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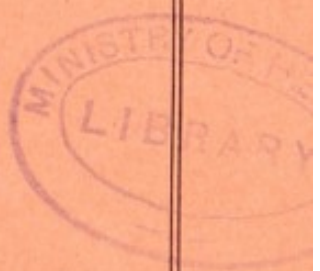


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# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

CITY AND PORT OF GLOUCESTER

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1954

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ORDERED TO BE PRINTED.

*With the compliments of the Medical Officer of Health*



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**HEALTH COMMITTEE (1953/54)****Chairman :**

ALDERMAN S. A. STODDART

**Deputy Chairman :**

COUNCILLOR M. G. LEWIS

**Members :**

THE MAYOR (*ex-officio*)  
 ALDERMAN MRS. F. WENTWORTH  
 COUNCILLOR R. E. H. MOULDER  
 " F. HARRIS  
 " W. F. ERRINGTON  
 " D. C. FRAPE  
 " F. PHELPS  
 " MRS. M. ASKEW  
 " J. F. CURTIS  
 " A. V. STIRLAND  
 " MRS. F. E. FITCH  
 " W. MAY  
 " A. BURROWES  
 " J. C. DILLON

**NATIONAL HEALTH SERVICE  
SUB-COMMITTEE**

The whole of the Members of the Health Committee with the addition of the following co-opted members :—

MISS V. M. DOVER, S.R.N.  
 MR. W. H. GINGELL  
 MRS. K. HEAL, S.R.N.  
 DR. W. W. MCGRATH  
 MRS. E. EGGLETON  
 DR. D. S. MORRIS  
 MRS. E. PHELPS  
 MRS. D. M. SALMON  
 MRS. H. F. ETHERIDGE  
 MRS. E. M. WHITE  
 MR. F. CRONE, L.D.S.

**AFTER CARE SUB-COMMITTEE  
(including Mental Health)**

ALDERMAN S. A. STODDART  
 ALDERMAN MRS. F. WENTWORTH  
 COUNCILLOR M. G. LEWIS  
 " R. E. H. MOULDER  
 " F. HARRIS  
 " J. F. CURTIS  
 " MRS. F. E. FITCH  
 DR. F. C. LOGAN  
 MRS. E. EGGLETON

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**Deputy Chairman :**

COUNCILLOR M. G. LEWIS

**Members :**

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 ALDERMAN J. R. TYTE  
 " MRS. F. WENTWORTH  
 COUNCILLOR R. E. H. MOULDER  
 " T. THOMAS  
 " W. F. ERRINGTON  
 " A. V. STIRLAND  
 " W. MAY  
 " F. HARRIS  
 " F. PHELPS  
 " P. G. J. ATKINSON  
 " A. BURROWES  
 " J. C. DILLON  
 " D. COLE

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 " R. E. H. MOULDER  
 " F. HARRIS  
 DR. F. C. LOGAN  
 MRS. E. EGGLETON  
 MRS. M. ASKEW

## HEALTH OFFICERS OF THE AUTHORITY

### Medical

#### Whole-time

CHARLES COOKSON, M.D., D.P.H., Medical Officer of Health, City and Port of Gloucester; Principal School Medical Officer; Medical Officer of the Isolation Hospital; Certifying Officer under the Mental Deficiency and Education Acts.

FLORENCE COLQUHOUN, M.B., D.P.H., Deputy Medical Officer of Health; Deputy School Medical Officer; Inspector of Midwives; Certifying Officer under the Mental Deficiency and Education Acts.

#### Part-time

F. J. D. KNIGHTS, M.D., M.R.C.P., Chest Physician (by arrangement with the Regional Hospital Board).

R. H. ELLIS, M.D., M.R.C.P., Chest Physician (by arrangement with the Regional Hospital Board).

HILDA MAY, M.D., M.R.C.S., L.R.C.P., Medical Officer, Birth Control Clinic.

E. J. GAFFNEY, L.D.S., M.R.C.S., L.R.C.P., Medical Officer, Immunisation and Vaccination Clinic.

#### Medical Officers of Infant Welfare Centres

DRS. H. CAIRNS TERRY, J. GREENE (SENIOR and JUNIOR), R. B. BARNES, W. W. McGRATH (until July, 1954), G. C. WHARTON, D. C. BRADFORD, W. MURRAY, N. LEWIS and G. C. MATHERS (from August, 1954).

### Others

LAUNCELOT MACHIN, L.D.S., R.C.S. (Eng.), Principal School Dental Officer (retired 31st March, 1954).

E. G. H. LIGHTFOOT, L.D.S., Principal School Dental Officer (commenced 1st June, 1954).

MISS H. C. CAMPBELL, L.D.S., R.C.S. (Eng.), Assistant School Dental Officer (resigned 31st March, 1954).

R. G. BOODLE, L.D.S., R.C.S. (Eng.), Assistant School Dental Officer (part-time).

M. J. BARTLETT, L.D.S., Assistant School Dental Officer (part-time).

M. E. D. TURNER, B.Sc. (Lond.), F.R.I.C., Public Analyst (part-time).

### Sanitary Inspectors

R. I. WILLIAMS (Chief) (and Port Sanitary Inspector).

C. H. DAVID (and Assistant Port Sanitary Inspector).

E. BLUNDELL.

D. FRANCIS (resigned 30th April, 1954).

G. W. ALEXANDER (commenced 21st June, 1954).

R. C. UPHAM (Assistant).

CAPT. R. WHITTINGTON (Assistant Port Sanitary Inspector), (part-time). (Resigned 12th November, 1954).

CAPT. O. OLSEN (Assistant Port Sanitary Inspector), (part-time). (Commenced 12th November, 1954).

### Health Visitors, Tuberculosis Visitors and School Nurses

MISS A. R. TAYLOR (Superintendent Nursing Officer).

Staff establishment of eleven not enumerated in view of the many changes during the year.

MISS G. GAPPER, Home Teacher for the Blind.

E. T. CHINN, Ambulance Officer.

M. JONES, F.P.S., Chief Pharmacist, Health Centre, 20 Longsmith Street, Gloucester.

G. ROBERTSON, Assistant in Dispensing, Health Centre, 20 Longsmith Street, Gloucester.

MRS. M. CARR, S.R.N. (part-time), Health Centre, 20 Longsmith Street, Gloucester.

F. L. MAYO, M.P.S., Chief Pharmacist, Health Centre, 11, Barton Street, Gloucester.

MISS. Z. GREENLAND, Asst. in Dispensing, Health Centre, 11, Barton Street, Gloucester.

MRS. M. S. ETHERIDGE, Assistant in Dispensing, Health Centre, 11, Barton Street, Gloucester.

H. J. HARVEY, Chief Clerk and Duly Authorised Officer.

Eight whole-time and one part-time clerks, including two Duly Authorised Officers; one whole-time, one part-time School Medical Services clerks, two Dental Attendants whole-time and two part-time Assistants, in conjunction with the Education Committee; one Disinfecting Officer and three Rodent Operatives.

### HEALTH SERVICES

HEALTH DEPARTMENT:

Priory House, Greyfriars (Tel. 24416-7).

### CLINICS AND CENTRES

#### Health Clinic

Brunswick Road (Tel. 23253)

Ante and Post Natal Clinics	...	...	Nurses' Sessions	...	Mondays and Thursdays (by appointment)
			Doctors' "	...	Mondays to Fridays (by appointment)
			Bookings	...	Mondays, 9.30 a.m.
Relaxation Classes	...	...	Mondays to Thursdays,	...	2.15 p.m.
			Wednesdays,	...	10 a.m. (by appointment)

Health Centres : 20 Longsmith Street, Gloucester (Tel. 22362).  
11, Barton Street, Gloucester (Tel. 22682).

#### Infant Welfare Centres:—

Trinity Baptist Church Sunday School, Selwyn Road	...	Tuesdays	2 p.m.
Mission Hall, Sherborne Street	...	Wednesdays	"
St. Stephen's Church Hall, Linden Road	...	"	"
Church Hall, Matson	...	"	"
St. George's Hall, Lower Tuffley	...	Thursdays	"
Tyndale School, Stratton Road	...	Fridays	"
Coney Hill	...	"	"
Elmscroft Community Centre, Wotton	...	"	"

## General :—

Chest Clinic, 11 Barton Street (Tel. 22682) ... ..	Tuesdays 2 p.m.
Chest Clinic, Gloucestershire Royal Hospital, Great Western Road ... ..	Mondays 9-30 a.m.
Chest Clinic (children), Gloucestershire Royal Hospital, Great Western Road ... ..	Wednesdays 9-30 a.m. (2nd and 4th in each month).
Tuberculosis Immunisation Clinic, Health Clinic, Brunswick Road ... ..	Saturdays 9-30 a.m. (2nd in each month and 3rd in every other month).
Birth Control Clinic, Health Clinic, Brunswick Road ...	Tuesdays, 2-30 p.m. (2nd and 4th in each month). Saturdays 9-30 a.m. (4th in each month) (By appointment).

## SCHOOL MEDICAL SERVICE

School Minor Ailment Clinics are held as follows :—

1. Health Clinic, Brunswick Road ... ..	Monday, Tuesday, Thursday and Friday mornings.
2. Finlay Road School ... ..	Monday, Wednesday and Friday mornings.
3. Open Air School ... ..	Monday, Wednesday and Friday mornings.
4. Coney Hill School ... ..	Tuesday and Friday mornings.
5. Grange Road School ... ..	Wednesday mornings.
6. Lower Tuffley School ... ..	Wednesday mornings.
7. Archdeacon Street School ... ..	Wednesday mornings.

School Dental Clinic, Health Clinic, Brunswick Road By appointment Tuesday, Thursday and Friday.  
From 9-10 a.m. for emergencies.

Child Guidance Clinic, 19, Bearland (and Cheltenham) By appointment only.

Medical provision for all other physical disabilities is made in association with the local hospitals.

## DAY NURSERY

Bath Place, Stroud Road. (Tel. 24332).

## AMBULANCE SERVICE

Eastern Avenue (Tel. 25055-6).

HEALTH DEPARTMENT,  
PRIORY HOUSE, GREYFRIARS,  
GLOUCESTER.

*To the Mayor, Aldermen and Councillors  
of the City of Gloucester.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour of presenting my Annual Report for the year 1954.

VITAL STATISTICS.

There were more births and fewer deaths than in 1953.

The number of children who died under the age of 12 months (Infantile Mortality) was the lowest ever recorded in Gloucester.

The number of stillbirths was the second lowest figure ever recorded.

There was one maternal death.

The number of notifications of Tuberculosis was the lowest since before the war, and the deaths from this infection the second lowest ever recorded, the lowest being in 1953.

The deaths from Cancer increased to a new high level.

Apart from this last fact, the vital statistics were satisfactory, especially when these figures are translated into rates per thousand, and compared with other areas or with the Country as a whole.

It must again be pointed out, however, that in dealing with relatively small populations, like Gloucester's, small variations in totals can produce big variations in rates per thousand, e.g. one maternal death means a rate of 0.9 per 1,000 live births, whereas in 1953 with no maternal deaths the rate was 0 per 1,000. The comparable figures for England as a whole for the same two years were 0.76 and 0.69. Even so, if the rates are considered over a matter of several years, trends can be seen, and in the case of Gloucester it seems that trends are in the right direction, except in the case of Cancer.

I have included some Tables in graphic form which show these trends.

BIRTHS AND STILLBIRTHS.

Graph 1 (p. 78) shows the total number of male and female births (live and stillbirths), separately, over the past 25 years.

It is well known that more male than female children are born, but the variations occurring in a small population are shown in that in some years more female babies were born. 1954, however, shows a greater preponderance of males than in any year for at least the last 35 years.

In the lower part of the same Graph can also be seen the number of male and female stillbirths. As male babies are usually bigger than female, it is reasonable to expect greater difficulties at their birth, and a higher mortality therefrom. The graph shows this higher mortality, though not in every year.

Stillbirths have to be registered, but births of babies younger than 28 weeks (abortions) have not; there are therefore no figures available for the number of

pregnancies that end before that time. It is impossible, therefore, to assess the problem accurately of saving this wastage of potential child life.

Leaving out of consideration abortions brought on deliberately, this problem is receiving considerable attention, because the Infantile Death Rate has now been brought so low, that there remains little more than what might be called a "hard core" of babies who, whilst being born alive have yet some inherent defect that made it just a matter of chance whether they would be abortions, stillbirths or infant deaths.

In other words, a considerable number of babies born alive but who die within their first year (particularly within their first month) have been born with some defect or immaturity inconsistent with development into a full life. The remedy for these defects or immaturity is not more infant care but more investigation (and treatment if necessary) of the mother, and even the father.

A case in point is the Blood Grouping of the parents, particularly of the mother.

Of recent years all expectant mothers have their blood examined, and if some unusual factors are discovered, appropriate measures are taken to lessen any risk to the child. This is a very complicated subject, and more is continually being learned about it.

Whilst research into all likely causes is mainly centred in hospitals and laboratories, Local Authorities must always be ready to apply the results of such researches as the bodies responsible for the care of mothers and babies. The co-operation that exists locally between hospitals and Health Department, both at administrative and clinical levels, is fortunately very close and successful.

#### LEGITIMATE AND ILLEGITIMATE BIRTHS.

Graph 2 (p. 79) shows the birth rates separately of legitimate and illegitimate live births since 1930.

Generally speaking, the curves follow one another fairly accurately, though the peak rise in the latter occurred two years before the former.

Before the war, approximately 1 birth in 28 was illegitimate. Towards the end of the war this proportion had risen to the high one of 1 in 8. Comment on this was made in my Annual Report for 1948.

This year the proportion is 1 in 18. An improvement, but still a disturbingly high figure, as all who have the care of children realise.

#### INFANTILE MORTALITY.

Graph 3 (p. 80) shows the Infantile Mortality rate over the past 35 years. Although there are irregularities, the curve shows a steady improvement.

#### DEATHS (General, also Tuberculosis and Cancer).

Graph 4 (p. 81) shows the total number of deaths annually for the past 30 years. Population figures are also printed alongside each year.

As the curve only shows totals of deaths, it has to be read in conjunction with the population figures, when it will be seen that the death rate is actually falling steadily. In fact the death rate for 1954 is the lowest but one ever recorded; the lowest rate so far was in 1952.

In the same Graph are curves representing the total deaths from Tuberculosis and Cancer. The former shows a fairly steady fall over these years, though with a rise about the beginning of the war.

A note is added showing the introduction of the newer drug treatments of tuberculosis in 1949, since when an acceleration of the downward movement can be seen, presumably due to this cause.

The latter, the curve for cancer deaths, is uninfluenced by the war and shows an almost continuous rise.

A fourth curve is added to this Graph showing the total notifications of tuberculosis (all forms). This curve shows a sharp rise during the war from which it has not yet quite recovered, though for the first time it shows a return to the pre-war level.

#### INFECTIOUS DISEASES.

There is little outstanding this year to comment on under this heading, except perhaps the good fortune in not having had any cases of Poliomyelitis. Gloucester never seems to have had an epidemic of this disease. So little is known of the behaviour of these epidemics that the good fortune enjoyed so far gives no assurance for the future. There is nothing to point to the likelihood of an epidemic, on the other hand.

During the first epidemic that occurred in England after the war, in 1947, there were 14 cases in Gloucester. Since then there have been 21 cases spread over the following seven years. It can only be hoped that this good fortune will continue. It is possible that effective preventive measures will be developed, but at present none are available in this Country.

Chicken Pox ceased to be notifiable in 1954. No useful purpose was being served by it.

The rate of vaccination against Small Pox continues very low. It has not however altered much since the National Health Service Act abolished compulsion. There were 100 children under 1 year vaccinated, which is approximately 9% of the yearly births. The average figure for 1934-8 inclusive was 7%.

In the Section dealing with Infectious Disease, I include reports on two outbreaks of Food Poisoning which occurred locally. I have also referred to one in my report as Principal School Medical Officer.

#### HEALTH VISITORS.

In addition to the many new duties laid on Health Visitors, they have now taken over the conducting of classes for Relaxation Exercises for expectant mothers. These were started on the suggestion of Mrs. M. R. Campbell, senior Physiotherapist at the Gloucestershire Royal Hospital, and conducted by members of her staff at first.

Now that some Health Visitors have become proficient in conducting them, after taking special training, the Physiotherapists are relieved of this extra work. The fact that Mrs. Campbell suggested them and then gave some of her and her staff's time, which could ill be spared from hospital, to take these classes, is very much appreciated.

Elsewhere in this report I have referred to Health Visitors learning more of the psychology of child behaviour, and so being better able to detect abnormalities at an earlier age in children whom they visit in their homes. In this way it is hoped they may be able to prevent grosser abnormalities developing, and indirectly save trouble not only for the child and its family in the future, but also for the Child Guidance Clinic.

These two instances suggest that whilst Physiotherapists and Child Guidance Clinic Staffs and other specialists must always be at hand to guide and advise and deal with particular cases themselves, yet they can be saved a lot of needless routine work by an application of the simple principles of their speciality by trained Health Visitors.

By applying such principles and preventing abnormalities developing, the Health Visitors are doing real preventive work. Furthermore, by having the one visitor (the Health Visitor), who knows the families, applying general principles of medicine in its widest sense, we may yet extricate ourselves from the web of specialities and specialist visitors which seems slowly tying down our social services.

But Health Visitors cannot continue adding to their work unless either more staff is engaged, or some other work they have been doing is shed. It is undesirable to add staff unless inevitable, and the other alternative is being carefully examined, because although a particular duty may have been performed for a long time it does not follow that it must always remain a duty; it may have served its purpose.

Certain it is that Health Visitors have a very big load to carry at present.

#### MORAL WELFARE.

This work is undertaken by a Voluntary Society.

During the year the following cases were sent to Mother and Baby Homes :—

- (a) Expectant Mothers—10 (all of whom remained post-natally);
- (b) Post-Natal cases—1.

The total liability to this Authority was £566 (approximately) of which the patients contributed about £198.

#### BLIND WELFARE.

Miss Gapper, whose report is included in this report, continues to cope with a greater number than is expected of a Home Worker and Teacher, but as there is an insufficient number of blind to justify an additional worker, opportunity must be taken, if it presents itself in the future, of getting part-time help. Since Palmers' Hall has been in full use, Miss Gapper can give lessons in Braille, etc., to small groups there, and so save time visiting each person separately, though there are not always one or two people who can be grouped together. On the other hand the social activities that have grown up at Palmers' Hall tend to make more call on Miss Gapper's time, and particularly her own time of an evening. She cheerfully carries on with this heavy lot of work, and remains the keystone of Blind Welfare work.

One other person particularly must be mentioned in this work, Mr. Brown, who is Chairman of the Coffee Club which meets every Saturday night at Palmers' Hall. Mr. Brown, himself a blind man, in his early days in Gloucester, travelled the North part of the County on his own, as a worker for the National Institute for the Blind. He took part in the early efforts which eventually culminated in the passing of the first Blind Persons Act, 1921.

Mr. Brown has served on deputations that have waited on Ministers and Members of Parliament. He has accumulated a wide knowledge of everything to do with the blind, and has made a host of contacts. As a result he now uses these contacts to attract a most extraordinarily good series of programmes on Saturday nights, for the members of his Club, which are uniformly successful.

As an ardent volunteer worker Mr. Brown is outstanding. I have great pleasure also in including his report on the Coffee Club.

### CHIROPODY SERVICE.

Mention should be made of a scheme based on Section 28 of the National Health Service Act and begun in 1954 for providing chiropody, particularly for older people.

It is common experience that many old people are crippled with foot troubles which, however, are quite amenable to expert treatment.

A grant is therefore made to a voluntary organisation (Gloucester Old People's Clubs) headed by Miss G. D. Clarke. They arrange the appointment, attend each session at the Chiropodists and also collect the small fee payable by the patients; where a patient cannot afford anything the treatment is provided free.

Mr. R. Calver, the City Welfare Officer, is really the person to whom the credit should go for this innovation. He has been the driving force, very ably seconded by Miss Clarke.

Details of the scheme will be found on p. 34 of this report.

In effect the Health Committee underwrites the scheme financially, and it is a pleasure to record the willingness shown by the patients in paying their contributions, and the gratitude shown by them for such excellent service.

### HEALTH CENTRES.

The development of one of our two former "Dispensaries" into a Health Centre is now complete. Longsmith Street Centre has been remodelled, and added to, so that now the patients and doctors have accommodation that is really first class. In addition a room has been provided for a nurse, who attends during all surgery hours to assist the doctors in the same way as a nurse does in a hospital Out-Patient department. This is much appreciated by both patients and doctors.

An internal telephone system has also been installed here.

At this Centre the Pharmacist also operates a "sterile syringe service" that supplies syringes, with needles attached, for the use of Domiciliary Nursing and Midwifery staffs, Ante-Natal Clinics and for the Health Centre itself.

This service began in 1954, and early in 1955 at the request of the Ministry of Health, an article was written describing it. It is published in the Ministry's Monthly Bulletin of the Public Health Laboratory Service. I have the Ministry's permission to reproduce the article in my Report and it will be found in an appendix at the end.

### WATER SUPPLY.

The City's water supply continues to be a mixed supply from three different sources, the River Severn at Tewkesbury, in conjunction with Cheltenham, deep borings in and near Newent and a collecting ground at Witcombe.

The ever-increasing demand has been adequately met, and the reports from the two Analysts, copies of which I receive, suggest the purity to be satisfactory.

An interesting problem has arisen in that during the summers of the last three years at least, I received an increasing number of complaints of the presence of living and dead organisms in the supply. Mr. Goodridge, the Water Engineer, similarly has received complaints. Specimens have been submitted and the Engineer has had many specimens collected himself.

The organisms are easily large enough to be seen by the naked eye and were thought to be water shrimps.

Possibly they had gained admittance to the mains when a fracture occurred at a particular spot three years ago. However they had entered, it was clear this year that they had spread along the mains and had become a serious nuisance.

Flushing of the mains had been tried on numerous occasions, and cleaning out of reservoirs, but with little success.

The Water Engineer applied to several authorities, but could get little help with the problem, but eventually on application to the Department of Zoology, Liverpool University, Dr. H. B. Noel Hynes identified the organism as *Asellus Aquaticus*, the water hog-louse.

The Water Engineer's investigations make very interesting reading, but too long to reproduce here, but eventually he was referred to an article written by the Director of the Amsterdam Municipal Waterworks who had had to face a similar infestation in the mains of his undertaking.

Mr. Goodridge and I made enquiries of the Ministries of Health and of Housing and Local Government, and eventually it was decided to try the Amsterdam method of ridding the mains of *Asellus* by the use of Pyrethrin. It will be interesting to record the results next year. If they are as good as those obtained at Amsterdam, then a problem that threatens to be serious will have been well solved.

#### RESIGNATIONS, ETC.

It was with great regret that I received the resignations of Dr. Hilda May and Dr. E. Gaffney during 1954.

Dr. Hilda May was a general practitioner in the town and apart from her work at the Maternity Hospital and Ante-Natal Clinics before the taking over of the hospitals by the Ministry, was the first Medical Officer to the Birth Control Clinic which was started in 1934. She continued in that capacity until her resignation this year. Dr. Hilda May hardly missed a session during the whole of that time.

Dr. E. Gaffney, who had come to live near Gloucester in retirement just before the war, took up medicine again as his war work, and worked hard and faithfully whole-time until after the war ended. Much of his work was voluntary. Subsequently he acted as medical officer to the Immunisation and Vaccination Clinic. He was meticulous in his care of patients, conscientious and a most faithful and kindly colleague.

I am extremely sorry that both have felt it necessary to retire.

A further resignation was that of Capt. Whittington, Harbour Master at Sharpness, who also acted as Assistant Sanitary Inspector for Port Health work. Very regrettably Capt. Whittington's health broke down, and subsequently we heard of his sad death.

Perhaps even more regrettable was the death of a young practitioner, the late Dr. Wilson McGrath, whilst in the prime of life. Dr. McGrath was a deservedly popular and excellent doctor, who acted as Medical Officer at one of our Infant Welfare Centres. He had too represented the local branch of the British Medical Association on the Health Committee.

#### ACKNOWLEDGMENTS.

Acknowledgments ought to be made to The Free Hospital and George Peters Fund

for the Children of the Poor, and to the Fluck Convalescent Fund, for help given during the year to certain women and children.

Both Funds operate under schemes approved by the Charity Commissioners. These schemes exclude help being given to cases where help can be given from National or Local Authority sources. In other words, they must not be used to save rates or taxes.

But whilst, for instance, duties are laid on hospitals and local authorities to provide convalescent and recuperative holidays, it is impossible to define accurately which patients are in need of such holidays. It might be argued that everyone could reasonably be certified as needing a holiday every year, and that a considerable proportion of people could not find the money for one.

Clearly national and local funds must set a limit to what can be spent under this head. In cases that Hospitals and Local Authorities cannot help, these funds come to the rescue, and after investigation, help suitable cases. More often, however, they assist cases with clothing, furniture, bedding or appliances, and even special foods, where these are not available from public funds.

The Funds spend their money with great care, but they are free to act at will and subject only to themselves.

They serve a very useful purpose indeed.

#### THANKS.

I conclude by thanking you Mr. Mayor and all members of the Health Committee for the encouragement given me in all matters concerning Public Health, and particularly I would thank Alderman S. A. Stoddart, Chairman, to whose many kindnesses I am greatly indebted.

I also wish to thank all members of the Health Department for their work and help during the year, and not least for the cheerful way they have performed it.

I beg to remain,

Your obedient Servant,

CHARLES COOKSON,

*Medical Officer of Health,  
Principal School Medical Officer,  
and Port Medical Officer.*

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## Section A.

## Statistical Conditions of the Area

## GENERAL STATISTICS—1954

Area (in acres) ... ..	5,320 acres
Estimated Home Population ... ..	66,700
Area comparability factors ... ..	{ Births 0.99 Deaths 1.02
Number of inhabited houses at end of year according to Rate Books ...	17,568
Rateable Value ... ..	£514,152
Sum represented by a Penny Rate (estimated) ... ..	£2,092

## VITAL STATISTICS—1954

		Males	Females	Total	
LIVE BIRTHS	{ Legitimate ...	577	492	1069	<i>Rate per 1000 of the estimated resident population ...</i>
	{ Illegitimate ...	33	31	64	
	TOTALS ...	610	523	1133	
STILLBIRTHS	... ..	13	6	19	<i>Rate per 1000 total (live and still) births ...</i>
DEATHS	... ..	378	353	731	<i>Death rate per 1000 of the estimated resident population ...</i>
DEATHS FROM PREGNANCY, CHILDBIRTH AND ABORTION ... ..					1
DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE:—					
All infants per 1000 live births (Total=23) ... ..					20.3
Legitimate infants per 1000 legitimate live births (Total=21) ... ..					19.6
Illegitimate infants per 1000 illegitimate live births (Total=2) ... ..					31.2
DEATHS FROM MEASLES (all ages) ... ..					1
,, ,, WHOOPING COUGH (all ages) ... ..					1
,, ,, GASTRITIS, ENTERITIS AND DIARRHOEA (under 2 years of age)					Nil

## VITAL STATISTICS—1945-1954

### Live Births

YEAR	LEGITIMATE		ILLEGITIMATE		TOTAL	Rate per 1,000 of the estimated Resident Population	
	MALE	FEMALE	MALE	FEMALE		GLOUCESTER (Unadjusted)	ENGLAND & WALES
1945	543	533	76	73	1225	19.9	16.1
1946	595	640	63	70	1368	21.4	19.1
1947	704	647	53	42	1446	22.7	20.5
1948	597	524	48	41	1210	18.9	17.9
1949	553	537	35	34	1159	17.9	16.7
1950	545	497	37	25	1104	16.3	15.8
1951	553	518	31	35	1137	16.2	15.5
1952	535	497	22	38	1092	16.4	15.3
1953	553	504	26	29	1112	16.7	15.5
1954	577	492	33	31	1133	16.9	15.2

### Stillbirths

YEAR	MALE	FEMALE	TOTAL	Rate per 1,000 Total (Live and Stillbirths)
1945	18	14	32	25.4
1946	29	15	44	31.2 <i>27</i>
1947	22	9	31	20.9 <i>24</i>
1948	12	14	26	21.0 <i>23</i>
1949	9	6	15	12.7 <i>22.7</i>
1950	14	17	31	27.3 <i>22.6</i>
1951	12	14	26	22.3 <i>23</i>
1952	15	4	19	17.1 <i>22.7</i>
1953	14	23	37	32.2 <i>22.4</i>
1954	13	6	19	16.5 <i>22.5</i>

### Deaths

YEAR	MALE	FEMALE	TOTAL	Death-Rate per 1,000 of the estimated Resident Population	
				GLOUCESTER (unadjusted)	ENGLAND & WALES
1945	371	415	786	12.7	11.4
1946	408	358	766	12.1	11.5
1947	400	349	749	11.8	12.0
1948	386	347	733	11.4	10.8
1949	411	356	767	11.8	11.7
1950	392	377	769	11.3	11.6
1951	443	374	817	11.6	12.5
1952	360	324	684	10.3	11.3
1953	390	343	733	11.0	11.4
1954	378	353	731	10.9	11.3

## MATERNAL MORTALITY

YEAR	DEATHS	RATE PER 1,000 LIVE AND STILL BIRTHS			
		PUERPERAL AND POST ABORTIVE SEPSIS	OTHER CAUSES	TOTAL	
				Gloucester (unadjusted)	England and Wales
1945	3	1.60	0.80	2.40	1.79
1946	2	Nil	1.42	1.42	1.43
1947	3	Nil.	2.03	2.03	1.17
1948	Nil	Nil.	Nil	Nil	1.02
1949	Nil	Nil	Nil	Nil	0.98
1950	2	Nil	1.76	1.76	0.86
1951	Nil	Nil	Nil	Nil	0.79
1952	1	Nil	1	0.90	0.72
1953	Nil	Nil	Nil	Nil	0.76
1954	1	Nil	1	0.90	0.69

## NUMBER OF DEATHS AND DEATH-RATE OF INFANTS UNDER ONE YEAR OF AGE.

YEAR	NUMBER OF DEATHS			Death-Rate of all Infants Per 1,000 Live Births	Death-Rate of Legitimate Infants Per 1,000 Legitimate Live Births	Death-Rate of Illegitimate Infants Per 1,000 Illegitimate Live Births
	All Infants	Legitimate Infants	Illegitimate Infants			
1945	43	33	10	35.1	30.7	67.1
1946	56	45	11	40.9	36.4	82.7
1947	57	33	24	39.6	24.4	252.6
1948	43	40	3	35.5	35.7	33.7
1949	47	40	7	40.5	36.7	101.4
1950	29	26	3	26.3	24.9	48.4
195	41	37	4	36.1	34.5	60.6
1952	26	23	3	23.8	22.2	50.0
1953	38	36	2	34.2	34.0	36.4
1954	23	21	2	20.3	19.6	31.2

156  
 43  
 41  
 34  
 32.4  
 39.6  
 24.7  
 27.6  
 20.8  
 25.4

**CAUSES OF DEATH, 1954**  
(SHOWING THE THREE MAIN CAUSES.)

DISEASE	SEX	AGE GROUPS								All Ages
		0-1	1-5	5-15	15-25	25-45	45-65	65-75	75+	
Tuberculosis—										
All forms ... ..	M	—	—	—	—	2	9	—	1	12
	F	—	—	—	—	4	1	—	1	6
Cancer—										
All forms ... ..	M	—	—	—	1	4	26	17	16	64
	F	—	—	1	1	3	29	11	20	65
Heart Disease and Diseases of Circulation—All forms	M	—	—	—	—	1	41	56	58	156
	F	—	—	—	1	2	20	43	95	161
All other causes ... ..	M	15	5	2	3	11	46	31	33	146
	F	8	2	1	1	3	23	27	56	121
Total Deaths—All causes ...	M	15	5	2	4	18	122	104	108	378
	F	8	2	2	3	12	73	81	172	353
<b>TOTALS</b> ...		<b>23</b>	<b>7</b>	<b>4</b>	<b>7</b>	<b>30</b>	<b>195</b>	<b>185</b>	<b>280</b>	<b>731</b>

### INFANT MORTALITY

Deaths from stated causes under one year as given by the Registrar General.

Whooping Cough ... ..	1
Bronchitis ... ..	1
Pneumonia ... ..	4
Other Respiratory Diseases ... ..	1
Nephritis and Nephrosis ... ..	1
Congenital Malformations ... ..	1
Other Defined or Ill-Defined Diseases	12
Accidents ... ..	2
	—
	23
	—

Details of Neo-Natal deaths (of children dying within the first four weeks of being born) included in the above Infant Mortality figures, are as follows:—

Pneumonia ... ..	1
Congenital Malformations ... ..	1
Other Defined or Ill-Defined Diseases	12
	—
	14
	—

The Neo-Natal Death Rate therefore, was 12·35 per 1,000 live births.

TABLE SHOWING INCIDENCE OF CANCER, 1930-1954

Year	Deaths from Cancer	Percentage of total Deaths registered	Death-Rate per 1,000 Population	Sex	AT AGES—YEARS			
					Under 25	25—45	45—65	65—Up
1930	81	12.8	1.56	M	2	2	5	20
				F	-	3	19	30
1931	86	11.9	1.62	M	-	2	14	17
				F	-	6	27	20
1932	83	11.7	1.56	M	-	1	18	15
				F	-	4	18	27
1933	70	10.5	1.31	M	-	3	16	21
				F	-	2	15	13
1934	85	12.8	1.61	M	-	1	21	23
				F	-	3	14	23
1935	95	13.5	1.67	M	-	2	12	25
				F	-	1	19	36
1936	101	13.9	1.78	M	-	2	24	31
				F	-	5	18	21
1937	84	11.1	1.17	M	-	1	14	19
				F	-	3	20	27
1938	85	11.7	1.53	M	-	-	14	23
				F	-	3	16	29
1939	97	12.9	1.67	M	-	4	14	23
				F	-	4	24	28
1940	91	10.0	1.50	M		7	14	22
				F		4	16	28
1941	97	12.0	1.49	M		4	13	31
				F		6	22	21
1942	114	14.8	1.76	M		4	17	27
				F		5	25	36
1943	111	13.0	1.90	M		2	16	29
				F		6	30	28
1944	110	15.4	1.76	M		4	18	27
				F		2	27	32
1945	102	12.9	1.63	M		7	19	28
				F		11	11	26
1946	118	15.4	1.86	M		1	23	33
				F		6	22	33
1947	108	14.4	1.69	M		4	17	29
				F		9	23	26
1948	106	14.5	1.65	M		3	24	30
				F		5	16	28
1949	110	14.3	1.70	M		1	23	27
				F		8	23	28
1950	120	15.6	1.77	M		4	31	27
				F		9	18	31
1951	122	14.9	1.74	M		2	33	36
				F		7	18	26
1952	112	16.4	1.68	M		4	24	36
				F		6	11	31
1953	98	13.4	1.47	M		5	13	27
				F		6	18	29
1954	129	17.6	1.93	M		5	26	33
				F		5	29	31

The 129 deaths are divisible under the following main causes, as grouped by the Registrar General.

	Sex		Total
	M.	F.	
Stomach ... ..	12	10	22
Lung and Bronchus ... ..	17	3	20
Breast ... ..	1	10	11
Uterus ... ..	—	5	5
Other... ..	31	34	65
Leukaemia ... ..	3	3	6
Totals ...	64	65	129

## Section B.

### National Health Service Act, 1946.

#### SECTION 22

### Care of Mothers and Young Children

#### REPORT ON WORK AT THE ANTE-NATAL AND POST-NATAL CLINICS AND INFANT WELFARE CENTRES.

##### ANTE-NATAL AND POST-NATAL CLINICS.

No of sessions	367
No. of new cases during the year (not including 710 post-natal)	1496
No. of attendances at ante-natal clinic	7649
No. of attendances at post-natal clinic	743
No. of women who attended during the year (not including 710 post-natal)	2041
No. of attendances by Midwifery students	620

##### INFANT WELFARE CENTRES.

No. of centres provided at end of year	8
No. of sessions now held per month at centres	32
No. of children who attended during the year and who were born in :—	
1954	709
1953	615
1949-52	323
Total No. of children who attended during the year	1647
No. of attendances during the year made by children who at the date of attendance were :—	
Under 1 year	11901
1 but under 2	1788
2 but under 5	727
Total attendances during the year	14416
No. of times children under 1 seen by Doctor	3225
No. of times children over 1 seen by Doctor	534
No. of injections given at Centres	1770

## PUBLIC HEALTH LABORATORY WORK

The following Ante-Natal figures relate to all cases attending the City Clinics, and include all cases for domiciliary confinement in the City, together with all cases booked for the City Maternity Hospital, whether resident in the City or surrounding County.

### Ante-Natal Clinics

Blood, smears, etc. :—						
R.b.c. and Hb.	...	...	...	...	...	1626
Rhesus Factor	...	...	...	...	...	1420
Blood Group	...	...	...	...	...	1420
Other Tests ...	...	...	...	...	...	48
						4514

### Others

Suspected Food Poisoning	...	...	...	...	...	9
"    Para-Typhoid	...	...	...	...	...	31
"    Sonne Dysentery	...	...	...	...	...	11
"    Diphtheria	...	...	...	...	...	15
Miscellaneous ...	...	...	...	...	...	5

## PREMATURITY, STILLBIRTHS AND ABORTIONS

There were 17 premature live infants born at home. There were 19 stillbirths, of which 12 were under 5½ lbs.

There was 1 stillbirth in a private nursing home.

Weight at Birth	PREMATURE LIVE BIRTHS						PREMATURE STILLBIRTHS		
	Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3 lb. 4 oz. or less	—	—	—	—	—	—	4	3	1
Over 3 lb. 4 oz., up to and including 4 lb. 6 oz. ...	1	—	1	—	—	—	1	1	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ...	2	—	2	—	—	—	2	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ...	14	2	12	—	—	—	—	—	—
<b>TOTALS ...</b>	<b>17</b>	<b>2</b>	<b>15</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>7</b>	<b>4</b>	<b>1</b>

## DENTAL TREATMENT

### (a) Numbers provided with Dental Care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	282	204	189	97
Children under five ... ..	202	202	202	—

### (b) Forms of Dental Treatment provided.

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetic	Dentures Provided		Radio graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ...	2	26	1	—	433	56	9	18	—
Children under 5	—	—	2	—	382	172	—	—	—

## DAY NURSERY

### Attendances

NURSERY	No. of Places	Total No. of Individual Children Admitted during Year	Average Daily Attendance
Bath Place ... ..	40	22	13.3

## BIRTH CONTROL CLINIC

No. of Sessions held ... ..	25	}	22-2 hrs 3-1 hr..
No. of cases on Register at beginning of year ... ..	518		
No. of new cases attending Clinic on Doctors' recommendations during the year ... ..	77		
No. of cases removed from the Register during the year, left City, or ceased to attend ... ..	165		
No. of cases remaining on the Register at the end of year	430		
No. of Attendances ... ..	411		
County Cases attending Clinic (included in above figures)	34		

## SECTION 23

## Midwifery

Number of new cases :—						
Doctor not booked—present	...	...	...	...	...	—
"    "    "    —not present	...	...	...	...	...	13
"    booked—present	...	...	...	...	...	56
"    "    —not present	...	...	...	...	...	518
Number of Midwifery visits	..	...	...	...	...	10302
"    "    Maternity	..	...	...	...	...	858
"    "    Ante-natal	..	...	...	...	...	4173
"    "    Post-natal	..	...	...	...	...	229
"    "    Casual	..	...	...	...	...	1024
Total number of visits made	...	...	...	...	...	<u>16586</u>
Number of cases on books at 1/1/54						
"    "    "    "    "    "    31/12/54	...	...	...	...	...	19
"    "    "    "    "    "    31/12/54	...	...	...	...	...	10

MEDICAL ASSISTANCE CALLED IN DOMICILIARY CASES BY MEDICAL HELP FORMS, as follows :—

Condition of Mother	...	...	...	...	...	161
Condition of Child	...	...	...	...	...	30
Miscarriages	...	...	...	...	...	8
TOTAL	...	...	...	...	...	<u>199</u>
Number paid by Local Health Authority	...	...	...	...	...	8

## SECTION 24

## Health Visiting, etc.

The following is a summary of the work carried out by the Health Visiting Staff:—

No. of Visits to Homes :—

No. of first visits to children under 1 year	...	...	...	...	...	1155
"    "    re-visits	..	..	..	..	..	5946
Total	...	...	...	...	...	<u>7101</u>
No. of first visits to children between 1 and 2 years	...	...	...	...	...	3
"    "    re-visits	..	..	..	..	..	2841
Total	...	...	...	...	...	<u>2844</u>
No. of first visits to children between 2 and 5 years	...	..	...	...	...	3
"    "    re-visits	..	..	..	..	..	5874
Total	...	...	...	...	...	<u>5877</u>
No. of first visits to expectant mothers	...	...	...	...	...	629
"    "    re-visits	..	..	..	..	..	124
Total	...	...	...	...	...	<u>753</u>
TOTAL	...	...	...	...	...	16575

	Brought forward ...	... 16575
Other cases :—		
Deaths investigated	...	—
Stillbirths investigated	...	1
Houses inspected and reported	...	22
Scarlet Fever	...	66
Ophthalmia Neonatorum	...	—
Chicken-pox	...	31
Whooping Cough	...	237
Measles	...	720
Pneumonia	...	13
Puerperal Pyrexia	...	11
Tuberculosis	...	1593
Post-natal	...	71
Mental defectives	...	230
Hospital follow-ups	...	36
Aged people	...	618
Home help	...	349
Sundry	...	1698
Unsuccessful	...	2636
School Medical Service	...	1019
	Total ...	... 9352
	TOTAL NO. OF VISITS	... 25927

## ATTENDANCES AT CLINICS, &amp;C.

Relaxation Classes	...	189
Infant Welfare Clinics	...	753
School Minor Ailments Clinics	...	455
School Medical Inspections	...	222
School Heads Inspection	...	290
Tuberculosis	...	183
Birth Control	...	23
Immunisation and Vaccination	...	84
Any other clinics, meetings, etc.	...	257
	TOTAL ...	2456

## SECTION 25

**Home Nursing**

(CARRIED OUT BY THE GLOUCESTER DISTRICT NURSING SOCIETY) :—

Number of cases attended during the year :—

Medical	...	1426
Surgical	...	364
Infectious diseases	...	12
Tuberculosis	...	59
Maternal complications	...	20
Others	...	2
	Total number of cases	1883
	Number of cases on books at 1/1/54	257
	" " " " " " 31/12/54	268

## VISITS PAID TO ALL PATIENTS

Number of Medical Visits	...	...	...	...	48278
„ „ Surgical Visits	...	...	...	...	8491
„ „ Infectious Diseases Visits	...	...	...	...	133
„ „ Tuberculosis Visits	...	...	...	...	1680
„ „ Maternal Complications Visits	...	...	...	...	182
„ „ Other Visits	...	...	...	...	45
<hr/>					
Total number of visits	...	...	...	...	58809
<hr/>					
Number of Night Nursing Visits (included in above figures)	...	...	...	...	1906

## SECTION 29

## Domestic Help

No. of Domestic Helps employed at 31st December, 1954 :—

Whole-time	...	...	—
Part-time	...	...	38

No. of cases where Domestic Help was provided during the year :—

Maternity	...	...	42
Tuberculosis	...	...	18
Others :—			
Sickness	...	...	} 196
Old age	...	...	
<b>Total</b>			<b>256</b>

An analysis of the above figures shows :—

	PAYING CASES	FREE CASES	TOTAL
Maternity	42	2	42
Tuberculosis	12	6	18
Blind	—	1	1
Illness	44	6	50
Chronic sick and Old Age Pensioners	} 66	79	145
<b>TOTALS</b>	<b>164</b>	<b>92</b>	<b>256</b>

Cost of Service (1954-5) estimated	...	...	...	£6195
Recovered from Paying Cases (1954-5)	...	...	...	£794

## Vaccination and Immunisation

### 1. Against Smallpox

Age at date of Vaccination ...	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	100	6	12	12	50	180
Number Re-Vaccinated ...	—	—	5	4	57	66

N.B.—There were no cases “Specially Reported” during 1954 as showing complications from Vaccination.

### 2. Against Tuberculosis

Number of Persons vaccinated under Contact Scheme ... .. 44

## IMMUNISATION

### Immunisation against Diphtheria in Relation to Child Population

Number of Children who had completed a full course of Immunisation at any time up to 31st December 1954

Age at 31.12.54 ... ..	Under 1	1-4	5-9	10-14	Total
<i>i.e.</i> Born in Year ... ..	1954	1953-1950	1949-1945	1944-1940	under 15
Last complete course of injections (whether primary or booster) ... ..	185	2333	2288	924	5730
1949 or earlier ... ..	—	—	2361	3435	5796
Estimated mid year child population 1954	1120	4080	10200		15400

N.B.—There were no notifications of Diphtheria in 1954.

## SECTION 27

## Ambulance Service

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I give below the report of the Ambulance Officer together with a statistical summary of the year's work in this service.

"The year 1954 has shown a reduction in both cases and mileage for the first time since the introduction of the National Health Services Act 1946, which came into force on the 5th July, 1948.

Ambulance cases show a reduction of 731 and Sitting cases of 2,954, making a total of 3,685 cases. Mileage reductions are Ambulances—4,308 and Sitting case vehicles—16,914, giving a total of 21,222 miles.

During the year there were 25,598 calls received with a total of 26,319 patients carried and a mileage of 136,967 miles.

The co-operation of the hospitals within the City Ambulance area has shown greater improvement, especially that of the Ambulance Transport section at the Royal Hospital. The appointment of the latter has considerably assisted the Ambulance Service, particularly in the daily schedule of treatment cases.

This year saw the centring of the Flying Squad Maternity Unit on this Ambulance Service to serve both the City and a wide area around it. This service is of undoubtedly high priority, and although there has not been a very great number of calls, those made have proved the great importance of this work. I would here like to give the general procedure of such calls:—On receipt of a call from the City Maternity Hospital with the prefix "Flying Squad", an ambulance is immediately despatched to the hospital for a doctor, nurse and equipment, and then proceeds to the patients home, which may be a considerable distance away in the County area. The patient may have to be taken to the hospital and also receive treatment during the journey.

Radio Control continues to be a most important link of the City Ambulance Service, and during the 2½ years since it was first installed has proved of immense value. This is proved by experience during this period, when irrespective of the daily commitments, every Urgent or Emergency call has been attended—often by a vehicle in the area of the accident which has been diverted to the incident by radio.

The number of patients conveyed by train during the year was 213, and I would again like to mention the excellent co-operation received from the staff of the British Railways in arranging reservations to any part of the country.

In connection with the work mentioned in the last paragraph, I would wish to mention the valuable work done by members of the British Red Cross Society in acting as escorts to these patients. They respond to any call, often at very short notice, which undoubtedly on some occasions may cause them some inconvenience. Their work is very much appreciated.

In connection with Mental Health work, for conveying the children to Cheltenham a new 22-seater omnibus—dual purpose (ambulance-sitting)—was purchased in September, 1954, and has proved of immense value.

There has been no increase in ambulance staff and all ranks have passed their re-examination in First-Aid, including the Holgar Neilson method of artificial respiration. Also some have been re-examined in Life Saving under the Royal Life Saving Society.

During the year the voluntary week-end duties at the Ambulance Station have again been carried out by the St. John Ambulance Brigade and the British Red Cross Society in a very satisfactory manner, and those giving this service are worthy of the highest praise. Their work is greatly appreciated. Below is a summary of their work.

	DUTIES.	HOURS.
City of Gloucester Division S.J.A.B. ...	99	1131
Glos. 25 Detachment B.R.C.S. ...	51	599
Glos. 47 Detachment B.R.C.S. ...	52	624
Totals ...	202	2354

Apart from the new omnibus, there has been no new Ambulance nor Sitting Case vehicle purchased during the year, although it will be necessary to make replacements during the coming twelve months.

Civil Defence training has continued, including driving instruction. Of persons who received driving instruction 17 passed the Ministry of Transport Test and only 2 failed. The Civil Defence Exercises held during the year were satisfactory, and the ambulances were staffed by volunteers of the Ambulance-Casualty Section of the C.D. Corps.

There was a small increase in the work undertaken by the Hospital Car Service, and their readiness to undertake cases at any time is of considerable help to the Ambulance Service. Their work is very much appreciated.

In conclusion, I wish to mention that every endeavour continues to be made to operate the Ambulance Service as economically as possible, but at the same time maintain the high standard of efficiency that this service now holds."

### 1. Total Calls during the Year

VEHICLE	City	County	Over Hospital	Inter-Hospital	Other Authorities	TOTALS
Ambulances ... ..	3526	1331	82	665	26	5630
Cars ... ..	12435	5983	414	1077	59	19968
TOTALS ... ..	15961	7314	496	1742	85	25598

### 2. Total Mileage during the Year

VEHICLE	City	County	Over Hospital	Inter-Hospital	Other Authorities	TOTALS
Ambulances ... ..	20526	13787	986	6505	289	42093
Cars ... ..	36470	47976	4844	4680	904	94874
Totals ... ..	56996	61763	5830	11185	1193	136967

Additional mileage in connection with the Children's and Welfare Departments for Laundry and transport work for the Hospital Management Committee and the Ambulance Service, is as follows:—

<i>Departments.</i>	1954	1953
Children's ... ..	394	418
Welfare... ..	416	395
Hospital Management Committee ...	104	162
Hospital Welfare ... ..	37	—
Ambulance Service ... ..	6046	4579
Total ...	6997	5554
Omnibus to Cheltenham ... ..	3467	

Mileage in respect of Civil Defence Training, Driving Instruction and Civil Defence Exercises and Mobile First Aid Tests during the year was:—

	AMBULANCE.	CAR.	TOTAL.
Driving Instruction ...	7136	298	7434
Exercises and M.F.A. Tests	158	41	199
Totals ...	7294	339	7633

### Summary of Cases for the Year.

	1954	1953
City Accidents ... ..	996	951
City Removals ... ..	14965	16451
County Accidents ... ..	303	264
County Removals ... ..	7011	9147
Over Hospital Cases ... ..	496	484
Inter Hospital ... ..	1742	1910
Other Authorities ... ..	85	76
Totals ...	25598	29283
Total Mileage ... ..	136967	158189
Total Patients carried ... ..	26319	29907
Decrease of Mileage over 1953 ... ..	21222	
Decrease of Cases over 1953 ... ..	3685	
Decrease of Persons carried over 1953 ...	3588	
Total vehicle journeys. Ambulance ...	3247	3285
Cars ... ..	4914	5358
Totals ...	8161	8643

### 3. Hospital Car Service

	1954	1953
Total Cases ... ..	159	71
Total Mileage ... ..	3792	1349
Increase of Cases over 1953 ... ..	88	
Increase of Mileage over 1953 ... ..	2743	

### 4. Cases Conveyed by Rail

	1954	1953
Total Cases conveyed by Train. Stretcher ...	20	59
Sitting ...	193	185
Totals ...	213	244

## SECTION 28

# Prevention of Illness, Care and After Care

## TUBERCULOSIS

REPORT BY F. J. D. KNIGHTS, M.D., M.R.C.P.

CLINICAL AREA FIGURES—N. GLOS. PLUS CITY OF GLOUCESTER.

TABLE I.

*Number of New Cases of Phthisis and Severity at Time of Diagnosis.*

Year	1949	1950	1951	1952	1953	1954
Total Number	258	254	263	239	244	229
Minimal Cases	31%	30%	20%	20%	18%	20%
Moderately Advanced Cases	50%	52%	69%	68%	67%	66%
Advanced Cases	19%	18%	11%	12%	15%	14%

TABLE II.

*Source of Reference of Cases Analysed in Table I.*

	1949+1950 (512 cases)	1951+1952 (502 cases)	1953+1954 (473 cases)
Cases referred from General Practitioners	54%	43%	41%
Cases discovered by Mass Radiography ...	15%	30%	27%
Cases discovered by Contact Organisation	9%	7%	7%
Cases referred from other sources (Hospital, Forces, In-transfer, etc.)...	22%	20%	25%

We are experiencing a decrease in morbidity from tuberculosis as shown by the very definite fall that is occurring in the total notifications in the City—the average number for the three years 1947–49 being 133, and for the three years 1952–54 being 95, a decrease of 28%. During this time the corresponding mortality rate has fallen approximately 63%.

Notifications of tuberculosis, especially in its non-pulmonary forms, tend to be erratic and a more accurate picture of the decline in morbidity is shown by comparing the numbers of new cases of phthisis. The vast majority of such cases is handled in the Chest Clinic Service as opposed to the non-pulmonary forms. The figures for our own clinical area of North Gloucestershire, including the City of Gloucester, show that between 1949 and 1954 there has been a decrease of only 12%. There is every indication that the decrease in the hard core of the tuberculosis problem, i.e. new cases of phthisis, the majority of whom have had ample opportunity of infecting other people before they are diagnosed, is only going to continue at a very slow rate. There are probably three main factors concerned :—

(a) The large factory communities in this area importing labour from all over the Country to comparatively light skilled employment means a constant influx of tuberculosis on the one hand, and opportunities of disseminating it rather widely on the other. The comparatively high incomes earned by these people means a very real fear of a diagnosis of tuberculosis with reduction of their subsistence to National Assistance levels, and is probably the real explanation of the fact that in recent years the attendance for Mass Radiography examination in the big factories is only about 55%.

(b) A very different problem is that of the remotely rural, ageing man who traditionally ignores his symptoms and does considerable damage to his immediate household and to his grandchildren when they come to visit him.

(c) The third problem, which so far in this Country we have almost completely failed to grapple with, is the chronically infectious case, able to work intermittently in light employment, but too "bad" a chronic to be acceptable for colonisation in a place such as Papworth, even if willing to go. We shall not control the tuberculosis problem until we can effectively prevent this third group from mixing in industrial communities.

The key to the control of tuberculosis in the first group must lie in the further development of our social security schemes, whereby we can alleviate the economic fears of a diagnosis of tuberculosis to the family breadwinner, and make it conditional that the employee is diagnosed (and treated) while his disease is yet minimal by six-monthly or annual Mass Radiography examination, according to the age group. The present expenditure on tuberculosis directly and indirectly is so enormous that it would be well worth while taking some effective step to try and stop secondary cases, especially in working communities. A modified scheme of this type is already in use in one education authority amongst school teachers.

The fall in mortality from tuberculosis in the next few years is unlikely to progress at the same dramatic rate that we have experienced since 1949 with the advent of chemotherapy and increased use of surgical treatment and the opening up of more beds. After five years of chemotherapy we are reaching the stage when a steady mortality rate will occur among severe cases whose lives have been prolonged by modern treatment.

The first table shows that we are not getting a more favourable type of case for treatment as the years go by, the minimal cases remaining stationary at about 20% of our intake.

In 1954 for the first time we experienced, in common with other areas and some other countries, a surplus of sanatorium beds, and at one time had something like between 20 and 30 empty beds. These gradually filled up, and by the end of the year a waiting list had re-accumulated. The maximum number of beds available to us in 1954 was 370 for all forms of tuberculosis, and including children. This represented 150 more beds than were available in 1946.

Between 1946 and 1948 the introduction of the part-time nursing scheme at Standish enabled all available beds to be fully utilised, and a new women's block was built. Since 1948 further beds were made available to us at Cashes Green and at Salterley Grange. It was decided towards the end of 1954 that the chronic beds at Over Hospital should be closed early in 1955, reducing the available beds to 342. Excluding the surgical tuberculosis beds and children's beds, we now have 252 beds for cases of phthisis, which works out at 1.1 beds per new case of phthisis, and appears to be the figure securing a reasonable balance between summer surplus and winter shortage.

There is at the present time a tendency in some quarters to decry the need for sanatorium beds for cases of tuberculosis and to counsel a further reduction. If such a policy were carried out before there is more evidence of a further decline in the incidence of tuberculosis it would, in my opinion, be most misguided. The replacement of the sanatorium by short-term hospital beds and home chemotherapy is a very inadequate substitute. Rest still plays the most vital part in the treatment of tuberculosis and the majority of patients find it difficult to submit themselves to the necessary discipline when on their own at home. Moreover, rest these days does not only mean stopping in bed, but lying, often in a plaster cast, for some months in special positions for postural treatment preparatory to surgery, increasing the need for skilled nursing. We find for very many patients that home conditions are not suitable for prolonged treatment and care, and it is impossible for the District Nurse and the Home Help Service to render the conditions adequate. Once a patient has settled down in sanatorium he or she is far more likely to co-operate, in company with other people, in the treatment. Surgery plays an ever-increasing part in the treatment of pulmonary tuberculosis, but unless there is extremely careful pre- and post-operative management good results are not obtained. This is all apart from considerations of infectivity: it seems most desirable that the infectious case is removed from his home conditions as quickly as possible and not returned until stabilised and non-infectious. 5% to 10% of the adult phthisis beds in the sanatorium are used for accommodation purposes, that is retaining for very long periods patients with chronic tuberculosis who have no satisfactory homes to which to return. Increasing use has been made in recent years of the children's block, which is non-infectious, to provide a long-term stay for conditions other than tuberculosis such as rheumatic fever, asthma, bronchitis, etc., where the child benefits from a very long convalescence and can take advantage of the educational facilities.

#### CONTACT EXAMINATION.

Owing to unsatisfactory reports on the tuberculin jelly test a gradual change over took place during the year to Mantoux testing, which hitherto had been reserved for the pre- and post-B.C.G. vaccination tests. We still occasionally use it when the test is done at home by the Health Visitor, where for some reason or another the mother cannot or will not bring the child to a Clinic for a Mantoux test.

#### *Clinical Area Figures.*

Of the 6,640 total attendances in 1954, 2,545 were examined by Mass Radiography, 813 had hospital x-rays and the remainder of the attendances were concerned with tuberculin testing, B.C.G. vaccination and clinic follow-up.

## CONTACT EXAMINATIONS ARISING OUT OF CITY CASES NOTIFIED IN 1954.

1. *Adults.*

87 in the under-45 age group were called, of whom 72 attended (82%). In the over-45 age group 46 were called, of whom 34 attended (74%). The overall response of adult contacts called for the first time was 79%.

One person was notified as a result of these examinations—a source case.

2. *Children.*

Of 53 children called 6 did not attend at all, 3 are being kept under clinic observation, one was supervised at the clinic for a period but was subsequently discharged to the general practitioner as a healthy contact, and the remaining 43 were healthy.

*Analysis of 43 Healthy Children.*

Age 12-16 Tub. Positive for follow up by M.X.R. ...	...	...	...	6
Tub. negative, at no further risk, for serial Mantoux ...	...	...	...	2
Tub. negative on initial exam. failed further call ...	...	...	...	9
Tub. negative, successfully B.C.G. vaccinated ...	...	...	...	17
Tub. negative, B.C.G. refused, under observation ...	...	...	...	2
Tub. negative, still for B.C.G. vaccination ...	...	...	...	7
				—
				43

*B.C.G. Vaccination.*

44 City children were B.C.G. vaccinated under the contact scheme during 1954.

**Summary of Tuberculosis Notifications 1st January to 31st December, 1954**

	PRIMARY, FORMAL AND SUPPLEMENTARY NOTIFICATIONS													TOTAL (All) Ages
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
Respiratory, Males ...	—	—	—	—	—	1	2	7	8	10	4	3	1	36
Respiratory, Females ...	—	2	—	—	3	1	6	13	2	2	1	—	1	31
Non-Respiratory, Males ...	—	—	—	—	—	1	—	1	—	—	—	—	—	2
Non-Respiratory, Females ...	—	—	—	—	—	—	2	—	—	—	—	—	—	2

**Number of Cases of Tuberculosis remaining on the Register of Notifications on 31st December, 1954**

PULMONARY			NON-PULMONARY			TOTAL CASES
Males	Females	Total	Males	Females	Total	
276	261	537	28	31	59	596

### Notifications, Deaths and Visits Made

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
New Cases ... ..	141	130	136	135	129	88	98	114	102	71
Deaths ... ..	67	61	55	54	27	33	32	19	16	18
Visits made by Health Visitors	890	1004	1111	1545	921	1161	1530	1770	1740	1593

### Bedding and Shelters on Loan to Tuberculosis Cases at 31-12-54

Mattresses ... ..	...	...	...	...	...	...	...	10
Blankets ... ..	...	...	...	...	...	...	...	62
Shelters ... ..	...	...	...	...	...	...	...	2
Bedsteads ... ..	...	...	...	...	...	...	...	7
Sheets ... ..	...	...	...	...	...	...	...	47
Pillows ... ..	...	...	...	...	...	...	...	4

### Extra Nourishment

#### FREE MILK

Number in receipt of free milk at 31-12-53 ... ..	...	...	75
Number in receipt of free milk at 31-12-54 ... ..	...	...	68

### RECUPERATIVE HOLIDAYS

Granted ... ..	...	...	...	...	...	...	18
Not granted ... ..	...	...	...	...	...	...	7

### CHIROPODY SERVICE

#### PERSONS QUALIFIED UNDER THE SCHEME FOR TREATMENT.

All persons in receipt of National Assistance will qualify. The scheme will include persons unable to work who are not aged, but in the main, old folk will largely predominate.

Persons not in receipt of National Assistance in need of chiropody treatment and unable to pay for the service will be assisted if circumstances warrant it.

Treatment will not be arranged unless recommended by the person's doctor, district nurse, health visitor or Red Cross Nursing Auxiliary.

### CHIROPODISTS.

The service will be undertaken by Miss Tighe and Miss Fiddes, qualified chiropodists, of 39, Brunswick Road.

#### *Place of Treatment.*

All treatment will be on the premises of the chiropodists.

#### *Day and Frequency of Sessions.*

Sessions will be on Thursdays at fortnightly intervals.

#### *Numbers at each Session.*

9 patients will be called at intervals for each session of 3 hours, plus one to allow for an absentee.

### FINANCE.

#### *Fees.*

The chiropodists will be paid the recognised chiropody fee of £1 11s. 6d. for a 3-hour session, plus cost of dressings. Payments to be made quarterly. There will be a contract with the chiropodists, terminable by 3 months notice on either side.

#### *Charges to Patients.*

A charge of 2s. 0d. for each period of treatment will be made, but if any patient requires at the outset frequent treatment, a reduced charge may be made. The charge will be collected at time of treatment.

#### *Income.*

The Local Authority, through the Health Department, will make grants to the Voluntary Organisation.

#### *Cost of Scheme.*

The initial net cost will not be very great, viz.:—

Chiropodists sessional fee, including dressings	...	...	2	0	0
Income from patients—9 at 2s. 0d.	...	...	...	18	0
Net cost each session	...	...	...	£1	2 0

An early extension of the scheme is anticipated and if necessary another chiropodist will be engaged to make the sessions weekly. Further extensions will then be made according to demand and income available.

### PUBLICITY.

Publicity will be given with the object of bringing the scheme to the notice of doctors, nurses, etc., and to persons in need of chiropody treatment.

### TREATMENT FOR HOUSE-BOUND PERSONS.

The Gloucester District Nursing Association, through their welfare fund, will continue to provide treatment for house-bound persons and to those persons unable to visit the chiropodists without the aid of private transport.

## Mental Health

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### LUNACY AND MENTAL TREATMENT

It is particularly worthwhile recording the innovation locally of the use of Sections 20 and 21 of the Lunacy Act, 1890, which has been found to be most useful and helpful, even though it places additional responsibility on the Duly Authorised Officer. Once the patient's reluctance to enter hospital has been overcome, many dealt with under these sections (avoiding immediate certification, as it does), are satisfied to stay in hospital as Voluntary patients.

#### ADMISSIONS TO HORTON ROAD AND CONEY HILL HOSPITALS :—

##### (a) CERTIFIED PATIENTS

AGE	MALE	FEMALE	TOTAL
Under 21 ... ..	—	—	—
22-40 ... ..	5	4	9
41-65 ... ..	7	3	10
Over 65 ... ..	2	3	5
Totals ... ..	14	10	24

(b) VOLUNTARY PATIENTS ... .. 90

(c) TEMPORARY PATIENTS ... .. 7

(d) THREE DAY ORDER PATIENTS ... .. 9

(e) MAGISTRATE'S ORDER—14 DAY PATIENTS 8

#### ADMISSIONS TO BARNWOOD HOUSE :—

Certified Patients ... .. Nil

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Other cases investigated but not admitted ... 4

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### MENTAL DEFICIENCY

Patients under supervision in their own homes at 31/12/53 ... ..	57
New cases notified during the year ... ..	8
	65
Removed from register ... ..	2
	63
Patients under supervision in their own homes at 31/12/54 ... ..	63
Number of above Patients attending Cheltenham Occupation Centre ... ..	19
Number of Patients in "Places of Safety" awaiting admission to Institutions ... ..	1
Patients awaiting admission to Institutions ... ..	1

PATIENTS ON LICENCE FROM	<i>Stoke Park Colony</i>		<i>Brentry Colony</i>		<i>Other Colonies</i>	
INSTITUTIONS :	M	F	M	M	F	
Number on Licence 31/12/53	1	1	1	3	1	
" " " 31/12/54	—	2	1	5	—	

PATIENTS IN INSTITUTIONS :	<i>Stoke Park Colony</i>		<i>Brentry Colony</i>		<i>Other Colonies</i>	
	M	F	M	M	F	
Number at 31/12/53 ... ..	30	34	14	5	3	
Total at 31/12/54 ... ..	26	29	10	6	3	

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## Section C.

## Infectious Diseases

## Number of Notifications of Infectious Diseases from 1940 to 1954

DISEASE	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	132	93	367	188	280	171	75	60	172	167	70	55	46	65	68
Diphtheria	419	438	320	309	162	128	99	34	14	2	1	—	1	—	—
Pneumonia	124	94	90	100	71	72	82	84	52	41	52	69	48	67	27
Cerebro-Spinal Fever	7	30	10	3	—	—	2	6	2	3	*	*	*	*	*
Meningococcal Infection	*	*	*	*	*	*	*	*	*	*	1	3	2	1	—
Poliomyelitis or Polio. Encephalitis	2	—	—	—	—	—	—	14	1	4	*	*	4	2	—
"  Paralytic	*	*	*	*	*	*	*	*	*	*	2	—	4	2	—
"  Non-Paralytic	*	*	*	*	*	*	*	*	*	*	1	—	4	3	—
Dysentery	—	—	—	—	7	9	2	2	—	2	—	—	7	10	6
Ophthalmia Neonatorum	12	16	14	11	7	12	5	6	2	2	4	1	2†	2†	1†
Puerperal Pyrexia and Puerperal Fever	13	11	21	27	21	9	15	8	10	10	5	13	21	30	22
Erysipelas	14	15	15	19	21	27	14	21	15	20	20	10	12	6	12
Enteric Fever (including Paratyphoid Fever)	1	1	6	—	3	1	5	—	1	—	*	*	*	*	*
"  or Typhoid Fever	*	*	*	*	*	*	*	*	*	*	—	—	—	—	—
Paratyphoid Fever	*	*	*	*	*	*	*	*	*	*	—	1	1	—	1
Tuberculosis (New Cases) Pulmonary	105	111	94	119	113	121	110	124	119	121	75	85	101	91	67
"  Non-Pulmonary	22	29	21	36	13	20	20	12	16	8	13	13	13	11	4
Measles	996	625	172	1170	133	640	22	863	480	327	1493	607	585	735	814
Whooping Cough	26	326	104	183	52	123	164	162	67	165	243	238	135	130	238
Encephalitis Lethargica	—	—	—	2	—	1	—	—	—	—	*	*	*	*	*
Acute Encephalitis Infective	*	*	*	*	*	*	*	*	*	*	—	1	—	—	—
"  "  Post-Infective	*	*	*	*	*	*	*	*	*	*	—	—	—	—	—
Benign-Tertian Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	1	—	—	37	7	4	4	12

Not Notifiable

\*See different classification.

† Vision unimpaired.

## Suspected Food Poisoning

REPORTS BY DR. K. W. NEWELL.

### Kingsholm Secondary School

### London Road School

### Kingsholm Infants School

*Visited 2nd November with Chief Sanitary Inspector, Gloucester County Borough.*

One canteen supplies the meals to these three schools. Dinner was served on 21st October, 1954 (Thursday) to a total of 312 children in these three schools. One hundred and eighty-eight children and staff had a clinical illness in the following 24 hours.

SCHOOL.	<i>Number affected who attended school the following day.</i>		<i>Number affected who were absent from school the following day.</i>	
	<i>Pupils</i>	<i>Staff</i>	<i>Pupils</i>	<i>Staff</i>
Kingsholm Senior ...	78	9	11	1
Kingsholm Infants ...	25	6	2	1
London Road ...	45	3	7	0
	148	18	20	2

Total number affected : 168 pupils and 20 staff.

The meat course and the custard were common to the three schools. Kingsholm Senior and London Road Schools had steamed College Pudding while the Infants school had Bananas.

A typical illness started 4-6 hours after the meal. The first symptoms were headache, general abdominal pain and diarrhoea which lasted 2-3 days. There was no one who had nausea or vomiting. Five days after the incident the schools broke up for their half-term holiday. During this holiday and later when they returned to school 17 boys complained that they had a recurrence of diarrhoea and abdominal pain which again lasted 2-3 days.

#### THE MEAL.

1. *Beef.* This was delivered to the canteen on Monday, 18th October. It was cooked by steam that morning and was pressed between tins. It was left in the kitchen that night and was put in the storeroom at 8 a.m. on Tuesday. (This room was warmed by hot pipes.) At 3 p.m. on Tuesday it was placed in the refrigerator where it remained until it was carved on Thursday, the 21st October. After carving, it was replaced in the refrigerator until it was distributed.

The preparation and handling was carried out by two canteen workers, Mrs. A. and Mrs. B..

2. *Vegetables*. These were washed and prepared on the same day by several people. They included potatoes, beetroot, tomatoes. Chutney (home made) was also served.
3. *Custard* was made from powder, dried milk, sugar, water. No samples of the ingredients were taken.

Mrs. B. had had no illness or diarrhoea during the 7 days preceding the incident. During the period 14th–21st of October, she could remember no article of food which she had bought to be eaten uncooked except eggs (shell), milk and the proprietary cereals.

Mrs. A. (the Manageress) had had diarrhoea on the Friday, Saturday and Sunday preceding the incident (15th–17th October). She described it as mild and of the type that she gets when she eats prunes. However, she had not eaten prunes and did not think she had had similar diarrhoea in the preceding 3 months. On the first day of her diarrhoea (15th October) she had eaten some cakes bought from a local store.

#### INDIVIDUAL ILLNESSES.

Six boys were interviewed.

1. He ate all the school meal. When he was having tea (6–7 hours after the meal) he had a headache. After tea he had a stomach ache and diarrhoea. He got up 2–3 times during the night to pass loose motions. His diarrhoea continued until Sunday (3 days).

2. He ate all the school meal. One hour later he had abdominal pain which disappeared by the end of school. After tea (6–7 hours after meal) he had diarrhoea which lasted one week. His abdominal pain was present for a short time on Friday morning (20 hours after the meal). He had no headache, nausea or vomiting.

3. He ate all the meal. He developed a headache in bed (8 hours after the meal) and had to get out of bed due to diarrhoea at 4 a.m. on Friday (16 hours after meal). The diarrhoea lasted 48 hours. He did not feel sick and considered his illness a nuisance only.

4. He ate all the meal. Five and a half hours after the meal he had slight abdominal pains and diarrhoea 2 hours later. He passed loose motions twice, before he went to school the following morning. He had abdominal pain later that afternoon but no diarrhoea.

5. Ate all the school meal. There were no abnormal symptoms when he went to bed at 8 p.m. but he awoke at 2 a.m. (14 hours after meal) with abdominal pains which kept him awake until 6 a.m. when he vomited. He ate a normal breakfast and had no other vomiting. Diarrhoea continued for 2 days (3 loose motions per day).

6. He ate all the school meal. Pains started in the abdomen 5½ hours later and there were many bouts of diarrhoea in the following 3 days. He awoke with abdominal pain 15 hours after his meal. Vomiting, nausea and anorexia were absent.

#### BACTERIOLOGY.

1. *Beef*. No lactose fermenting, non motile, non indole forming coliforms were present. *Bact. asiaticum* was found.

2. *Minced Beef*. *Bact. asiaticum*.

3. *College pudding*. Similar bacteriology to the beef.

4. *Other puddings*. No pathogens detected.

Specimens 1, 3 and 4 were retrieved from a dust bin for culture.

An assistant in the Central Kitchen and one school child were found to have *Bact. asiaticum* in their faeces.

Cultures of the faeces of the other canteen workers and 5 children were negative. Mrs. A. is having her faeces re-examined and also the faeces of the other members of her family. Ten of the children with recurrent attacks are having faecal specimens taken. These all proved negative subsequently.

#### SUMMARY.

Three schools supplied by one canteen had a food poisoning outbreak which affected 60% of those who ate the meal. The illness was one of abdominal pain starting 4-6 hours after the meal and followed by diarrhoea lasting 2-3 days. Seventeen children had a similar illness 7 days later.

The possible food vehicles were custard or beef. The beef was prepared 4 days before the meal and kept for some time in a warm room. The canteen worker who prepared the meal had had diarrhoea illness 3 days before the preparation took place.

The illness was of a *Cl. welchii* type but the bacteriological findings were inconclusive.

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### Family Outbreak in the G. Family

*Visited 2nd November with the Chief Sanitary Inspector, Gloucester County Borough.*

The G— family live on a Council estate. Mr. G. is a skilled workman and the house is pleasant and well cared for.

Four members of the family were affected.

(a) Baby G., age 4 months. Green motions about 20th September. Found to have *Salmonella typhi-murium* Type Ia when symptomless on 28th September.

(b) Mr. G. (father). Pains in the abdomen and an acute diarrhoeal illness on the 27th September. *Salm. typhi-murium* Type Ia, 28th September.

(c) Mrs. G. (mother) found to be a symptomless excreter of the same organism on the 28th September.

(d) Mr. G. (grandfather) similar to Mrs. G.

There were no other members of the household.

Mr. G. (the father) works in a local factory and has a canteen meal at mid-day. He can remember no details of the food that he ate. None of his friends have been ill and the factory manager knows of no increase in absenteeism in September.

Mrs. G. can remember no details of the food she cooked for her household from the 20th-27th September, she knows that she has "faggots" (a cake of pig's liver and lungs) often. She bought no cakes.

The whole family attended an engagement party on the 25th September, but had only drinks and biscuits.

There were no animals in the household.

#### SUMMARY.

An outbreak affected 4/4 members of a family. Two members were clinical cases and 2 symptomless excreters. The organism was *Salm. typhi-murium* Type Ia. No food vehicle was implicated.

## Section D.

### National Assistance Act, 1948. The Blind Persons Act, 1938.

#### Total Blind Population 1954.

TABLE I.

AGE PERIODS									TOTAL
0-1	1-4	5-15	16-20	21-39	40-49	50-64	65-69	Over 70	
—	—	3	—	7	14	32	13	67	136

TABLE II.

#### AGES AT WHICH BLINDNESS OCCURRED.

0-1	1-4	5-10	11-20	21-30	31-39	40-49	50-59	60-69	Over 70
16	5	5	2	8	11	14	22	14	39

#### RETROLENTAL FIBROPLASIA.

No new case was notified under this heading during the year.

The Home Teacher of the Blind reports as follows :

“1954 was an extremely busy year for the home teacher of the blind. Never during the past fourteen years had it been more difficult to fit in the many and varied duties or to decide what could safely wait until to-morrow or next week without causing undue hardship or inconvenience to the persons concerned.

As revealed by records, the blind register was very active. At times the number of names thereon exceeded 140. The partially-sighted register, however, remained more or less stationary.

At the end of the year there were 136 registered blind persons—63 males and 73 females. Of these, 80 were over the age of 65. There were three children in the 5-15 age groups—a boy of five at the School for the Blind, Westbury-on-Trym, a 15-year old

girl at the Royal Normal College, and a boy aged 13 with multiple defects at the Stoke Park Colony. There were 35 physically defective, mentally defective, and hard-of-hearing cases, and in addition, 3 completely deaf-blind persons whose only means of communication was the Deaf-Blind-Manual.

Extended opportunities for the disabled enabled 22 of our people to engage in the following full-time occupations: 2 Basketmakers (one a home worker under the Bristol scheme), 1 Carpenter, 1 Typist, 1 Shopkeeper, 1 Tea Agent, 8 Factory Workers, 1 Machine Knitter, 3 Labourers, 1 Physiotherapist, 1 Porter, and 2 employed in the following open employment—1 Bank Guard and Messenger, 1 Air Ministry Training Officer. The names of 24 blind, and 4 partially blind persons appeared on the Ministry of Labour's register of Disabled Persons under the 1944 D.P. Act. Two men attended the rehabilitation centre at Torquay and derived the greatest benefit. They are now employed in open industry. In addition to those already mentioned, there are, of course, busy housewives and others engaged in pass-time handicraft work.

Approximately 1,800 blind welfare visits were paid during the year, and some form of advice, assistance, or instruction given on practically every occasion. The detailed work of rehabilitation and adjustment to blindness among the elderly and newly-blind presented many problems, but with the co-operation of the persons concerned many difficulties were overcome. More lessons were given in embossed types, and a number of elderly persons were anxious to learn simple handwork. Where practicable, pupils were encouraged to attend Wednesday afternoon classes. This was often made possible through the excellent transport service provided by the Health Committee. Experience has shown that handicapped people generally enjoy working in small groups rather than individually at home. Besides, there are often difficulties when teaching pupils at home—tradesmen and other callers, grandchildren needing attention, neighbours borrowing, pots boiling on the gas stove, etc., etc.—all tend to take the pupil's attention and waste the home Teacher's time.

Occupational classes have been held on Tuesday and Wednesday afternoons. Tuesday classes for basketry and cane work have been thoroughly enjoyed. The number of pupils had to be restricted to seven, but even this small number was, at times, difficult to manage single-handed. It is interesting to note that there has never been an accident caused by the use of basketmakers' tools. Even the sharp knife was used by totally blind pupils with confidence after careful instruction. It was sometimes amusing to hear pupils use the technical terms applied to basketmaking such as Three-Rod Wale, Slew, Back-Track, etc. The larger class, on Wednesdays, was primarily for older and infirm blind people. Nevertheless, articles produced were on the whole saleable though seldom of exhibition standard. It was, of course, impossible for me to give sufficient individual attention or to teach more advanced crafts. Voluntary helpers were most reliable and real friends. It may not be out of place to mention here that one voluntary helper ran a most successful Christmas Savings Club for pupils attending classes. This helper ran her club independently and, at the end of the year paid 1s. 6d. interest on every £ saved by blind persons.

The Michaelmas Fayre organised by a Committee of Toc H enabled us to dispose of £15 worth of articles, and £17 5s. was raised at our sale of work in November.

Several of our people won prizes in the handicraft section of the Bristol Show for Blind Gardeners. Owing to the fact that so many outing and social functions had been arranged for the summer months (I regret that time and space do not permit me to give details of these) only a small party from Gloucester visited the Show, but a very enjoyable day was spent.

Successful occupational activity enabled part of the cost of a New Year's party and of a Summer outing to Leamington Spa to be met from the handicraft account. The outing on 9th June was very enjoyable in spite of poor weather. The outward journey

was broken for a picnic lunch at Stratford-upon-Avon, and high tea was served at a Leamington café, after which a party of blind people visited the training school for Guide Dogs, while a group of helpers were entertained at the Sunshine Home for Blind Babies. The return journey was broken at Evesham.

The small holiday home at Clevedon, "The Hall" at Burnham-on-Sea, the Kathleen Chambers Home for the Deaf-Blind, the "Glynn Vivian" Home, Swansea, and "Orton Rigg", Bournemouth, helped to meet holiday needs. Eight were sent away and, except in two instances, the cost was met by the Health Committee.

The Talking Book machine provided by the Health Committee gave much pleasure to several sick and elderly blind persons. It is sad, however, to have to take the machine from a listener when her list has expired. The Talking Book Library service is excellent. There are six privately-owned machines in the city.

As a result of a successful "Wireless for the Blind" appeal, eight new sets came to Gloucester, enabling all reasonable requirements to be met. It was good to see some of the old and inferior "Magnum" receivers disappear from use and replaced by up-to-date models. At the end of the year under review, eight blind persons owned television sets. With regard to wireless licences, there is complete co-operation between ourselves and the wireless telegraphy department of the G.P.O. The cost of wireless repairs and maintenance is met from voluntary funds.

The Refresher Course, arranged by the Western Regional Association for the Blind, and held at the Bristol Workshops, was very helpful and interesting. Instruction was given in Basketmaking from natural rushes, etc. Talks were on: Mobility of the Aged Blind; Approach to the Partially-Sighted; Education of Blind, and of Partially-Sighted Children; Circular 32/51; Care and Correct Use of Talking Book Machines.

During the year, a small group of voluntary workers (perhaps only known as such to the home teacher) not only acted as sick visitors, but gave practical assistance to a number of blind people. This help was given regularly, naturally, and always to the same people. There was no organising or formality. Blind people, particularly those who live alone, need real practical help, *not just visiting*.

The National Deaf-Blind Helpers' League were most helpful, and never failed to co-operate in every possible way.

Through the kindness of Mrs. Tom Voyce, a Christmas Party was arranged for those able to leave their homes, and a parcel taken to the sick and house bound.

Outside the statutory blind welfare work, a group of blind people with helpers and friends formed a social club in 1953. This club (known as the "Coffee Club" has been very successful in providing entertainment to meet the needs of the elderly and unemployed (generally speaking). It is hoped, however, to extend activities to attract the younger and employed people who sometimes suffer from a kind of loneliness not easily described, and not always apparent to those not closely associated with this kind of work.

Words are inadequate to express the appreciation felt for Palmers Hall, with sufficient comfort, heating, and kitchen facilities, etc., and in particular for the sense of freedom which is so essential in work for the handicapped. The home teacher of the blind knows how little rehabilitation work can be done where there is a feeling of strain produced by over-organisation.

On behalf of blind people, I would acknowledge the valuable help given by societies and charitable organisations including the Royal Blind Pension Society, Blind Man's Friend, Musicians' Benevolent Society.

This little report would be incomplete without an expression of gratitude for the help and co-operation of National, Regional, and Voluntary organisations, and of individuals (too numerous to name) whose assistance plays so great a part in the daily work of the home teacher.

Above all, may I express sincere thanks to Dr. Cookson for help and advice whenever problems arise, and to Mr. Harvey and all members of the staff who are always so ready to be helpful."

### *The Coffee Club.*

W. A. Brown, Esq., Chairman of the above-mentioned Club reports as follows:—

"Having regard to the progress of the "Coffee Club" I am now able to report to you on a full year's working. In the main, the general consensus of opinion is, that much pleasure, and entertainment has been derived from the formation of the Club.

I can in particular report, the perfect harmony of my Committee, which is so often very rare.

During the past year, talks, lectures, concerts, films, evening outings, and a whole day's summer outing has been arranged, and greatly enjoyed by the members.

Amongst our distinguished visitors who have given talks can be named such persons as: Miss Joan Gilbert, Mr. Peter Scott, Miss F. E. Jackson, Ald. T. Hannam-Clark and Mr. L. O. Need, whilst on the social side, such concert parties as the Black & White concert party, Mr. Arthur Hitchens and his friends including Mr. Farleigh Price, and other well-known artistes, also Mr. Percy Underwood and his friends have all entertained, whilst the Gloucester Aircraft Concerts have been the high lights of the year.

Whist and Dominoes have been taught to a number of the members, which together with other games has varied the meetings. In addition, a Drama Group has been formed, and it is hoped in the near future to produce a play (without scenery) under the direction of Mrs. V. Green and Miss Joan Russell, both of the local amateur company.

It has all taken much work, but I feel that it is worth it, and feel sure that you will agree that we are proceeding along the right lines.

It is hoped later to introduce other interests, but one must proceed carefully where handicapped persons are concerned, as it would be very unwise to overload their capacity. So, next year, we hope to go forward to bigger and even better things."

### NATIONAL ASSISTANCE ACT, SECTIONS 29-31.

#### *Deaf.*

The City Council continued to make an Annual Grant to the Gloucester Diocesan Association for the Deaf, whose work for the County and City is centred at 7 St. Mary's Square, Gloucester. The Missioner is Mr. Ross.

### SECTION 47.

In 1954 it was not necessary to invoke Section 47 for the compulsory removal of persons from their own homes who were unable to look after themselves, and send them to an institution.

## Section E.

### Sanitary Circumstances of the Area

I give below a report from the Chief Sanitary Inspector :

“ I beg to report on the work carried out by the Sanitary Inspectors during the year 1954.

The two outstanding features of the year were the decontrol of slaughtering and the commencement of the slum clearance survey.

The decontrol of slaughtering on the repeal of the Livestock (Restriction on Slaughtering) Order, 1947, brought five private slaughterhouses into use in the City compared with the sixteen in use before the war. The change-over worked very smoothly, thanks to the goodwill and co-operation of the City butchers. The work of the Inspectors was increased, not because of any increase in the number of animals to be inspected, but because five slaughterhouses have to be visited instead of the one used by the Ministry of Food. Every effort is made to secure 100% inspection of all the animals slaughtered though this entails late evening work and Sunday work for the Inspectors. It is pleasing to record that all the Inspectors have carried out this important work cheerfully and conscientiously. The butchers fully realise their responsibilities in providing a safe meat supply and assist the Inspectors considerably with their observance of both the letter and the spirit of the relevant regulations.

I am not going to pretend that all is well with the meat inspection service in this City. As I have said, the Inspectors are conscientious and hard-working, the butchers co-operative and understanding, but a public abattoir in the City would ensure even more efficient meat inspection, improved slaughtering hygiene and more humane slaughtering. Too much stress should not be laid on the economic aspect of a public abattoir although I am of the opinion that one could, and should, function in Gloucester with no charge on the rates. An efficient public abattoir is essentially a public health service and the benefit to the public generally of a safe, clean meat supply cannot be assessed in terms of £ s. d.

The preliminary slum clearance survey made steady progress and will be completed well before the date—30th August, 1955—required by the Minister of Housing and Local Government under the Housing Repairs and Rents Act, 1954. For this work we enlisted the aid of two retired Sanitary Inspectors (Messrs. E. Newbould and O. M. Hale) whose experience in housing matters were of great value.

On 1st October, Gloucester became a specified area in accordance with the provisions of the Milk (Special Designations) (Specified Areas) (No. 2) Order, 1954, which means that from that date all milk sold in the City by retail must be a specially designated milk (Pasteurised, Sterilised or Tuberculin Tested). No longer will the housewife receive her milk ladled out from a churn into any receptacle which she cares to prepare for her milkman, bottled milk now being the rule. The glass bottle as a container for milk has certain disadvantages especially the one of glass splinters. This is a real headache for the milk distributor and the only solution appears to be the development of plastic non-returnable containers, but the additional cost of the plastic containers is the main stumbling block at the moment.

During the year Mr. D. H. Francis left us to take up a post at Llanelly and he was replaced by Mr. G. W. Alexander of Edmonton.”

The following is a summary of the inspections made during the year 1954.

#### PUBLIC HEALTH ACT.

Dwelling Houses — on complaint	...	...	...	...	...	644
Moveable Dwellings	...	...	...	...	...	81
Offensive Trades	...	...	...	...	...	18
Workplaces	...	...	...	...	...	2
Schools	...	...	...	...	...	5
Smoke Observations	...	...	...	...	...	89
Stables and Piggeries	...	...	...	...	...	22
Theatres, Cinemas, Fairs, etc.	...	...	...	...	...	6
Public Sanitary Conveniences	...	...	...	...	...	323
Common Lodging Houses	...	...	...	...	...	16
Verminous Premises	...	...	...	...	...	35
Drain Tests	...	...	...	...	...	46
Re-Visits	...	...	...	...	...	1779
Work in Progress	...	...	...	...	...	337

#### HOUSING ACT.

Houses Inspected	...	...	...	...	...	552
Basement Dwellings	...	...	...	...	...	—
Houses Let in Lodgings	...	...	...	...	...	—
Overcrowding	...	...	...	...	...	19
Re-Visits	...	...	...	...	...	491

#### FOOD AND DRUGS ACT.

Bakehouses	...	...	...	...	...	69
Dairies	...	...	...	...	...	117
Ice Cream Premises	...	...	...	...	...	134
Restaurants, Cafes, Kitchens, etc.	...	...	...	...	...	120
Hotels and Beer Houses	...	...	...	...	...	39
Fish Shops and Fish Friers	...	...	...	...	...	45
Markets and Food Stalls	...	...	...	...	...	44
Food Preparation and Storage Premises	...	...	...	...	...	156
Butchers Shops	...	...	...	...	...	203
Food Shops	...	...	...	...	...	359
Food Vehicles	...	...	...	...	...	26
Samples — Bacteriological	...	...	...	...	...	103
Biological	...	...	...	...	...	12
Food and Drugs Samples — Formal	...	...	...	...	...	24
Informal	...	...	...	...	...	25
Water Samples	...	...	...	...	...	1

#### FACTORIES ACT.

Factories Power	...	...	...	...	...	136
Non-Power	...	...	...	...	...	6
Outworkers	...	...	...	...	...	1

## PORT HEALTH.

Vessels — Foreign Going	...	...	...	...	106
Coastwise	...	...	...	...	44
Canal Boats	...	...	...	...	10
Rodent Control	...	...	...	...	7

## OTHER.

Shops Act	...	...	...	...	2
Pet Animals Act	...	...	...	...	6
Rag Flock Act	...	...	...	...	—
Rodent Control — Dwelling Houses	...	...	...	...	63
Business Premises	...	...	...	...	42
Others	...	...	...	...	12
Noise Nuisances	...	...	...	...	7
Infectious Disease Inquiries	...	...	...	...	20
Food Poisoning Inquiries	...	...	...	...	59
Slaughterhouses	...	...	...	...	1574
Miscellaneous	...	...	...	...	904

The following is a summary of the notices served and complied with during 1954 (together with outstanding notices complied with).

	Served	Complied with
Informal	394	322
Statutory, Public Health Act	28	21
„ Housing Act	—	—
Factories, Power	9	8
Factories, Non-Power	1	1
Other Premises	18	13
Gloucester Corporation Act	27	27

### HOUSING—1954

## DEMOLITION AND CLOSING ORDERS.

	Number of Houses	Persons displaced
(1) Housing Act, 1936.		
(a) Houses demolished as a result of formal or informal procedure under Section 11	8	24
(b) Houses closed in pursuance of an undertaking given by the owners under Section 11 and still in force	—	—
(c) Parts of buildings closed (Section 12)...	—	—
(2) Housing Act, 1949.		
(a) Closing Orders made under Section 3 (1)	Nil	Nil
(b) Demolition Orders determined and Closing Orders substituted under Section 3 (2)	Nil	Nil

## REPAIRS.

Housing Act, 1936.

Number of houses made fit after service of formal notices (Section 9, 10 and 16).

(a) by owners	...	...	...	...	...	1
(b) by local authority in default of owners	...	...	...	...	...	Nil

## HOUSING ACT, 1936—OVERCROWDING.

(a) Number of Corporation dwellings Inspected...	...	...	...	...	1
Overcrowded	...	...	...	...	1
(b) Number of privately-owned dwellings—Inspected...	...	...	...	...	8
Overcrowded	...	...	...	...	5

The overcrowded houses were referred to the Housing Manager.

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**VERMINOUS PREMISES**

Number of Council-owned houses disinfested	...	...	...	...	...	} 64
Number of privately-owned houses disinfested	...	...	...	...	...	

All disinfestations were carried out with D.D.T. or B.H.C. compounds.

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**OFFENSIVE TRADES**

The following Offensive Trades were carried on in the City at the end of the year:—

Dealers in rags, bones and rabbit skins	...	...	...	...	...	2
Dealers in hides, skins, etc.	...	...	...	...	...	1
Tripe Boilers	...	...	...	...	...	1
Tallow and Fat Melters	...	...	...	...	...	1
Number of Inspections made of above premises	...	...	...	...	...	18

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**COMMON LODGING-HOUSES**

No on register	...	...	...	...	...	3
No. of rooms registered for sleeping	...	...	...	...	...	24
Permitted number of lodgers	...	...	...	...	...	131
No. of Inspections	...	...	...	...	...	16

## RODENT CONTROL

### TYPES OF PROPERTY.

	Local Authority	Dwelling Houses	Agr.	All Other (including business) Premises	TOTAL
Number of Properties inspected as a result of :—					
(a) Notification ... ..	32	210	5	102	349
(b) Survey or otherwise ...	53	654	2	518	1227
Number of properties inspected which were found to be infested by rats ... ..	9	122	2	103	236
Number of properties inspected which were found to be seriously infested by mice ...	13	68	—	59	140

## FACTORIES ACT, 1937.

### PART I OF THE ACT.

#### 1.—INSPECTIONS for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority ... ..	62	6	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	311	136	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	—	—	—
TOTAL ... ..	376	142	—	—

## 2.—CASES IN WHICH DEFECTS WERE FOUND.

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 (S.1) ...	—	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	6	5	—	—	—
(b) Unsuitable or defective	6	5	—	—	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	1	1	—	—	—
<b>TOTAL</b> ...	<b>14</b>	<b>12</b>	<b>—</b>	<b>—</b>	<b>—</b>

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**OUTWORK.**


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**PART VIII OF THE ACT (Sections 110 and 111).**

Nature of Work	Section 110			Section 111		Prosecutions
	No. of out-workers in August list required by Sect. 110 (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	
Wearing apparel						
Making, etc. ...	17	—	—	—	—	—
Cleaning and washing ...	—	—	—	—	—	—
<b>TOTAL</b> ...	<b>17</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

## Section F.

## Inspection and Supervision of Food

<i>Type of Premises.</i>							<i>Number</i>
REGISTERED OR LICENSED FOOD PREMISES.							
Dairies	...	...	...	...	...	...	11
Distributors of Milk	...	...	...	...	...	...	58
<i>Tuberculin Tested Milk.</i>							
Dealers' Licences	...	...	...	...	...	...	47
Supplementary Licences	...	...	...	...	...	...	5
<i>Pasteurised Milk.</i>							
Pasteurisers' Licences	...	...	...	...	...	...	2
Dealers' Licences	...	...	...	...	...	...	54
Supplementary Licences	...	...	...	...	...	...	4
<i>Ice Cream.</i>							
Manufacturers — Hot Mix	...	...	...	...	...	...	5
Cold Mix	...	...	...	...	...	...	3
Vendors	...	...	...	...	...	...	185
<i>Preserved Meat</i>	...	...	...	...	...	...	33
<i>Butter Factories and Margarine</i>							
Wholesale Dealers	...	...	...	...	...	...	12
OTHER FOOD PREMISES.							
Bakehouses	...	...	...	...	...	...	28
Butchers' Shops	...	...	...	...	...	...	73
Cafes, Restaurants and Canteens	...	...	...	...	...	...	83
Wet and Fried Fish Shops	...	...	...	...	...	...	43
General Food Shops	...	...	...	...	...	...	302
Public Houses	...	...	...	...	...	...	124
Wholesale Premises	...	...	...	...	...	...	7
Food Factories	...	...	...	...	...	...	11

THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949 and THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

The results of samples of milk taken under the above regulations were as follows :—

DESIGNATION	Methylene Blue Test		Phosphatase Test		Biological Examinations (for Tuberculosis)	
	Satisfactory	Un-satisfactory	Satisfactory	Un-satisfactory	Positive	Negative
Tuberculin Tested ...	8	—	—	—	—	8
Tuberculin Tested (Pasteurised) ...	7	—	7	—	—	—
Pasteurised ...	55	—	55	—	—	—
Non-designated ...	—	—	—	—	—	2
TOTAL ...	70	—	62	—	—	10

## THE ICE CREAM (HEAT TREATMENT ETC.) REGULATIONS.

No. of samples of Ice-cream submitted for bacteriological examination ... ..	15
Results of Samples :—	
Grade 1 ...	10
Grade 2 ...	5
Grade 3 ...	—
Grade 4 ...	—

## CARCASSES INSPECTED AND CONDEMNED DURING THE YEAR 1954.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed and inspected ... ..	2623	456	1917	11679	4563
<i>All Diseases except Tuberculosis.</i>					
Whole Carcasses condemned ... ..	1	3	27	25	17
Carcasses of which some part or organ was condemned ... ..	722	200	12	549	126
Percentage of the number inspected affected with disease other than Tuberculosis ... ..	27.5	44.5	2.0	4.9	3.1
<i>Tuberculosis only.</i>					
Whole carcasses condemned ... ..	2	4	1	—	3
Carcasses of which some part or organ was condemned ... ..	145	64	1	9	70
Percentage of the number inspected affected with Tuberculosis ...	5.6	14.9	—	—	1.1

## TOTAL WEIGHT OF UNSOUND FOOD DEALT WITH

	Tons.	Cwts.	Qrs.	Lb.
Meat and Offals ... ..	15	10	—	14
Other Foods ... ..	4	9	—	26
	19	19	1	12

## DISPOSAL OF UNSOUND FOOD

All unsound meat was disposed of within the City, being converted into fertiliser, etc., by a process of steam sterilisation. All other unsound foods were disposed of by burial on the Corporation's controlled refuse tip.

### SLAUGHTER-HOUSES

No. of Licensed Slaughterhouses in the City—	...	5
No. of visits to Slaughterhouses for inspection of Carcases	... ..	1574

### FOOD AND DRUGS ACT, 1938.

The number of samples taken for analysis during the year was as follows :—

Year	Number taken	Genuine		Adulterated	
		Formal	Informal	Formal	Informal
1954	46	21	23	—	2

### Adulterated Samples

FORMAL

NIL

INFORMAL

SAMPLE No.	SAMPLE.	ANALYST'S REPORT.
1101A ...	Sweet cigarettes ...	Contained excess starch.
1102A ...	Winter mixture sweets ...	Contained excess starch and excess copper compounds.

### FOOD POISONING

Total number of outbreaks	...	...	...		3
Number of cases	...	...	...	...	196
Number of deaths	...	...	...	...	Nil
Organisms responsible	...	...	...	...	None identified
Foods involved	...	...	...	} 1 case—Beef } 2 cases—Not identified	

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### PROSECUTIONS

#### FOOD AND DRUGS ACT, 1938

Glass in bottle of milk	...	...	...		Fined £10
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## Section G.

### Port Health

#### SECTION I — STAFF.

No change.

#### SECTION II—AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR.

TABLE B.

Ships from	Number	Tonnage	Number inspected		Number of ships reported as having or having had during the voyage infectious disease on board
			By the Medical Officer of Health	By the Sanitary Inspector	
Foreign Ports	134	65,997	1	133	—
Coastwise ...	3,802	323,993	—	44	—
TOTAL ...	3,936	389,990	1	177	—

#### SECTION III—CHARACTER OF SHIPPING AND TRADE DURING THE YEAR.

TABLE C.

Passenger Traffic ...	Number of passengers inward	—	5
	... Number of passengers outwards	—	Nil
Cargo Traffic	{ Principal Imports—Petrol, timber, grain. Principal Exports—Nil.		

Principal Ports from which ships arrive—Canada, Germany, Baltic Countries, France and Russia.

**SECTION IV—INLAND BARGE TRAFFIC.**

The main traffic is with petrol, timber and grain to Worcester and Stourport

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**SECTION V—WATER SUPPLY.**

No change

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**SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1952.**

No change.

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**SECTION VII—SMALLPOX.**

Cases of smallpox would be taken to the Bristol Smallpox Hospital.

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**SECTION VIII—VENEREAL DISEASES.**

No change.

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**SECTION IX—CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS.**

Nil.

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**SECTION X—OBSERVATIONS ON THE OCCURRENCE OF MALARIA ON SHIPS.**

Nil.

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**SECTION XI—MEASURES TAKEN AGAINST SHIPS WITH OR SUSPECTED OF PLAGUE.**

Nil.

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## SECTION XII—MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS.

Ships and warehouses in Gloucester Docks and ships in Sharpness Docks are kept under the supervision of the City Pests Officer.

Bacteriological and pathological examination of rodents is carried out at the Gloucestershire Royal Hospital (Royal Infirmary).

*Rodents destroyed in the year from foreign ports.* TABLE E.

Category	Number
Black rats ... ..	4
Brown rats ... ..	4
Species not known ... ..	—
Sent for examination ... ..	—
Infected with plague ... ..	—

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.

TABLE F.

No. of Deratting Certificates issued					Number of Deratting Exemption Certificates issued	Total Certificates issued
After Fumigation with		After trapping	After poisoning	Total		
HCN	Other Fumigant (state method)					
1	2	3	4	5	6	7
Nil	Nil	Nil	Nil	Nil	13	13

## SECTION XIII—INSPECTION OF SHIPS FOR NUISANCES. TABLE G.

*Inspections and Notices.*

Nature and number of inspections					Notices served		Result of serving Notice
					Statutory	Others	
British	...	...	...	63	—	—	
Foreign	...	...	...	115	—	—	
TOTAL	...	...	...	178	—	—	

### Public Health Act, 1936, Part X—Canal Boats

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1.	(a) Number of Canal Boats inspected	...	...	3
	(b) Number of inspections made	...	...	10
2.	Number of occupants using Canal Boats :—		<i>Male</i>	<i>Female</i>
	Adults	...	4	2
	Children under five	...	—	—
	Children over five	...	1	1
3.	Number of infringements of the Public Health Act and Canal Boats Regulations	...	...	—
4.	Number of legal proceedings taken during the year	...	...	—
5.	Number of Notices served during the year	...	...	—
6.	Number of cases of infectious disease during the year	...	...	—
7.	Number of new registrations during the year	...	...	—
8.	Number of Canal Boats on register at end of year	...	...	12

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## Section H.

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### MEDICAL EXAMINATIONS OF CORPORATION EMPLOYEES

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Entrants for Training Colleges	...	...	...	...	8
Fire Brigade	...	...	...	...	9
Education Department	...	...	...	...	20
Welfare Department	...	...	...	...	7
Health Department	...	...	...	...	8
City Surveyor's Department...	...	...	...	...	13
City Architect's Department	...	...	...	...	14
City Treasurer's Department	...	...	...	...	4
Town Clerk's Department	...	...	...	...	3
Housing Department	...	...	...	...	4
Children's Department	...	...	...	...	1
Public Library	...	...	...	...	2
City Museums	...	...	...	...	1
Other Authorities	...	...	...	...	3
Weights and Measures Department...	...	...	...	...	1
Taxation Department	...	...	...	...	1
TOTAL EXAMINATIONS	...	...	...	...	99

## Appendix

Issued from the Office of the Ministry of Health, Saville Row, W.1.

### The Gloucester County Borough Sterile Syringe Service for Domiciliary Nursing and Midwifery

C. Cookson, M.D., D.P.H.

Medical Officer of Health and School Medical Officer,  
County Borough of Gloucester

#### INTRODUCTION

The reconstruction of an old building, for long used as a medical dispensary and since 1948 as a health centre, provided an opportunity for making a new pharmacy and additional accommodation for doing "sterile" work. It had not been practicable to institute a sterile syringe service before, though it had been contemplated.

Through the courtesy of Dr. A. J. B. Griffin I was allowed to see the service he had instituted in operation in Worcester County Borough. The sterilising of syringes there is done at the Worcester Royal Infirmary, and, again through the good offices of Dr. Griffin, the pharmacist from the health centre that was being reconstructed was enabled to spend a day at that infirmary.

As conditions in different areas vary considerably, it is as well to describe the conditions which had to be met in Gloucester County Borough in starting this service.

Gloucester's population is 66,400, and to meet its obligations for home nursing and domiciliary midwifery, its Health Committee contracts with the local Gloucester District Nursing Society to provide the nursing staff. The Society also provides one nurse from approximately 8-11 o'clock nightly on "late evening injection service" for the assistance of general practitioners.

The Society is a training school for (Queen's) district nurses, and in conjunction with the maternity hospital, for Part II midwifery, also.

The local Hospital Management Committee has continued a practice begun before 1948 by the Health Committee, of contracting with the same District Nursing Society to provide staff for the fifty bed maternity hospital.

The home nursing and domiciliary midwifery services, therefore, always have students attached to them, though of course these students are already State Registered Nurses.

It should be added that the Health Committee employs a nurse to attend at one health centre during the hours of the doctors' surgeries. It is hoped to appoint a nurse at the other centre, and to extend the sterile syringe service to her, and to the doctors at both centres in due course.

Finally, in considering the need for the Service, the ante-natal clinics were included. These clinics undertake all ante-natal work for the maternity hospital, as well as domiciliary midwifery.

#### STAFF FOR WHOM THE SERVICE IS SUPPLIED

Home nurses, day staff ... ..	17, including 8 students
" " night staff... ..	2
Domiciliary midwives ... ..	15, including 8 students
Late evening service ... ..	1
Nurses at health centre ... ..	1
Ante-natal clinics ... ..	(see below)

Syringes for the first four groups in the above table are delivered in bulk to the Society's home; a separate bulk supply is sent to the ante-natal clinic. The nurse at the health centre gets hers on the spot.

#### TRANSPORT OF SYRINGES

1. *Four bulk containers* were specially made in which the syringes stand vertically in a perforated tray. The lid fits down with slight pressure to hold the contents firm.

The perforated tray can be made to suit any requirement ; ours are made to carry 76 assorted sizes.

2. *Nurses' carriers.* As bags carried by home nurses are already full of necessary equipment, special metal containers were made, shaped to fit alongside the bag and fastened to it. Each holds  $6 \times 2$  c.c. and  $3 \times 5$  c.c. syringes, which stand vertically, and on lifting the lid a syringe in its container is easily removed, and replaced.

#### NUMBER OF SYRINGES

It was originally estimated that a home nurse might need to refill her carrier say for her afternoon round. In practice one carrier full has proved ample for a whole day, in fact it has seldom been necessary to use that number.

A domiciliary midwife takes  $2 \times 2$  c.c. and  $1 \times 5$  c.c. similarly.

The nurse on duty for the late evening service takes usually  $6 \times 2$  c.c. and  $3 \times 5$  c.c. syringes, though occasionally she requires more.

The nurse at the health centre takes as required from the central stock. Her requirements seem to be much the same as a home nurse.

Ante-natal clinic requirements are almost solely for taking samples of blood, and approximately  $40 \times 5$  c.c. and  $3 \times 10$  c.c. are used during a week.

Once a syringe has been taken from the bulk supply container and carried round by a nurse in her carrier, she is instructed to discard it at the end of the day, even if unused, for re-sterilization.

Nurses' requirements vary from day to day, for various reasons, and it is impossible to calculate accurately the stock of syringes required. In fact, on few days are all the nurses using syringes. The same considerations apply to the sizes of needles required for particular syringes. In practice it has been found that a "float" of approximately 200 syringes is adequate, of these 4 are 10 c.c.; 80 are 5 c.c. and the remainder 2 c.c.

#### TYPE OF SYRINGES

Luer fitting syringes are used throughout.

All-glass syringes have proved unsuccessful, as the needles tend to fall off in transport. It is suggested that the different rates of cooling of metal and glass made a firm fitting difficult, especially as the syringes are carried in a vertical position in a carrier on the back of the nurse's bicycle.

All-glass syringes, but with metal nozzles, are used, though trials are being made with nylon syringes.

#### SYRINGE CASES

Each syringe (with needle) is sterilized and carried in an aluminium cylinder. A plug of cotton wool is placed under the cap, both to act as a buffer and for use at a sterile swab later.

The caps are of different colours for ease of distribution to different staffs.

#### EQUIPMENT

1 autoclave having two removable trays. One tray is perforated to take 10 or 5 c.c. syringes, the other 2 or (if required) 1 c.c.

1 drying cupboard.

3 wooden stands for drying barrels, similar to test tube stands.

2 shallow enamelled iron washing trays.

6 yards narrow rubber tubing.

1 electrically driven needle sharpener.

#### METHOD OF STERILIZATION

1. The syringes are taken apart and placed in a bath of a 1 per cent. solution of lysol and left there for 30 minutes.

2. To remove traces of the lysol they are then placed for 10 minutes in an inclined tray through which there is a constant flow of cold water.

3. They are then washed in a warm solution of a soapless detergent. The washing is carried out by hand, using a good quality tube brush.

4. The syringes are then returned to the inclined bath of cold water and completely freed from the detergent.

5. The barrels are rinsed in distilled water and placed on a stand in an inverted position, freeing them of most of the traces of water. The plungers, treated likewise, are placed in a glass cloth and wiped comparatively dry.

6. The barrels and plungers are then rinsed in dry acetone, using a stand designed for the purpose, and then placed in a drying cupboard and left to dry.

7. The needles are similarly placed in the lysol bath; later taken out freed from the lysol by running water, and then subjected to a boiling solution of the detergent. Freed of the detergent, the lumens of the needles are scoured, using stilette wires. The needles are finally soaked in acetone, placed in a dish in a water bath and dried.

The needles are examined and, if necessary, sharpened with an electric needle sharpener.

8. The barrels of the syringes are examined, needles placed in position and the plungers inserted. The plungers are moved up and down to ensure that the needles are clear. Lubrication of the plungers has not been found to be necessary. Placed in their aluminium containers with a plug of cotton wool under the cap, they are then ready for sterilization.

9. Sterilization in the autoclave is by steam at 15 lb. pressure for  $\frac{3}{4}$  hour.

A water still is used, distilled water being used for the final rinsing of the syringes; and also in the autoclave.

The wet acetone is filtered, fractionated, and the dry acetone recovered for use again.

#### TIME TAKEN

With help in such work as cleaning syringes with a brush three hours daily is required to clean, sterilize and pack the containers. Half an hour a day is needed for bulk deliveries.

It has already been said, however, that other work can be fitted in with this at the same time, under circumstances that operate, e.g., in a pharmacy.

The cost will depend on whether extra time or staff has to be used. It is suggested that the equivalent of three hours unskilled labour be charged, and some figure for three hours qualified continuous supervision.

#### COST

All the equipment mentioned in this report was bought for approximately £200, with the exception of the drying cupboard and a still for distilled water, which were already in the dispensary. The largest single item was the autoclave, at approximately £35.

This takes no account of the reagents or minor equipment used, nor does it include any sum for premises, heating, lighting, cleaning, etc.

#### BREAKAGES

To begin with the breakages were heavy, and mainly caused during transit with the nurses and midwives. As most of the nurses cycle, sufficient care had not been taken to make the special carriers shock proof. In the first three months, 48 syringes were broken, from all causes. By subsequent improvement the breakages average about one a week. There is still room for improvement!

In contrast with the vulnerability of the syringes carried by the outdoor staff only three syringes have been broken out of all those sent to the ante-natal clinics in the whole seven months.

#### ACKNOWLEDGEMENT

Thanks are due to Mr. M. Jones, F.P.S., who fits the work into his routine and is very generous in the time and thought he gives to it, also to the Medical Supply Association, Park Royal Road, London N.W.10, who supplied most of the equipment, for help and practical suggestions.

## Section I.

### School Medical Services

#### EDUCATION COMMITTEE

1953-54

*Chairman :*

ALDERMAN MRS. M. L. EDWARDS

*Vice-Chairman :*

COUNCILLOR A. H. GEORGE

*Members :*

THE MAYOR (*ex-officio*)

Alderman G. A. H. MATTHEWS  
(*Ex-Mayor*)

Councillor W. J. SMITH  
(*Deputy Mayor*)

Alderman T. HANNAM-CLARK

„ S. A. STODDART

Councillor E. J. LANGDON

„ R. E. H. MOULDER

„ MRS. L. R. LANGDON

„ M. C. BYE

„ W. V. GREEN

„ MRS. M. ASKEW

„ J. F. CURTIS

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„ P. G. J. ATKINSON

REV. D. DAVEN-THOMAS

REV. A. T. QUARTERMAN

REV. CANON M. J. ROCHE

MR. P. W. ROBINSON, B.Sc.

MR. R. HARRISON

MR. A. E. HANCOX

MRS. M. TAYLOR

#### EDUCATION COMMITTEE

1954-55

*Chairman :*

ALDERMAN MRS. M. L. EDWARDS

*Vice-Chairman :*

COUNCILLOR A. H. GEORGE

*Members :*

THE MAYOR (*ex officio*)

Alderman T. HANNAM-CLARK

„ G. A. H. MATTHEWS

„ J. R. TYTE

Councillor W. J. SMITH

„ E. J. LANGDON

„ R. E. H. MOULDER

„ MRS. L. R. LANGDON

„ M. C. BYE

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„ R. H. SMITH

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REV. CANON M. J. ROCHE

MR. P. W. ROBINSON, B.Sc.

MR. L. A. BUTTLING

MR. A. E. HANCOX

MRS. M. TAYLOR

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

The staff changes foreshadowed in my last Annual Report have occurred. Mr. Machin, Principal School Dental Officer retired, but we were fortunate in obtaining as his successor Mr. E. G. H. Lightfoot.

Mr. Lightfoot took up his duties in June, and after a three months survey of the work presented a report to the Education Committee. He pointed out the unsuitability of the present dental clinic and advised that not only does the work suffer, but that we do not attract Assistant Dental Officers in consequence. Recently qualified dental surgeons find the salary and working conditions of general practice much better than in such school dental clinics as ours, and in addition general practice provides a wider and more interesting experience for the majority. It follows, therefore, that as salary levels are settled at a national level, local authorities can only hope to attract recently qualified dentists by good working conditions, e.g. up-to-date apparatus, including an X-ray plant, specially designed clinic accommodation and adequate chair-side help.

The Committee accepted Mr. Lightfoot's report, instructed the City Architect to prepare plans for a new clinic on the lines laid down by Mr. Lightfoot, and got the Council's approval to a suitable site. It also approved the purchase of an X-ray plant, which has since been delivered, together with certain other apparatus.

Unfortunately, owing to pressure of work on many major projects, it is unlikely that the new Dental Clinic will be started before 1956 at the earliest, but it is hoped it will be ready soon after then.

In the meantime Mr. Lightfoot is handicapped, as was Mr. Machin, by the absence of Assistants. He is grateful, however, for the continued part-time help of Messrs. Boodle and Bartlett.

Mr. Lightfoot can therefore only continue the previous policy of dealing with the younger age groups. Even so, he tends to get swamped from time to time by "emergencies" of all ages.

Dr. Colquhoun decided not to ask the Committee for a further extension of her services. Her successor therefore will be appointed early next year. Reference to Dr. Colquhoun will be made in my next Annual Report.

For certain administrative reasons it will not be possible in future to appoint a "Deputy" Medical Officer of Health and School Medical Officer in Gloucester. Dr. Colquhoun's successor therefore will be an Assistant only. But the Ministry of Education's Officers pointed out that we were understaffed, and should have at least the equivalent of one and a half medical officers doing school work alone. As it will be possible to include other duties for which the Council has in the past paid separately, and as I would like relief from the school inspections that I have done up till now, the City Council has agreed to the appointment of two Assistant Medical Officers of Health and School Medical Officers on Dr. Colquhoun's departure next year.

I don't know of any other major Local Authority which has carried on so long with only a Chief and Deputy, especially as we have also been allowed to continue to staff the local Isolation Hospital ourselves. It has been rather a load, and I personally will be grateful for the relief.

It is only fair to add that whilst the City Council agreed to my suggestion for an extra assistant in 1946, I have hesitated to ask for his appointment until the National Health Service Act had been in operation long enough to give experience of the many changes that that Act made, and a true assessment of the need for extra medical staff.

In conclusion I would like to record my appreciation of the work of Mr. Machin. Mr. Machin came to Gloucester as School Dental Officer in 1920, and has fostered the work until it has grown to its present extent. Dentistry is pre-eminently a personal service, and as such is hard to compare statistically with other services. As individuals we all have our fears or anxieties on going to a dentist, though usually the anticipation is worse than the reality. It is sometimes forgotten, especially in dealing every day with children, how trying it is for the dentist who wants to do his work thoroughly yet also wants to avoid hurting his patients. It is a measure of Mr. Machin's patience and persistence to record the success he gained in dealing with children, and the confidence they had in him. Mr. Machin was always quiet and unruffled and always had a kind word for everyone. We will miss him very much.

I wish also to thank Miss E. A. Chambers, his senior Dental Attendant for so long. She too reached an age when she could retire, and it is inevitable that after an association of 33 years, she should wish to leave at the same time.

I want particularly to thank the Education Officer and his Staff for the continued very happy and helpful relations between our two departments; and of course Dr. Colquhoun for her very remarkable work among the school children of Gloucester.

I am, Madam Chairman, Ladies and Gentlemen,  
Your obedient servant,  
CHARLES COOKSON,  
*Principal School Medical Officer.*

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#### STATISTICS.

Population of Gloucester ... ..	66,700
School Population ... ..	12,249
Distribution of School population :—	
	<i>No.</i> <i>No. on Rolls.</i>
A. Primary Schools ... ..	32      7,960
B. Secondary Schools ... ..	11      4,140
C. Special Schools ... ..	2      149

#### MEDICAL INSPECTIONS.

Routine and special school inspections have continued in the same way as set out in detail in my last report. I have not thought it prudent to consider any alteration of these until the new Assistants have been here 12 months at least, and we have had an opportunity of reviewing the position.

Details of Special Inspections and Re-inspections will be found in Tables which follow.

##### Examinations of children for—

(a) Fitness for employment ... ..	32
(b) Ascertainment and educational subnormality ... ..	42

##### Examinations of candidates for—

(a) Teachers' Training Colleges ... ..	8
(b) Posts in Education Department ... ..	20

## INFESTATION WITH VERMIN.

I am glad to report that there is a further slight fall in the percentage of individual pupils found to be infested. The figure, however, is still far too high, and greater efforts will be made by the School Nurses to help the Teachers in reducing it considerably.

<i>Year</i>	<i>Total No. of pupils examined</i>	<i>Total No. of pupils infested</i>	<i>Percentage</i>
1937	21,185	1,374	6.5
1938	19,322	897	4.7
1939	19,450	648	3.3
1940	16,657	1,813	10.9
1941	13,633	1,555	11.4
1942	19,551	2,085	10.7
1943	18,632	2,302	12.4
1944	17,729	2,296	13
1945	15,168	2,603	17.1
1946	20,073	2,477	12.3
1947	20,638	2,746	13.3
1948	23,282	2,810	12.1
1949	26,497	2,822	10.7
1950	19,215	1,819	9.5
1951	16,817	1,011	6
1952	24,537	1,262	5.1
1953	25,076	964	3.8
1954	23,984	887	3.7

## MASS RADIOGRAPHY.

I am greatly indebted to the Director of the local Mass Miniature Radiography Unit, and to the South Western Regional Hospital Board, for their willingness to continue X-raying school children from age 12 onwards.

It is thought by some experienced persons that as the amount of disease found in school children is so small, that the X-ray Unit should be more profitably used amongst adults, where the findings may be higher. Others, and I am amongst them, think that there can be no more important discoveries of illness than amongst the very young, if only because there are so many years of life at stake in any one case, and because treatment can be started at a time when there are no social complications like husbands, wives or families to consider. It must also be remembered that if evidence of tuberculous infection is found in a child, this will inevitably lead to a search and probable discovery of some adult source of infection. Admittedly the converse is true, but until it is practical to ensure the examination of a much higher proportion of adults (including housewives) than obtains at present, I think school children in their last years at school should be a priority.

Apart from tuberculosis, other defects are noted and dealt with, some of which had not previously been suspected.

The number of children examined during the year by Mass Miniature Radiography was 1838.

<i>Total</i>	<i>Evidence of Tuberculosis Infection.</i>	<i>Other Defects.</i>
1838	5	7

### MANTOUX TESTING AND B.C.G. IMMUNISATION.

This work continues amongst "contact" or suspected cases, as set out in last year's report, the Chest Physicians being responsible for the work.

The Education Committee decided to allow school children to be circularised in the schools, so that their parents may learn of the case for testing and immunisation. But the Committee did not wish school teachers to be involved, nor talks to be given in schools on the subject.

This means that children would have to be tested and immunised at the school clinics, and without the help of teachers this would involve a good deal of work for the lay and medical staff of the Health Department. Until the two new Assistants are appointed therefore it will be impossible to consider such a scheme, but it may be possible after 1956. In the meantime, it is not unreasonable to wait for the report on this subject by the Medical Research Council, who are conducting a five-year research programme in certain areas. The report is expected in 1956.

### IMMUNISATION AGAINST DIPHTHERIA.

This work continues on the same lines as last year. The figures are included in the comprehensive figure, in age groups, given in my Annual Report to the Health Committee.

### HANDICAPPED CHILDREN.

#### 1. *Educationally Sub-Normal.*

The Special School so far only deals with children up to the age of 11. It is hoped that the Ministry will soon approve the building of a new school, which will also include educationally sub-normal children from 11 up to the age of 16. At present, on reaching the age of 11, these latter have to return to Progress Classes in ordinary schools. This is appropriate in some cases, but in others it is not.

Archdeacon Street School has been a very successful venture of the Education Officer's, well supported by Dr. Colquhoun. There is often a difficulty in persuading parents to send their children to special schools of any kind, but especially for the educationally sub-normal. At the same time they can only progress fairly if in a school where the ratio of teachers to scholars is higher than in an ordinary school and where methods of teaching and apparatus are specially adapted to their needs.

Archdeacon Street is an old building, and only the first floor is available, but even so, by means of the excellent choice of staff and the careful handling of parents, the school has been a success and a credit to the Education Department. Dr. Colquhoun has ably assisted in her quiet and wise handling of parents, also.

Even before any new school is built, there are hopes of extra accommodation at Archdeacon Street to relieve the present rather cramped conditions, by having the use of the Ground floor. This should also allow of some addition to the pupils being admitted at present.

#### 2. *Speech Therapy.*

During the year 57 cases were under treatment. The Speech Therapist also continued to visit Archdeacon Street School as in the previous year.

### 3. *Deaf and Blind.*

There are 9 children at special schools for the deaf or partially deaf, 2 at schools for the partially blind and 1 at a school for the blind.

### 4. *Delicate Children.*

Extra heating has been installed in one classroom at the Open Air School, which has places for 100 children.

It should be pointed out that this school has always had some heating in its classrooms and full central heating in its administrative block.

There has never been the temptation found in some areas to expose delicate children to the rigours of completely unheated rooms in any part of the school. This would be unfair to healthy children, much more so to delicate ones.

Under the outstanding control of the Headmistress there, this school is a model of what an Open Air School should be. Its aim from a medical point of view is to restore children to full health and fit them to return to ordinary schools as quickly as possible.

The school remains full. There were 42 admissions during the year.

### 5. *Epileptics.*

Excluding the educationally sub-normal, there are 2 children in special schools for epileptics.

Those who were in ordinary schools and held their places, without detriment to themselves or others last year, are still there.

### 6. *Maladjusted Children.*

These children are in the main dealt with by the Child Guidance Clinic. Unfortunately the waiting list is long, and even longer than usual of late due to staffing difficulties.

Child Guidance Clinics were begun to try to diagnose and correct behaviour problems in the very young, and so save trouble for the child, the child's family and the schools, in fact for society at large. However, so many behaviour problems in the child are but a reflection of social problems in its parents, that the correction of the abnormalities discovered has meant much teaching of the parents too, and this is a long job. Worse still, the parents have often got into such a vicious circle, of difficulties between man and wife, that an easy solution cannot be found; they may even be separated or divorced by the time the child is first seen. This has proved very time consuming.

Another course of relative waste of time is the number of children whose mentality is found to be below normal. The assessment of a young child's mentality is difficult, and cannot usually be done at one appointment.

The Child Guidance Clinic movement needs help, not necessarily in an increase in staff. It needs to be allowed to revert to its primary purpose of diagnosing and recommending treatment for the normal child coming from a normal home, if and when it begins to show unusual behaviour and before that behaviour becomes a social problem. Parents, either on their own initiative or at the suggestion of teachers or school doctors, should be encouraged to seek an appointment at the Clinic, and be able to obtain it within say one month at latest. The Clinic would then be able to devote the whole time of its team of experts to solving problems whilst still in an early stage. At present they are being placed in the position of dealing with advanced psychiatric or mentally sub-

normal patients. In fact they are now mainly a hospital out-patient department and not what their name suggests, a Child Guidance Clinic.

One move to help the local clinic is the training of Health Visitors in the psychology of normal child behaviour. This is a long-term policy and will not give immediate help, but it is hoped that the detection and correction of early defects in pre-school children by Health Visitors in the course of their ordinary duties, will lessen the number of defects first detected in school age, when they are hard to correct. A special course for Health Visitors is being run in Gloucester next year.

In 1954, 34 new cases were referred to the Child Guidance Clinic.

#### INFECTIOUS DISEASES AND FOOD POISONING.

No special item needing comment occurred during the year, except one outbreak of food poisoning which is mentioned below.

Measles and Whooping Cough remained by far the commonest of the infectious diseases, and their incidence was about on a level with that of recent years. One child of school age died of Measles.

An outbreak of food poisoning occurred as a result of a meal served at Kingsholm School on the 21st October, and 188 children and staff were affected out of 312 taking the meal.

Two other schools take their meals here, so there was a bigger number at risk than those from Kingsholm school itself.

Fortunately there were no deaths, nor anyone seriously ill. In fact the outbreak was more an inconvenience than an illness. Nevertheless the numbers involved emphasise how serious any degree of infection might be.

At the time of this outbreak, it happened that there was another small one in a family in Gloucester, and a few others in the surrounding County areas. All of these seem unrelated to the Kingsholm School outbreak. Nevertheless, in conjunction with the Medical Officers of Health of the areas also concerned, and with Dr. E. N. Davey, Bacteriologist at the Gloucestershire Royal Hospital, the Public Health Central Laboratory at Colindale was contacted, and Dr. K. W. Newell seconded to investigate all the outbreaks.

So far as Gloucester was concerned, the Chief Sanitary Inspector had personally investigated both outbreaks thoroughly before Dr. Newell arrived. He made thorough enquiry and took all available samples, and he traced the infection to its probable source.

Again it would seem the likely cause was meat that had been cooked four days before it was eaten, and warmed again on the morning of the meal. There was a kitchen worker who might have been the cause of the infection.

It has not been possible to be more definite than this.

Dr. Newell's report is printed in full in my Annual Report on the Health Services.

#### DENTAL SURGERY.

The Principal Dental Officer reports as follows :—

“The School Dental Department of the City of Gloucester came into being in June

1920, and this, its thirty-fourth year, has seen the retiral of its Principal Dental Officer, Mr. Launcelot Machin, who has been in charge of it during this whole period.

I should like to pay a very high tribute to the way he has built it up and has maintained it through the many vicissitudes which have befallen the School Dental Service of this Country.

The end of the year also saw the retiral of Miss E. Chambers who, as Dental Attendant, had for some thirty-three years done much to assist in the smooth running and efficiency of the Dental Clinic.

Miss H. C. Campbell, Assistant Dental Officer, left the service in March, and efforts to fill the vacancy have, with the present shortage of recruits to the Dental Profession, so far not proved successful.

We are, however, singularly fortunate in having the part-time services of Mr. R. G. Boodle and Mr. M. J. Bartlett, whose assistance and co-operation are much appreciated.

A preliminary study of the statistics of the last eight years shows that there has been an almost continuous rise in the number of attendances for "Special and Emergency" dentistry—mainly for extractions. This would appear to be inevitable with the growing population of the City and the shortage of School Dental Officers. It is hoped however that recruitment to the profession as a whole will show an increase in numbers in the Country in coming years, with a consequent influx into the School Dental Service."

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## MEDICAL INSPECTION AND TREATMENT

### Medical inspection of Pupils attending Maintained Primary and Secondary Schools.

#### TABLE I.

##### A.—PERIODIC MEDICAL INSPECTIONS.

###### NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS :—

Entrants ... ..	1169
Second Age Group ... ..	1048
Third Age Group... ..	2598
<b>TOTAL</b> ... ..	4815

No. of OTHER PERIODIC INSPECTIONS ... .. 160

**GRAND TOTAL** ... .. **4957**

##### B.—OTHER INSPECTIONS

No. of Special Inspections ... .. 2055

No. of Re-Inspections ... .. 170

**TOTAL** ... .. **2225**

##### C.—PUPILS FOUND TO REQUIRE TREATMENT :—

GROUP 1	For defective vision (excluding squint) 2	For any of the other conditions recorded in Table II A. 3	Total individual pupils 4
Entrants ... ..	6	264	270
Second Age group ...	75	178	253
Third Age group ...	139	290	429
Total (prescribed groups)	220	732	952
Other Periodic Inspections ...	—	8	3
<b>GRAND TOTAL</b> ...	220	740	955

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1954.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
4	Skin ... ..	18	25	1	1
5	Eyes—(a) Vision ... ..	114	527	86	25
	(b) Squint ... ..	18	37	—	—
	(c) Other ... ..	13	16	—	—
6	Ear—(a) Hearing ... ..	26	43	2	1
	(b) Otitis Media ... ..	6	9	—	—
	(c) Other ... ..	6	8	—	—
7	Nose or Throat ... ..	103	541	36	14
8	Speech ... ..	13	28	8	9
9	Cervical glands ... ..	8	257	3	5
10	Heart and Circulation ... ..	11	18	2	—
11	Lungs ... ..	37	83	4	2
12	Developmental—				
	(a) Hernia ... ..	13	28	1	—
	(b) Other ... ..	6	5	—	—
13	Orthopædic —				
	(a) Posture ... ..	28	53	—	—
	(b) Flat feet ... ..	26	118	—	—
	(c) Other ... ..	24	37	—	—
14	Nervous system—				
	(a) Epilepsy ... ..	1	4	—	6
	(b) Other ... ..	—	—	—	—
15	Psychological—				
	(a) Development ... ..	3	2	—	—
	(b) Stability ... ..	10	30	3	2
16	Other ... ..	198	497	6	30

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE  
YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
1	2	3	4	5	6	7	8
Entrants ... ..	1169	826	70.6	257	22.1	86	7.3
Second age group ... ..	1048	261	24.9	723	68.9	64	6.2
Third age group ... ..	2598	1599	61.5	938	36.1	61	2.4
Other periodic Inspections ... ..	160	—	—	—	—	—	—
Totals ... ..	4975	2686	—	1918	—	211	—

TABLE III

## INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurse or other authorised persons ... ..	} 23984
(ii) Total number of individual pupils examined ... ..	
(iii) Total number of individual pupils found to be infested ... ..	887
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ... ..	—
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) ... ..	—

TABLE IV

GROUP I.—DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table 3).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm— (i) Scalp ... ..	1	—
(ii) Body ... ..	6	2
Scabies ... ..	5	—
Impetigo ... ..	24	8
Other skin diseases ... ..	14	—
Total ... ..	50	10

## GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint ... ..	73	7
Errors of Refraction (including squint) ... ..	101*	360
Total ... ..	174	367
Number of pupils for whom spectacles were		
(a) Prescribed ... ..	—*	300
(b) Obtained... ..	—*	300

\* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

TABLE IV (continued)

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT		
	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for disease of the ear ...	—	50
(b) for adenoids and chronic tonsilitis ...	—	161
(c) for other nose and throat conditions ... ..	—	11
Received other forms of treatment ...	33	—
Total ...	33	222
GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS		
(a) Number treated as in-patients in hospitals ... ..	—	
	Number of cases treated	
	by the Authority	otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments ... ..	18	36
GROUP V.—CHILD GUIDANCE TREATMENT		
	Number of cases treated	
	in the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance clinics ... ..	—	34
GROUP VI.—SPEECH THERAPY		
	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists ... ..	—	57

TABLE IV (continued)

## GROUP VII.—OTHER TREATMENT GIVEN

		Number of cases treated	
		By the Authority	Otherwise
(a)	Miscellaneous minor ailments	973	20
(b)	Other		
	1. Appendix ... ..	—	36
	2. Accidents ... ..	—	8
	3. Pneumonia ... ..	—	1
	4. Hernia ... ..	—	9
	5. Circumcision ... ..	—	9
	6. Burns... ..	—	4
	Total ... ..	973	87

TABLE V

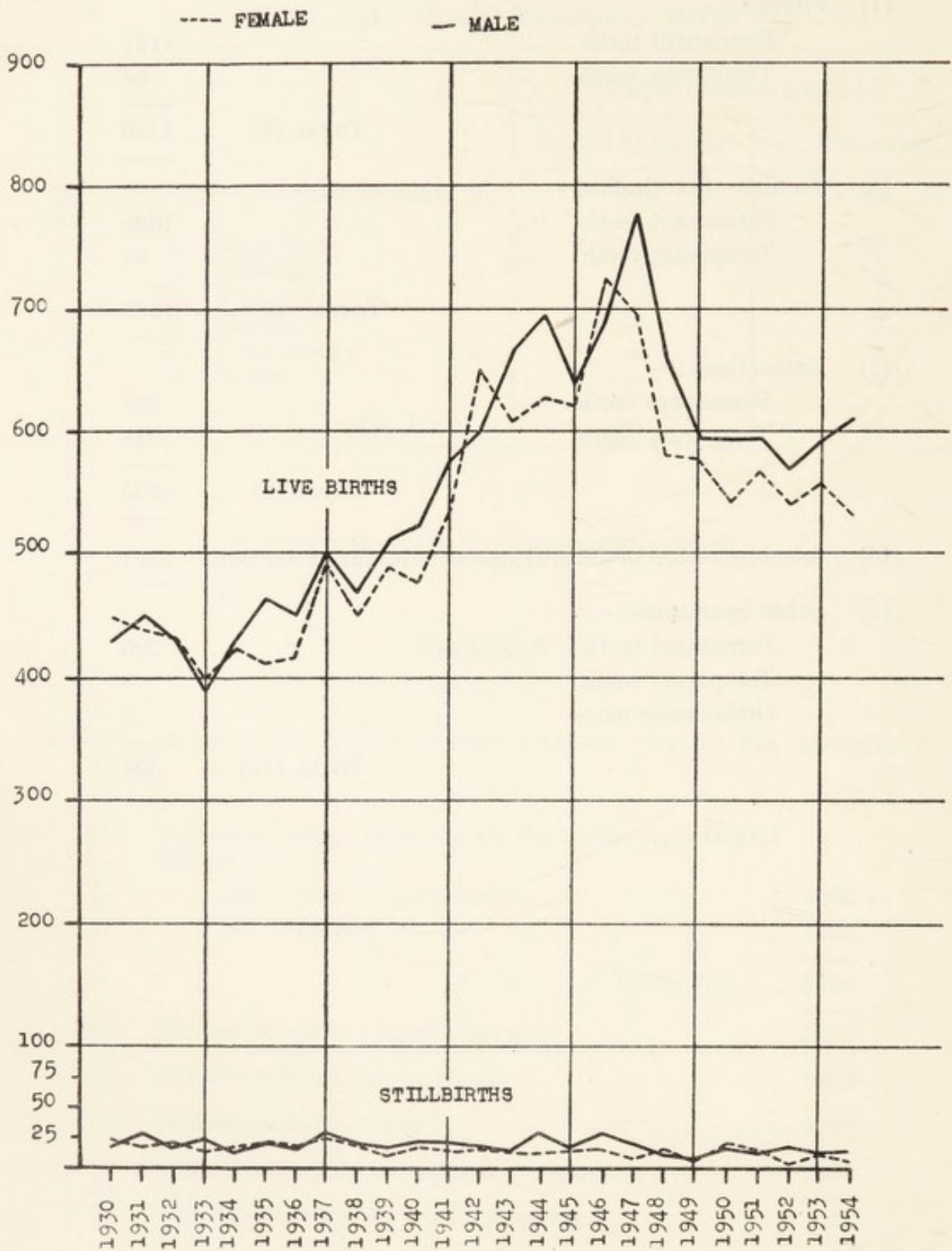
## DENTAL INSPECTIONS AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :—				
	(a)	Periodic age groups	... ..	3090	
	(b)	Specials	... ..	2304	
		TOTAL (1)	... ..	5394	
(2)	Number found to require treatment				3932
(3)	Number referred for treatment				3932
(4)	Number actually treated				3226
(5)	Attendances made by pupils for treatment				4136
(6)	Half-days devoted to	(a)	Inspection	... ..	22
		(b)	Treatment	... ..	676
		TOTAL (6)	... ..	698	



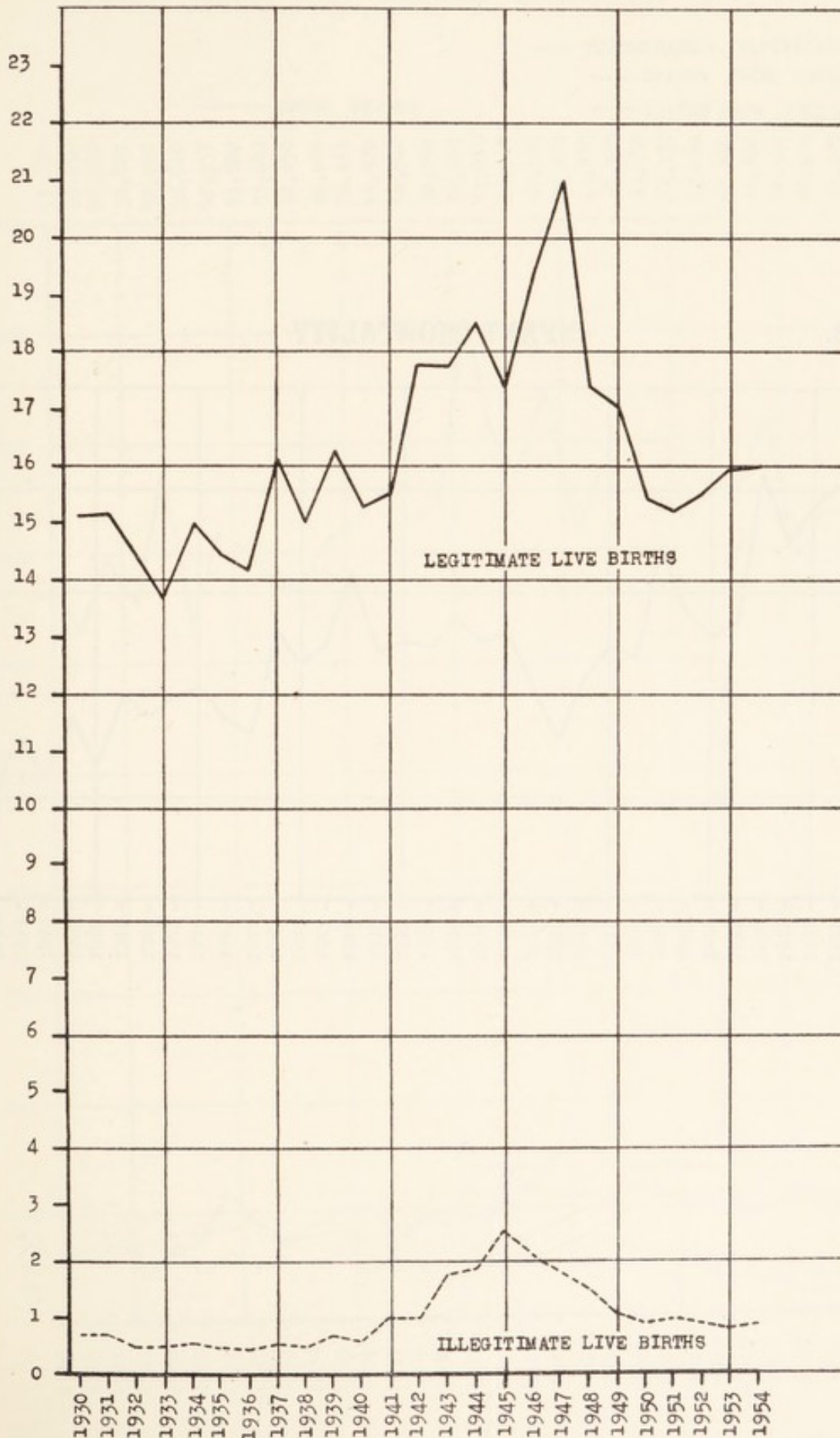
Graphs 1.

## BIRTHS AND STILLBIRTHS



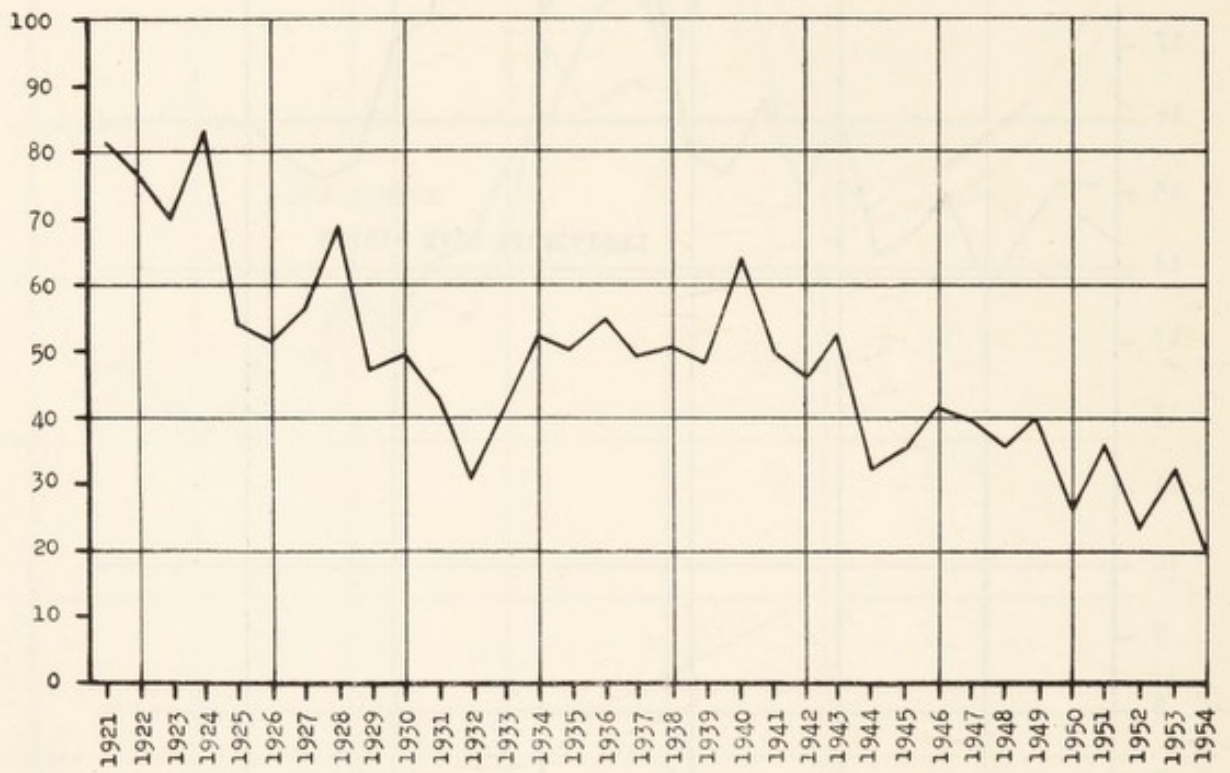
Graph 2.

LEGITIMATE AND ILLEGITIMATE LIVE BIRTH RATE 1930—1954



Graph 3.

## INFANT MORTALITY

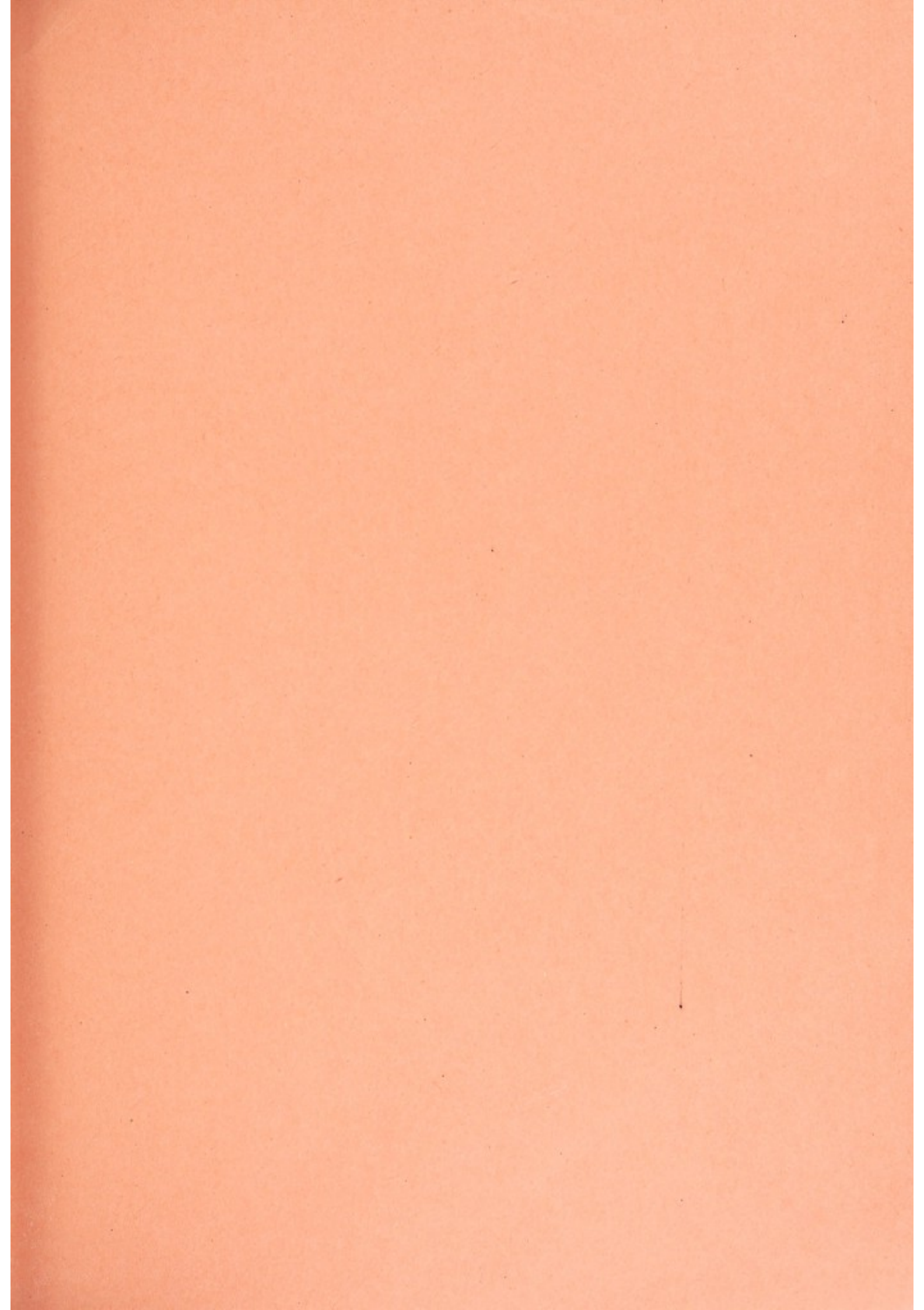


Graph 4.

TUBERCULOSIS AND CANCER STATISTICS 1925—1954







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