of main drainage facilities to all dwelling houses and other properties within the City is the constant aim of the Department. This has been achieved in large measure in several of these fringe areas. A notable advance towards the ultimate objective of providing a water carriage system of sewage disposal throughout the City took place in 1959 with the City Council's approval of a public sewer extension for the Brownhill Green Area. This major project was commenced by the City Engineer and Surveyor's Department in the following year, and reached completion during the year under review. The sewer extension was laid from Coundon, through the valley of the North Brook, to Wall Hill Road, Hawkes Mill Lane, and Browns Lane. It is practically two miles long, with a maximum depth of twelve feet, and an overall cost exceeding £21,000. It is designed to meet the present and future drainage demands of properties in the whole of the Brownhill Green area.

In conjunction with the progress of the public sewer extension, the Public Health Inspector's staff entered into negotiations with property owners with the object of securing the abolition of cesspools and pail closets. To assist the owners with the drainage of their properties, sewer connections to the boundaries of premises were made at appropriate points to allow the properties to be drained either singly or in combination. The settlement of all the details associated with this main drainage scheme necessitated many visits and interviews over a prolonged period. By the year end a total of forty-six cesspools and three pail closets were abolished. A further six cesspools and three pail closets were in process of being dispensed with at that time.

A new combined drainage scheme, independent of the foregoing, laid to the public sewer in the Coundon Green area of the City during the period under review, enabled the Department to bring about the abolition of six cesspools. In addition, the foul drainage from three of the detached dwelling houses in this group, which formerly discharged into a piped-in roadside ditch, was cut off and reconnected to the public sewer. By this operation an offensive public health nuisance was brought to an end.

Drainage to the public sewer and the abolition of three cesspools and four pail closets was also achieved at dwelling houses in the Tile Hill and Wyken districts of the City.

TIPS

Baginton, Wyken, Longford and Whitley.

Inspections of the above-mentioned refuse tips were carried out at monthly intervals, and any infestations found were successfully dealt with. The routine inspections will be continued, and a maintenance treatment carried out wherever necessary.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The work of rodent control was carried out by the Rodent Officer and Rodent Operatives in accordance with the requirements of the Prevention of Damage by Pests Act, 1949.

Complaints by occupiers have been investigated, and treatment carried out where necessary. During the period under review, survey inspections were made, and infestations dealt with forthwith.

The work carried out by the rodent control section of the Public Health Inspector's Department enumerated in the following table, covers the period 1st January, 1962, to 31st December, 1962.

The work of systematically baiting the sewers with poison, which is carried out by the City Engineer's Department, was continued during the period under review. In this connection, a first-maintenance treatment of twenty-four sections, and a second-maintenance treatment of twenty sections of the city's main sewerage system were completed. A total of 1,829 manholes in the sewer were treated.

	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses (inc. Coun- cil Houses	(3) All other (including Business Premises)	(4) Total of Cols. (1), (2) & (3)	
i Number of properties in Local Authority's District	1,500	93,470	14,345	109,315	42
ii Number of properties in- spected as a result of :					
(a) Notification	95	1,444	128	1,667	1
(b) Survey under the Act	Nil	235	Nil	235	Nil
(c) Otherwise (e.g., when visited primarily for some other purpose)	Nil	Nil	Nil	Nil	Nil
iii Total inspections carried out — including re-inspec- tions	371	5,656	422	6,449	5
iv Number of properties in- spected (in Sect. ii) which were found to be infected by :					
(a) Rats { Major	Nil	Nil	Nil	Nil	Nil
{ Minor	49	1,158	81	1,288	1
(b) Mice { Major	Nil	Nil	Nil	Nil	Nil
{ Minor	30	170	31	231	Nil
v Number of infested prop- erties (in Sect. iv) treated by the L.A.	79	1,328	112	1,519	1
vi Total treatments carried out — including re-treatments	79	1,328	112	1,519	1
vii Number of notices served under Section 4 of the Act :					
(a) Treatment	Nil	Nil	Nil	Nil	Nil
(b) Structural Work (i.e., Proofing)	Nil	Nil	Nil	Nil	Nil
viii Number of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act	Nil	Nil	Nil	Nil	Nil
ix Legal Proceedings	Nil	Nil	Nil	Nil	Nil
x Number of "Block" con- trol schemes carried out	Nil	Nil	Nil	Nil	Nil

DUSTBINS

The provision of dustbins to private dwelling houses is effected through the discretionary powers contained in Section 75 (1) of the Public Health Act, 1936, as amended by Section 8 of the Local Government (Miscellaneous Provisions) Act, 1953.

In each instance where it is found necessary to take formal action in respect of the provision of a dustbin, the owner and occupier of the dwelling house is furnished with a questionnaire. The information supplied enables a full report to be submitted to the Health Committee on the circumstances of the case. Proper discretion may thereby be exercised in accordance with the statute in determining on whom the notice is to be served.

The amending Act places an obligation upon the person served with a notice, in the event of an appeal, to serve a copy of his notice of appeal on the owner or the occupier of the dwelling as the case may be. The Court then has the opportunity of deciding whether the owner or the occupier shall provide the dustbin in compliance with the statutory notice.

In exercising its powers under the relevant subsection of the amending Act, the Court is required to have regard to the terms and conditions of the tenancy of the premises concerned.

During the year, questionnaires were sent to the landlord and tenant in twenty instances. In only four did the landlord return the questionnaire. The information received was reported upon to the Health Committee for the exercise of the discretionary powers granted by the Act. Ten statutory notices were served upon landlords in respect of the provision of adequate dustbin accommodation. None was served on occupiers for that purpose during the year under review.

Dustbins were supplied by the local authority in default of owners in two instances. In all other instances where statutory action was found to be necessary, the dustbin was supplied within the period stated on the notice.

In addition to the above, sixty-three dustbins were supplied by owners or occupiers of dwelling houses without recourse to the legal formalities required by the Statute.

PET ANIMALS ACT, 1951.

Twenty pet shop licences were granted during the year. Of these, nineteen licences were granted in the form of renewals in respect of existing pet shops. One new pet shop was established, for which a licence was granted. Three licensed pet shops were discontinued.

Before any premises are reported upon to the Health Committee for the granting of a licence, the opinion of the Chief Fire Officer as to security of the premises against fire is obtained. Appreciation of the co-operation which is always afforded in this respect is recorded here.

Thirty-eight visits were made to pet shops for the purpose of ensuring that the licence conditions were fully observed.

REFERENCES TO OTHER DEPARTMENTS

It is always a pleasant duty to place on record the cordial relations which exist between the various departments and the Public Health Inspectors' Department in connection with the many and varied references necessary for the proper administration of the environmental health services.

A total of 1,927 references were made during the year to the Health Department and the Departments of the Town Clerk, the City Engineer and Surveyor, the City Architect and Planning Officer, the Director of Education, the Housing Director, the Director of Parks, the Water Engineer and Manager, the Director of Welfare Services, the Children's Officer, and the City Analyst.

In addition to these, searches were made in respect of 5,683 properties for the Town Clerk's Department under the Land Charges Act, 1925.

New legislation necessitated many forms and other stationery, for which a special word of thanks is due to the Printing and Stationery Department for the expeditious and efficient way in which these needs were met.

The wide variety of the interests involved is an indication of the scope of the environmental work carried out.

Summary of Miscellaneous Work

FOR THE PAST TEN YEARS

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
No. of visits and revisits to premises	36,988	33,080	33,785	36,684	28,260	36,438	40,783	41,666	43,777	58,119
" visits respecting infectious diseases	446	194	312	1,486	214	162	336	210	237	271
" notices issued for abatement of nuisances including informal and statutory	2,089	1,942	2,030	1,856	1,537	1,729	2,138	1,971	1,651	1,878
" statutory notices not complied with at the close of the year	35	88	54	113	37	76	170	175	164	76
" summonses issued for non-compliance with notices served to abate nuisances	9	12	11	9	15	24	29	26	36	41
" registered premises under supervision	3,519	3,035	3,107	2,907	2,084	3,265	3,342	2,322	3,330	3,395
" visits paid to registered premises	3,030	2,658	3,115	1,505	1,521	2,588	2,147	2,169	2,235	3,571
" references to other Departments	1,341	5,857	6,838	5,452	5,020	5,670	8,538	10,220	8,281	7,610

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CAUSES OF AND AGES AT DEATH, 1962

CAUSES OF DEATH	Total Deaths 1962			Under 1 year	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and upwards	Deaths in C.&W. Hosp.	Deaths in Gulson Hosp.	Deaths in other Institutions
	Males	Females	Total									
1. Tuberculosis Respiratory	17	8	25	—	—	—	2	13	10	2	—	1
2. Tuberculosis Other ..	1	—	1	—	—	—	—	1	—	—	—	1
3. Syphilitic Disease ..	4	2	6	—	—	—	—	2	4	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	1	—	1	1	—	—	—	—	—	—	—	1
6. Meningococcal Infection	—	1	1	—	1	—	—	—	—	—	1	—
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ..	2	7	9	2	—	2	4	1	—	—	—	—
10. Malignant Neoplasm, Stomach ..	43	34	77	—	—	—	2	29	46	2	10	1
11. ditto Lung, Bronchus ..	111	18	129	—	—	—	4	69	56	5	21	5
12. ditto Breast	—	45	45	—	—	—	6	22	17	—	2	1
13. ditto Uterus	—	24	24	—	—	—	8	8	8	1	—	—
14. Other Malignant and Lymphatic Neoplasms	156	114	270	—	—	—	15	106	149	17	24	1
15. Leukaemia, Aleukaemia	8	9	17	1	—	1	4	3	8	1	8	1
16. Diabetes	7	15	22	—	—	—	3	3	16	3	8	2
17. Vascular Lesions of Nervous System ..	170	201	371	1	—	—	9	80	281	9	43	10
18. Coronary Disease, Angina	381	222	603	—	—	—	13	201	389	49	35	6
19. Hypertension with Heart Disease	28	31	59	—	—	—	1	16	42	13	17	3
20. Other Heart Disease ..	122	143	265	—	—	—	4	47	214	28	62	11
21. Other Circulatory Disease	47	46	93	—	—	—	5	22	66	9	15	3
22. Influenza	12	13	25	—	—	—	2	5	18	—	—	—
23. Pneumonia	93	71	164	34	2	—	3	23	102	14	18	8
24. Bronchitis	139	44	183	1	1	2	2	62	115	17	32	6
25. Other diseases of Respiratory System ..	31	8	39	1	—	—	1	15	22	6	16	8
26. Ulcer of Stomach and Duodenum	13	6	19	—	—	—	—	3	16	2	5	1
27. Gastritis, Enteritis and Diarrhoea	9	11	20	5	4	—	2	3	6	—	—	—
28. Nephritis and Nephrosis	11	10	21	1	1	—	5	6	8	4	6	2
29. Hyperplasia of Prostrate	14	—	14	—	—	—	—	1	13	—	1	—
30. Pregnancy, Childbirth, Abortion	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations	19	16	35	28	3	—	4	—	—	—	3	—
32. Other Defined and Ill-Defined Diseases ..	96	119	215	78	2	1	15	31	88	7	45	6
33. Motor Vehicle Accidents	53	13	66	—	1	4	33	12	16	35	1	—
34. All Other Accidents ..	41	45	86	5	3	5	16	17	40	24	5	—
35. Suicide	23	16	39	—	—	1	13	16	9	1	2	—
36. Homicide and Operations of War	1	4	5	2	—	1	1	—	1	—	—	—
TOTALS	1,653	1,296	2,949	160	18	17	177	817	1,760	249	380	78

VITAL STATISTICS OF CITY FROM 1936 to 1962 INCLUSIVE

YEAR.	Population estimated to middle of each year.	LIVE BIRTHS			TOTAL DEATHS REGISTERED IN THE CITY		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE CITY.			
		Un-corrected Number	Nett		Number	Rate per 1,000 population.	of Non-residents registered in the City.	of Residents registered in the City.	Under 1 Year of Age		At all Ages.	
			Number	Rate per 1,000 population.					Number	Rate per 1,000 Nett Births		
1936	192,360	3,009	2,912	15.1	1,960	10.1	100	101	151	51.8	1,961	10.1
1937	206,500	3,306	3,254	15.7	2,154	10.4	126	128	158	48.5	2,156	10.4
1938	219,900	3,724	3,624	16.5	2,074	9.4	139	156	208	56.0	2,091	9.5
1939	234,000	4,155	4,155	17.7	2,179	9.3	100	129	227	54.6	2,208	9.4
1940	229,400	3,973	3,973	16.4	3,157	13.0	238	298	248	63.0	3,217	13.3
1941	193,070	3,301	3,301	17.1	2,097	10.1	142	670	156	54.8	2,483	12.8
1942	207,200	3,996	3,996	19.3	1,617	8.0	59	577	249	62.3	2,076	10.2
1943	214,870	4,889	4,889	21.2	1,683	7.3	57	593	244	49.9	2,219	9.6
1944	220,400	5,466	5,466	22.8	1,664	6.9	81	583	265	48.4	2,166	9.0
1945	221,970	4,949	4,949	22.2	1,847	8.3	68	569	338	68.2	2,348	10.5
1946	232,850	4,326	5,225	22.4	1,856	7.9	69	562	284	54.3	2,349	10.0
1947	242,860	4,787	5,643	23.2	2,051	8.4	126	503	255	45.1	2,428	9.9
1948	250,400	4,249	5,101	20.3	1,803	7.2	65	489	232	45.5	2,227	8.8
1949	254,900	3,931	4,743	18.6	1,862	7.3	71	552	187	39.4	2,414	9.4
1950	256,800	3,596	4,450	17.3	1,864	7.3	113	569	145	32.6	2,433	9.4
1951	258,100	3,576	4,326	16.7	2,176	8.4	99	608	154	35.6	2,685	10.4
1952	261,000	3,389	4,159	15.9	1,836	7.0	94	605	132	31.7	2,347	8.9
1953	263,000	3,524	4,250	16.1	1,952	7.4	88	373	142	33.4	2,237	8.5
1954	264,600	3,465	4,171	15.76	1,938	7.3	100	336	127	30.4	2,174	8.2
1955	267,300	3,576	4,300	16.09	2,133	8.0	123	314	120	27.9	2,324	8.7
1956	272,600	3,876	4,640	17.02	2,131	7.8	118	241	124	26.7	2,254	8.3
1957	277,300	4,099	4,925	17.76	2,016	7.3	116	320	141	28.6	2,220	8.0
1958	281,000	4,395	5,164	18.38	2,027	7.2	118	577	156	30.2	2,486	8.8
1959	285,700	4,640	5,433	19.02	2,153	7.5	147	517	143	26.3	2,523	8.8
1960	291,000	5,066	5,998	20.61	2,287	7.9	137	518	163	27.2	2,668	9.16
1961	305,780	5,086	6,269	20.5	2,447	8.0	137	506	147	23.4	2,816	9.2
1962	310,640	4,947	6,504	20.94	2,541	8.4	149	556	160	24.6	2,949	9.49

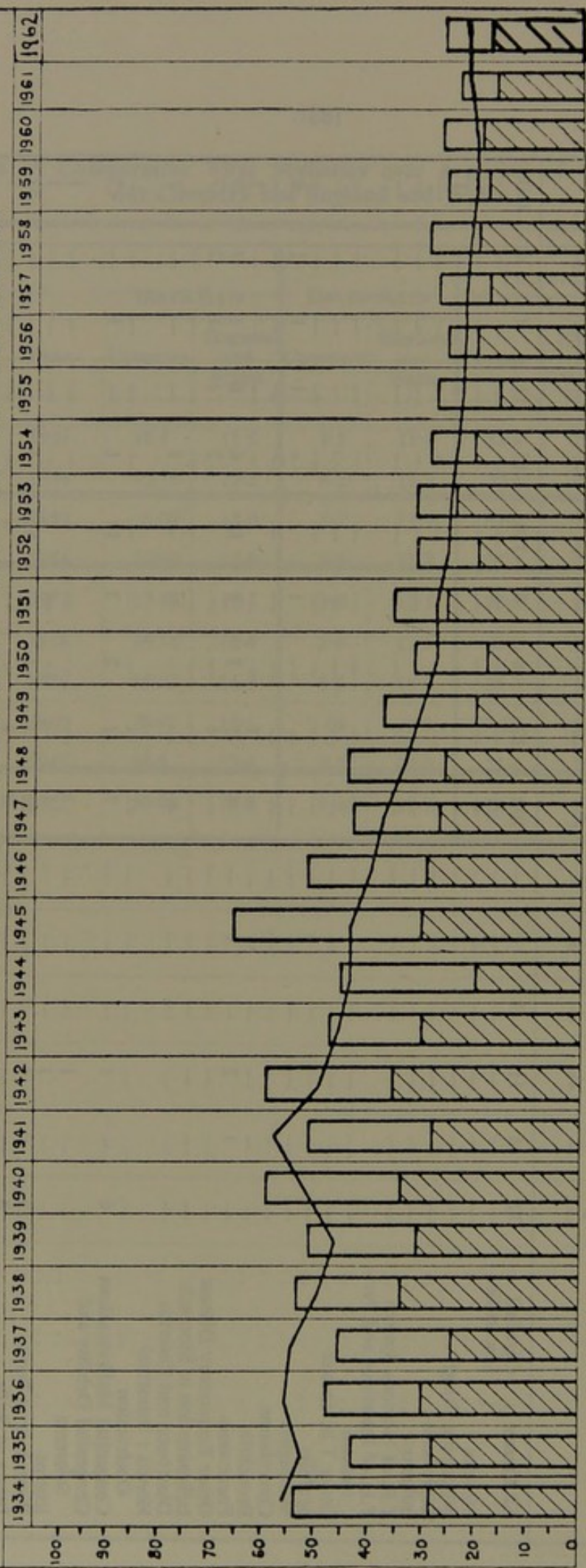
**Table of Comparative Vital Statistics over a period of ten years
for Coventry and England and Wales.**

YEAR	BIRTH RATE		DEATH RATE		INFANTILE MORTALITY RATE	
	Coventry	England and Wales	Coventry	England and Wales	Coventry	England and Wales
1953	16.1	15.5	8.5	11.4	33.4	26.8
1954	15.76	15.2	8.2	11.3	30.4	25.4
1955	16.09	15.0	8.7	11.7	27.9	24.9
1956	17.02	15.6	8.3	11.7	26.7	23.7
1957	17.76	16.1	8.0	11.5	28.6	23.1
1958	18.38	16.4	8.8	11.7	30.2	22.6
1959	19.02	16.5	8.8	11.6	26.3	22.2
1960	20.61	17.1	9.16	11.5	27.29	21.9
1961	20.5	17.4	9.2	12.0	23.4	21.6
1962	20.94	18.0	9.49	11.9	24.6	21.4

TABLE 3. LOCAL INFANT DEATHS AT VARIOUS AGES UNDER ONE YEAR

CAUSE OF DEATH.	Under 1 Day	1—2 Days	2—3 Days	3—4 Days	4—5 Days	5—6 Days	Total Under 1 week	1—2 Weeks	2—3 Weeks	3—4 Weeks	Total Under 1 month	1—3 Months	3—6 Months	6—9 Months	9—12 Months	Total Deaths under One Year.
	All Causes { Certified .. Uncertified ..	72	16	11	3	1	—	103	12	8	5	128	13	11	4	4	160
Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
T.B. of Nervous System ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
T.B. of Intestines and Peritoneum ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other T.B. disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis ..	—	—	—	—	—	—	—	—	—	1	1	—	1	—	1	4
Meningitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Convulsions ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis ..	—	—	—	—	—	—	4	1	3	1	13	6	8	1	1	29
Pneumonia ..	—	1	2	—	1	—	—	5	—	—	—	2	1	—	2	7
Other Respiratory Disease ..	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1
Inflammation of Stomach ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia : Intestinal ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Obstruction ..	6	—	1	—	—	—	7	1	2	3	13	1	—	1	—	15
Congenital Malformations ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Debility and Sclerema ..	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1
Icterus ..	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1
Premature at Birth ..	35	9	4	2	—	—	50	1	1	—	52	1	—	—	—	53
Injury at Birth ..	8	—	—	—	—	—	8	1	—	—	9	—	—	—	—	9
Diseases of Umbilicus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Atelectasis ..	4	—	1	—	—	—	5	—	—	—	5	—	—	—	—	5
Suffocation in Bed and not stated ..	—	6	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Other Causes ..	19	—	1	1	—	—	27	—	2	—	31	—	—	—	—	33
TOTAL OF ALL CASES ..	72	16	11	3	1	—	103	12	8	5	128	13	11	4	4	160

CHART SHOWING INFANT MORTALITY PER 1,000 BIRTHS IN COVENTRY



THE INFANT DEATH RATE PER 1,000 BIRTHS IS REPRESENTED BY THE CHIMNEYS, THE SHADED PORTION OF WHICH REPRESENTS THE DEATH RATE AMONGST BABIES UNDER FOUR WEEKS OF AGE (I.E. THE NEONATAL DEATH RATE) THE INFANT DEATH RATE FOR ENGLAND AND WALES IS REPRESENTED BY THE LINE.

VITAL STATISTICS (Historical Summary).

Year	Houses Inhabited (December)	Vacant.	Population (Mid-year)	Mortality	Infectious Mortality	Deaths under one year per 1000 born.	Birth Rate
1801	2,930	—	16,034	—	—	—	—
1811	3,448	*60	17,923	—	—	—	—
1821	3,729	*114	21,448	—	—	—	—
1831	5,444	*421	27,298	—	—	—	—
1841	6,531	*590	31,032	—	—	—	—
Ten Years' Average.							
1851	7,783	*151	36,812	27	—	—	—
1861	8,991	*1,026	40,936	25	—	—	—
1871	8,535	*816	37,670	22	—	—	—
1881	9,239	*643	42,111	20	3.3	150	35.4
1891	11,465	*284	52,724	18.5	1.7	142	32.0
1901	15,571	353	69,978	16.96	1.9	153.7	29.8
1911	23,515	95	106,349	13.7	1.4	109.3	28.0
1921	28,355	502‡	128,157	11.3	0.7	83.6	23.2
1931	41,275	917‡	167,083	10.1	0.2	67.7	15.7
1951	—	—	258,211	10.7	0.17	52.4	18.0
1911	23,515	95	107,287	13.3	2.08	109.8	26.9
1912	24,590	50	111,166	11.9	1.35	76.1	26.4
1913	25,051	113	115,064	11.4	0.84	91.6	26.0
1914	25,860	99	119,003	11.7	0.70	84.6	26.9
1915	26,667	56	122,982	12.9	1.39	87.8	23.8
1916	27,366	12	127,089	10.9	1.23	87.5	23.5
1917	27,531	15	130,000	10.4	0.47	78.5	20.2
1918	27,735	25	133,000	14.6	0.42	92.5	20.7
1919	27,829	20	136,000	9.3	0.32	82.8	18.2
1920	27,973	48	130,000	9.8	0.35	76.0	25.0
1921	28,355	502‡	128,157	10.2	0.25	79.3	22.1
1922	28,661	72	129,000	10.6	0.34	70.4	18.9
1923	29,414	40	130,500	9.3	0.20	64.9	16.9
1924	29,685	90	132,000	9.6	0.19	79.4	16.0
1925	30,199	83	133,500	10.6	0.30	77.1	16.3
1926	31,034	111	135,000	9.7	0.15	68.9	15.7
1927	32,260	151	139,000	10.2	0.23	63.4	14.8
1928	38,474	175	161,600°	9.6	0.34	65.7	14.4
1929	39,374	750	163,700	12.1	0.63	73.1	14.8
1930	40,519	800	165,800	10.1	0.32	57.0	14.5
1931	41,275	917	168,900	10.0	0.10	57.7	14.8
1932	45,781	1,000	182,000°	9.4	0.33	69.7	13.5
1933	47,175	1,000	184,500	9.9	0.21	64.5	13.4
1934	48,730	1,500	184,900	10.0	0.17	57.1	13.6
1935	50,622	1,854	190,000	9.7	0.16	46.5	14.4
1936	54,273	1,361	192,360	10.1	0.20	51.8	15.1
1937	57,888	1,606	206,500	10.4	0.18	48.5	15.7
1938	61,580	1,316	229,900	9.5	0.13	56.0	16.5
1939	—	—	—	9.4	—	54.6	17.7
1940	—	—	229,400	13.3	0.11	63.0	16.4
1941	—	—	193,070	12.8	0.21	54.8	17.1
1942	—	—	207,200	10.2	0.07	62.3	19.3
1943	—	—	214,870	9.6	0.23	49.9	21.2
1944	65,926	—	220,400	9.0	0.24	48.4	24.8
1945	—	—	221,970	10.5	0.30	68.2	22.2
1946	—	—	232,850	10.0	0.32	54.3	22.4
1947	68,900	—	242,860	9.9	0.18	45.1	23.2
1948	69,950	—	250,400	8.8	0.10	45.5	20.3
1949	70,550	—	254,900	9.4	0.11	39.4	18.6
1950	71,720	—	256,800	9.4	0.06	32.6	17.3
1951	72,497	—	258,100	10.4	0.03	35.6	16.7
1952	73,828	265	261,000	8.9	0.05	31.7	15.9
1953	76,150	157	263,000	8.5	0.04	33.4	16.1
1954	76,458	95	264,600	8.2	0.015	30.4	15.76
1955	79,369	400	267,300	8.7	0.026	27.9	16.09
1956	82,089	500	272,600	8.3	0.007	26.7	17.02
1957	84,000	750	277,300	8.00	0.032	28.6	17.76
1958	86,400	800	281,000	8.8	0.014	30.2	18.38
1959	88,800	800	285,700	8.83	—	26.3	19.02
1960	90,000	800	291,000	9.16	0.02	27.29	20.61
1961	92,000	800	305,780	9.2	0.009	23.4	20.5
1962	93,000	800	310,640	9.49	0.003	24.6	20.94

*This number includes all business offices, whether in dwelling houses or factories not occupied on the night the Census was taken.

†This number omits all business offices, factories, etc.

‡The Census returns show unoccupied "dwellings"—not houses.

°In these years an extension of the City Boundaries took place.

Comparative Statistics of the 16 wards in the City for 1962.

WARDS	1961 Census	Acreage	Density per Acre	Number of Deaths Registered	Death Rate, 1962	Number of Births, *Registered in City	Birth Rate for 1962	Number of Deaths under 1 year of age
Bablake ..	16,233	1,451	11.0	148	9.3	161	9.9	4
Charterhouse and Binley	24,627	2,174	11.3	196	7.9	486	19.7	14
Cheylesmore	19,039	1,051	18.1	165	8.6	246	12.9	3
Earlsdon ..	15,557	1,916	8.1	191	12.3	170	10.9	3
Foleshill ..	14,752	659	22.3	196	13.3	384	26.3	7
Godiva ..	13,648	556	24.5	135	9.9	193	14.1	6
Holbrooks ..	15,803	823	19.1	137	8.6	205	12.9	3
Longford ..	34,201	2,256	10.7	259	7.7	784	22.9	34
Lower Stoke	20,118	849	23.7	220	10.9	252	12.5	7
Radford ..	19,519	669	29.1	200	10.3	247	12.6	15
St. Michael's	14,899	376	39.5	209	14.1	325	21.9	23
Sherbourne ..	15,388	592	25.9	152	9.8	141	9.2	4
Upper Stoke	21,075	820	25.7	220	10.4	228	10.7	11
Walsgrave ..	18,187	1,544	11.7	165	9.1	351	19.3	8
Westwood ..	24,944	2,142	11.1	193	7.6	880	11.2	14
Whoberley ..	17,531	1,262	10.7	152	8.6	339	19.3	4

*These figures do not include the inward transferable births.

Return relating to Cases Treated at the Coventry and Warwickshire Hospital, 1962.

	Syphilis		Gonorrhoea		Other Conditions		TOTALS 1962		TOTALS				
	M.	F.	M.	F.	M.	F.	M.	F.	1960	1959	1958		
	Total.		Total.		Total.		Total.		Total.				
1. No. of patients on 1st January under treatment or observation	77	90	37	15	70	31	154	136	320	397	481	496	498
2. No. of patients previously removed from the register who returned for treatment or observation of the same infection	2	2	—	—	1	—	3	2	5	5	11	13	10
3. No. of patients dealt with for the first time during the year under report (exclusive of those under item 4) suffering from :—													
A. Syphilis, Primary	2	—	—	—	—	—	2	—	2	3	1	—	2
B. " Secondary	1	—	—	—	—	—	1	—	1	1	1	—	1
C. " Latent in the first year of infection	—	1	—	—	—	—	—	1	4	7	3	2	4
D. Cardiovascular	3	—	—	—	—	—	3	—	3	6	4	2	13
E. of the nervous system	3	—	—	—	—	—	3	—	4	14	11	8	23
F. all other late or latent stages	4	—	—	—	—	—	4	—	—	9	2	1	—
G. Congenital (under one year)	—	—	—	—	—	—	—	—	2	227	235	241	151
H. " (over one year)	2	—	247	76	—	—	247	76	323	7	2	—	2
I. Gonorrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—
J. Chancroid	—	—	—	—	14	1	14	1	15	—	—	—	—
K. Lymphogranuloma Venereum	—	—	—	—	—	—	—	—	—	1	—	—	—
L. Granuloma Iguinale	—	—	—	—	413	174	413	174	587	476	290	286	283
M. Any other conditions requiring treatment	—	—	—	—	276	82	276	82	358	440	302	236	223
N. Conditions not requiring treatment	—	—	—	—	—	—	—	—	—	—	—	—	—
O. Conditions remaining undiagnosed at 31.12.62	—	—	—	—	—	—	—	—	—	—	—	2	2
4. No. of patients dealt with for the first time who have been transferred from other centres (civil or service) or from practitioners approved under Ministry of Health Circular 2226	5	1	7	—	3	—	15	1	16	7	13	11	6
TOTALS OF ITEMS 1, 2, 3, & 4	99	94	291	91	777	288	1167	473	1640	1600	1355	1298	1221

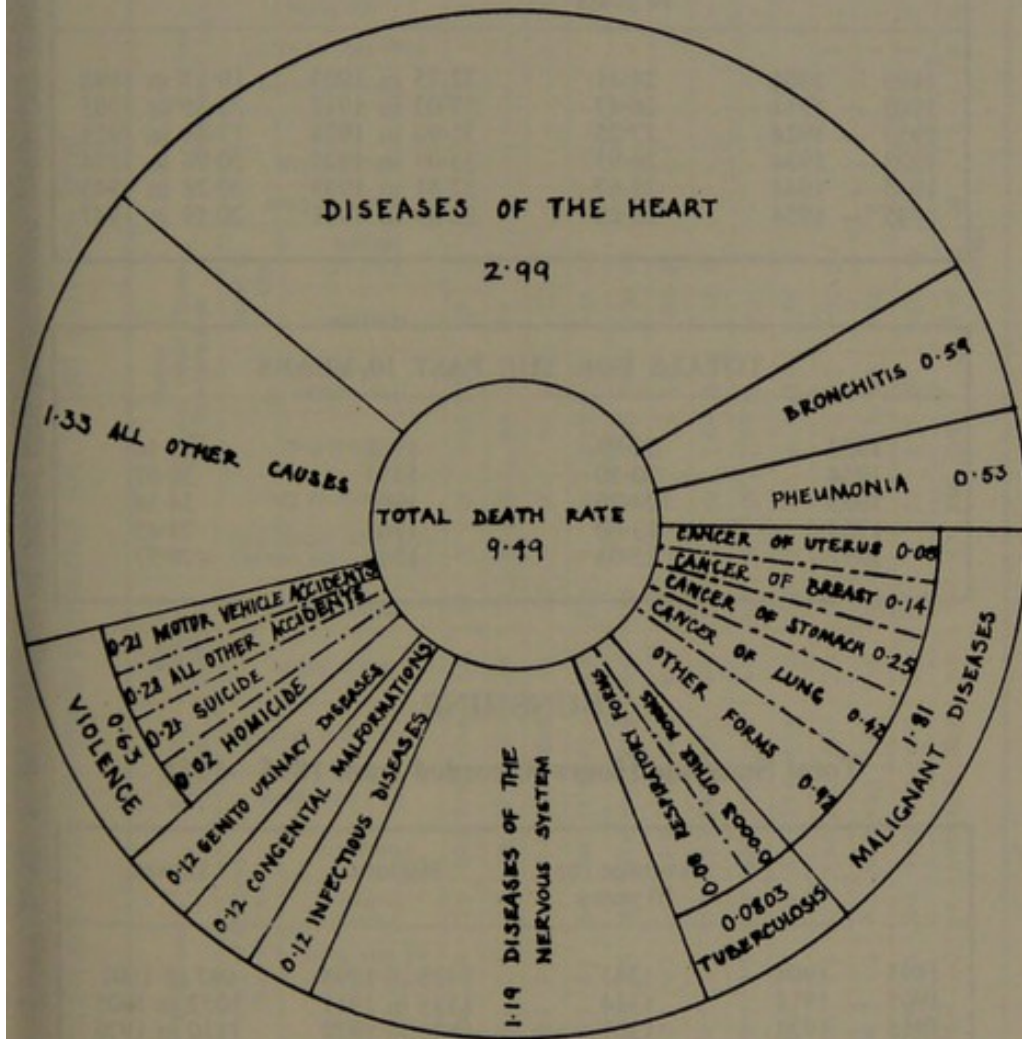
VENEREAL DISEASES
Return relating to Cases Treated at the Coventry and Warwickshire Hospital, 1962.

	Syphilis		Gonorrhoea		Other Conditions		1962 TOTALS			TOTALS		
	M.	F.	M.	F.	M.	F.	M.	F.	Total	1960	1959	1958
5. No. of patients suffering from syphilis and gonorrhoea discharged after completion of treatment and final tests of cure, or who were diagnosed as "other conditions"	27	34	157	43	633	242	817	319	1136	747	598	531
6. No. of patients suffering from :—												
A. Syphilis who defaulted after completion of Treatment but before final discharge	3	5	—	—	—	—	3	5	8	22	33	27
B. Gonorrhoea who defaulted	—	—	90	31	—	—	90	31	121	88	61	41
C. Other conditions	—	—	—	—	74	24	74	24	98	35	59	37
7. No. of patients transferred to other centres or institutions or to private practitioners	3	1	14	2	20	4	37	7	44	66	66	100
8. No. of patients remaining under treatment or observation on 31st December, 1962	66	54	30	15	50	18	146	87	233	397	481	485
TOTALS OF ITEMS 5, 6, 7, 8	99	94	291	91	777	288	1167	473	1640	1355	1298	1221
9. No. of attendances :—												
A. For individual attention by the medical officer(s)	457	343	879	236	1908	575	3244	1154	4398	7003	7642	7658
B. For intermediate treatment, e.g. dressings etc.	330	193	449	147	948	229	1727	569	2296	5512	7616	7733
TOTAL ATTENDANCES	787	536	1328	383	2856	804	4971	1723	6694	12515	15258	15391

Tuberculosis — Ten Year Summary

YEAR	CASES ON REGISTER		CASES NOTIFIED (or brought to notice)		DEATHS				
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary		Non-Pulmonary		
					No.	Rate	No.	Rate	
1952	M.	1241	159	290	23	29	0.20	4	0.06
	F.	884	211	180	25	22		11	
1953	M.	1349	167	285	17	30	0.15	3	0.02
	F.	961	213	173	21	9		2	
1954	M.	1457	177	270	27	35	0.15	2	0.015
	F.	1051	215	163	15	6		2	
1955	M.	1587	185	289	20	34	0.16	2	0.015
	F.	1129	223	156	16	8		2	
1956	M.	1676	164	247	21	29	0.14	4	0.018
	F.	1204	181	171	30	9		1	
1957	M.	1719	171	222	28	20	0.11	2	0.007
	F.	1212	184	129	20	10		0	
1958	M.	1680	166	187	17	21	0.10	1	0.004
	F.	1208	172	132	11	6		0	
1959	M.	1689	168	161	16	14	0.09	1	0.007
	F.	1188	174	88	21	10		1	
1960	M.	1681	169	172	16	35	0.17	3	0.010
	F.	1165	175	98	27	15		0	
1961	M.	1508	149	99	11	48	0.18	2	0.013
	F.	1028	165	48	13	9		2	
1962	M.	1405	137	99	6	38	0.15	0	0.003
	F.	915	160	36	19	9		1	

PROPORTION OF DEATHS
FROM PRINCIPAL CAUSES TO TOTAL DEATHS
1962



The total number of Deaths was 2,949
The total Death Rate from all causes was 9.49

RAINFALL

Total Rainfall Recorded in Inches from 1895—1954

	Average for 10 years	Highest	Lowest
1895 — 1904	24.41	32.75 in 1903	19.87 in 1898
1905 — 1914	26.47	37.02 in 1912	21.35 in 1905
1915 — 1924	27.25	31.96 in 1924	17.44 in 1921
1925 — 1934	26.95	33.09 in 1927	20.96 in 1934
1935 — 1944	25.67	32.81 in 1939	20.28 in 1943
1945 — 1954	25.69	32.49 in 1951	20.59 in 1947

TOTALS FOR THE PAST 10 YEARS

1953	20.89	1958	31.56
1954	30.50	1959	20.67
1955	24.26	1960	34.34
1956	23.60	1961	23.45
1957	25.06	1962	19.57

SUNSHINE

Total Sunshine Hours Recorded from 1895—1954

	Average for 10 years	Highest	Lowest
1895 — 1904	1243	1495 in 1895	967 in 1902
1905 — 1914	1344	1555 in 1911	1052 in 1905
1915 — 1924	1307	1530 in 1921	1110 in 1926
1925 — 1934	1265	1489 in 1929	1087 in 1932
1935 — 1944	1270	1467 in 1940	1120 in 1936
1945 — 1954	1351	1587 in 1949	1144 in 1954

TOTALS FOR THE PAST TEN YEARS

1953	1503	1958	1121
1954	1361	1959	1574
1955	1144	1960	1218
1956	1187	1961	1259
1957	1302	1962	1264

Lat. 52° 23' 26" N. Long. 1° 31' 4" W. Height of rim of rain gauge above Main Sea Level, 338 ft.
 The cistern of the barometer is situated 301.75 feet above sea level.

1962	Barometer Inns.	Air Temperature °F				Hygrometer °F			Earth °F Temp.		Hours Bright Sunshine		Cloud Mean of Obs. values at 9 a.m. (Scale 0-8)	Inches and other Forms of Precipitation				Weather Number of days of							Wind Force (0-8)		Wind Directions No. of daily observations each month																
		Maximum	Day of Month	Minimum	Day of Month	Absolute Minimum and Maximum	Mean of A and B	Difference from Average	Mean of A	Mean of B	Dry Bulb	Depression of Wet Bulb		Vapour Pressure	Humidity	At 1 foot depth	At 4 feet depth	Daily Mean	Percentage of Average	Total Fall	Number of Days	Percentage of Average	Most in a day	Day of Month	Snow or Sleet	Snow lying	Hail	Thunder heard	Fog. (9h. G.M.T.)	Air Frost	Ground Frost	Gale	Numbers of Obs. vations Force 4+	Calm or Light Wind	N	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	
JAN.	29-051	44.8	32.7	38.7	38.7	-5.5	52.7	24	7.0	3	37.8	4	7.1	88.0	39.0	41.6	2.4	68	5	18	1.98	.28	21	-	-	1	-	-	8	16	1	8	23	-	-	-	-	-	-	3	14	4	2
FEB.	30-70	45.0	34.5	39.7	39.7	-7.5	59.0	21	25	26	39.3	1.0	7.0	84	37.6	42.5	2.6	74	6	15	.69	.18	12	3	-	-	-	-	9	9	-	11	17	-	-	-	-	-	-	5	5	8	
MAR.	29-960	42.7	30.1	36.4	36.4	-10.8	55.5	28	21.0	15	40.6	6.0	6.8	81.0	38.2	40.8	3.5	100	5	16	.94	.22	10	2	-	-	-	1	21	20	4	27	3	1	2	2	1	4	2	10			
APRIL	30-016	52.7	38.9	45.8	45.8	-1.4	67.0	26	29.0	1	45.5	4.0	8.7	79.0	44.9	41.3	3.6	102	6	20	2.15	.45	16	-	-	-	-	2	6	-	9	21	2	5	-	-	-	-	-	10	5	8	
MAY	29-997	58.3	40.9	49.6	49.6	+2.4	73.0	11	28.0	29	48.7	1.0	9.9	64.0	45.4	47.8	4.8	134	6	23	1.90	.36	20	-	1	1	1	1	2	-	6	17	2	2	-	-	-	-	-	3	13	4	3
JUNE	30-198	66.0	48.0	57.0	57.0	+9.8	79.0	10	34.0	1	58.1	4.0	12.7	81.8	51.0	51.7	6.4	182	4	15	.35	.08	28	-	-	-	-	-	2	-	6	17	-	2	3	-	-	-	-	12	5	6	
JULY	30-221	70.4	52.1	61.2	61.2	+14	76.0	25	42.5	7	58.5	2.5	14.2	85.0	54.0	55.8	4.0	114	6	22	1.68	.33	10	-	-	-	-	-	-	7	19	-	7	19	-	-	-	-	1	11	5	9	
AUG.	29-964	67.4	49.5	58.4	58.4	+11.2	69.0	13	42	10	58.0	2.5	14.4	88.0	54.0	55.9	4.4	125	6	23	2.94	1.5	6	-	-	-	-	-	-	9	16	1	9	16	1	1	2	10	11	6	3		
SEPT.	29-820	60.0	48.5	54.2	54.2	+7.0	71	1	39	27	55.2	2.0	12.3	93.0	55.7	55.6	3.8	108	6	20	3.11	.55	6	-	-	-	-	-	4	21	1	4	21	1	2	3	5	7	6	3			
OCT.	30-143	51.0	42.9	46.9	46.9	-3	70.0	1	27.0	27	49.0	1.5	10.5	88.0	53.0	53.7	2.9	83	6	18	.91	.28	28	-	-	-	-	1	3	-	4	25	-	4	25	-	3	1	4	14	-	1	
NOV.	29-942	52.7	35.9	44.3	44.3	-2.9	51.6	24	26.0	20.0	41.2	1.0	8.3	94.0	45.5	49.2	1.6	45	6	25	1.33	.32	1	2	-	-	-	1	9	15	5	22	1	6	2	1	6	5	1	7			
DEC.	30-020	40.9	29.0	34.9	34.9	-12.3	55.0	16	21.0	7	34.9	1.5	6.2	90.0	40.2	44.9	1.3	37	5	21	1.59	.55	8	3	5	-	-	3	21	24	2	24	-	2	24	-	5	1	4	3	5	4	5
YEAR	30-002	54.7	40.0	47.2	47.2		79.0	10th June	7.0	3rd Jan.	46.4	2.3	9.9	85.0	46.5	48.4	3.4		5	236	19.57	1.5	6th Aug.	10	5	2	1	6	72	97	1	75	249	10	36	8	12	28	110	52	68		

Meteorological Station moved from City Hospital, Whitley, to the Memorial Park, 1.4.51.
 Atmospheric Pollution Recorders moved from Whitley Pumping Station to Whitley Waterworks ½ mile S.E. } 1.9.51
 Atmospheric Pollution Recorders moved from Edgwick Park to Foleshill Road Day Nursery, 50 yards N.W. }

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