[Report 1966] / Medical Officer of Health, Gloucester City & Port.

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

County Borough of Gloucester

Annual Report of The Medical Officer of Health
and Principal School Medical Officer, 1966.

Acknowledgements . . .

The view of Gloucester shown on the cover is reproduced by kind permission of Russell Adams, Esq., F.R.P.S.

The Cartoon by Baxter on page 103 is reproduced by kind permission of "*Punch*".

"Horrible Habits" posters are reproduced by kind permission of the Central Council for Health Education.

Other Photographs were taken by R. C. Upham, Esq.

The annual Ambulance costings prepared by the Ministry of Health have been received since the Report went to press. It is gratifying to note that our costs are now near the average for County Boroughs of similar size. This has been achieved by more accurate statistics and costings and we are very grateful to the City Treasurer and his staff for the help given in this respect.

County Borough of Gloucester

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

CITY AND PORT OF GLOUCESTER

FOR THE YEAR 1966

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1966

The definition of public health, (The World Health Organisation Expert Committee on Public Health Administration) :—

"Public Health is the science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community efforts, for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of social machinery to ensure for every individual a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity".

CONTENTS

SECTION H—Statistics—continued.

SECTION I—School Health Service

COMMITTEES

1965–66

HEALTH COMMITTEE

Chairman :
Councillor Mrs. F. S. Creese

Deputy Chairman :
Alderman G. A. H. Matthews, M.B.E.

Members :
Alderman Mrs. D. Embling (Mayor)
Alderman R. E. H. Moulder
Alderman F. Phelps, M.B.E.
Councillor D. C. Frape
Councillor V. S. Waters
Councillor A. Ross
Councillor B. A. Cripps
Councillor W. Gannon
Councillor J. Robb
Councillor R. C. Hopkins
Councillor A. H. W. Redburn

NATIONAL HEALTH SERVICE SUB-COMMITTEE

All the members of the Health Committee, with the following co-opted members :—
Dr. G. C. C. Wharton
Dr. J. H. Lister
Mr. M. J. Bartlett, L.D.S., R.C.S.
Mrs. K. Heal, S.R.N.
Mrs. H. F. Etheridge
Mrs. E. M. White
Mrs. E. Phelps
Mrs. V. G. Lawson
Mrs. M. E. Armitage
Mr. W. J. Matthews

1966–67

HEALTH COMMITTEE

Chairman :
Alderman R. E. H. Moulder

Deputy Chairman :
Councillor Mrs. F. S. Creese

Members :
The Mayor (*ex-officio*)
Alderman Mrs. D. Embling
Alderman G. A. H. Matthews, M.B.E.
Alderman F. Phelps, M.B.E.
Councillor D. C. Frape
Councillor A. Ross
Councillor W. Robb
Councillor A. H. W. Redburn
Councillor M. Dalling
Councillor W. J. Palmer
Councillor Mrs. L. A. Reeves

NATIONAL HEALTH SERVICE SUB-COMMITTEE

All the members of the Health Committee, with the following co-opted members :—
Dr. G. C. C. Wharton
Dr. G. C. Mathers
Mr. M. J. Bartlett, L.D.S., R.C.S.
Mrs. K. Heal, S.R.N.
Mrs. H. F. Etheridge
Mrs. E. M. White
Mrs. E. Phelps
Mrs. V. G. Lawson
Mrs. M. E. Armitage
Mr. W. J. Matthews

STAFF

Medical and Dental Staff

P. T. REGESTER, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health, Principal School Medical Officer, Medical Officer, Over Hospital.

M. MARY GUEST GRAY, B.SC., M.B., B.CH., D.P.H., Deputy Medical Officer of Health, Deputy Principal School Medical Officer (Resigned 31st October 1966).

DENNIS W. G. BRADY, M.B., CH.B., D.P.H., Deputy Medical Officer of Health, Deputy Principal School Medical Officer (Appointed 2nd January, 1967).

CHARLES R. OYLER, M.R.C.S., L.R.C.P., Assistant Medical Officer of Health, School Medical Officer.

PAULINE J. BEGLEY, M.B., CH.B., M.R.C.S., L.R.C.P., D.OBST.R.C.O.G., D.C.H., Assistant Medical Officer of Health, School Medical Officer.

---

*F. J. D. KNIGHTS, M.D., M.R.C.P., M.R.C.S., Chest Physician.

*R. H. ELLIS, M.D., M.R.C.P., M.R.C.S., Chest Physician.

*H. A. HAMILTON, M.B., B.CH., M.R.C.S., L.R.C.P., F.R.C.O.G., Consultant Obstetrician.

*E. M. EDWARDS, M.B., M.S., M.R.C.S., L.R.C.P., M.R.C.O.G., Consultant Obstetrician.

L. V. MARTIN, M.B., B.S., F.F.A., R.C.S., D.A., Anaesthetist, School Dental Clinic.

J. P. WILSON, L.D.S., R.C.S., Principal School Dental Officer.

A. J. LANE, L.D.S., R.C.S., School Dental Officer.

D. G. BEARD, B.D.S., R. G. BOODLE, L.D.S., J. R. COND, B.D.S., D. J. EDWARDS, B.D.S., A. ROBINSON, L.D.S., N. TIBBITTS, School Dental Officers (Part-time).

MRS. D. HAWKER, Dental Auxiliary.

MISS A. E. JENNINGS, Dental Auxiliary.

MRS. M. L. BRICE, S.E.N., MISS J. CREW-SMITH, MISS J. M. STEVENSON, Dental Surgery Assistants.

MRS. J. KIRKBY, MRS. E. H. QUIRK, R.M.N., MISS P. SMALLWOOD, MRS. I. WOOLES, MRS. E. N. SHAW, S.R.N., Dental Surgery Assistants (Part-time).

*By arrangement with the South Western Regional Hospital Board.

Public Health Inspectorate

R. I. WILLIAMS, D.P.A., M.A.P.H.I., Chief Public Health Inspector and Port Health Inspector.

G. W. ALEXANDER, D.M.A., M.A.P.H.I., Deputy Chief Public Health Inspector and Assistant Port Health Inspector.

E. A. BLUNDELL, S. GRIMSHAW, A. E. LEWIS, D. F. M. LODGE, R. C. UPHAM, D. M. WISE, R. E. WORKMAN, Public Health Inspectors.

J. A. CUTHBERT, J. R. HARRIS, Authorised Meat Inspectors.

D. BROOKS, C. C. SHERGOLD, Student Public Health Inspectors.

Health Visiting

Miss F. Collins, s.r.n., s.c.m., q.n., h.v., a.h.e.o., Superintendent Nursing Officer.

Mrs. G. M. Atkinson, Miss A. J. Bloore, Mrs. J. M. M. Brooks, Mrs. D. G. Gordon-Wilson, Miss E. M. B. James, Miss C. Jones, Miss J. Macnamara, Mrs. A. M. Milton, Miss A. E. Newman, Mrs. R. O'Gorman, Miss R. S. Routledge, Mrs. E. A. Shore-Nye, Mrs. R. J. Tanner, Miss P. M. Taylor, Mrs. I. M. Wathen, Health Visitors/School Nurses.

Miss E. M. Garrett, Clinic Superintendent, Charles Cookson Clinic.

Mrs. M. Cowlard, Clinic Sister, Charles Cookson Clinic.

Mrs. R. M. Hill, School Nurse, part-time.

Mrs. V. Pusey, Mrs. V. B. Smith, Student Health Visitors.

Mental Health Service

Miss J. Hall, s.r.n., q.n., a.a.p.s.w., Head Social Worker.

G. G. Folland, Mrs. M. F. Kellam, Mental Welfare Officers.

H. Meadows, A. J. Perrett, D. R. Williams, Mental Welfare Officers, part-time.

S. J. Tunstall, Head Teacher, Junior Training Centre, (part-time, by arrangement with the Education Committee).

E. R. Ineson, Teacher in charge, Junior Training Centre.

Miss H. P. Surridge, Teacher, Junior Training Centre.

Mrs. S. J. Porter, Mrs. E. Tunstall, Assistant Supervisors, Junior Training Centre.

Mrs. M. F. Browning, Nursery Assistant, Junior Training Centre.

T. C. Burn, Supervisor, Senior Training Centre.

Mrs. M. A. Franklin, Mrs. D. A. Lapington, Assistant Supervisors, Senior Training Centre.

Health Centre

R. B. Stephens, b.sc., m.p.s., Chief Pharmacist and Medical Supplies Officer. (Resigned 10th October 1966).

G. Robertson, Dispensing Technician.

Mrs. M. M. Carr, s.r.n., q.n., Nurse.

Other

E. G. Whittle, b.sc., f.r.i.c., Public Analyst.

I. Dembrey, b.sc., f.r.i.c., Assistant Public Analyst.

J. F. Kelsall, b.a. (hons.), dip.psych., a.b.ps.s., Educational Psychologist.

Mrs. L. Archard, l.c.s.t., Speech Therapist. (Resigned 20th July 1966)

Mrs. A. M. Williams, Physiotherapist, part-time.

L. J. Rust, Chief Ambulance Officer.

G. A. James, Deputy Ambulance Officer.

Miss M. H. Norcott, Home Help Organiser.

Miss G. Capper, l.i.s.w., Social Welfare Officer of the Blind.

Mrs. E. M. Clarke, l.i.s.w., Social Welfare Officer of the Blind.

Mrs. G. C. Dear, P. J. Hughes, Chiropodists, part-time.

C. G. Mills, Manager, Prospect Works (Sheltered Workshop).

Miss E. M. Mac Swiney, Welfare Officer, Physically Handicapped, part-time.
Mrs. D. M. Bradshaw, Occupational Therapist, Physically Handicapped.
A. S. Cook, Rodent Officer.
G. F. Johnson, Disinfecting Officer.

Administrative and Clerical

H. Meadows, M.R.S.H., Lay Administrative Officer.
D. R. Williams, Senior Administrative Assistant.
A. J. Perrett, Administrative Assistant.
Clerical Staff: Mrs. A. M. Harris, Miss E. M. Knight, Mrs. K. Sparrow, T. E. Breckell, Miss I. E. Carswell, M. J. Ellison, Miss J. Evans, J. Gillard, Mrs. J. Harris, Mrs. D. Horton, Miss H. Humphries, Mrs. O. Norman, Miss J. Parker, Mrs. M. D. Pepperell, Mrs. J. Pitman, J. W. Thayer, E. C. Wheeler.
Secretarial Staff: Mrs. M. F. Parsons (Secretary to the Medical Officer of Health), Miss F. J. Gaskins, Miss V. Silvey.

HEALTH SERVICES

Health Department, Priory House, Greyfriars, Gloucester
Telephone 24416

CLINICS AND CENTRES

Ante and Post Natal Clinics

Charles Cookson Clinic, Great Western Road, Telephone 23253.	Doctors' and Nurses' Sessions By Appointment. Bookings, Mondays, 9.30 a.m.

Relaxation Classes

Charles Cookson Clinic, Great Western Road, Telephone 23253.	By appointment.

Child Welfare Centres

Charles Cookson Clinic, Great Western Road.	Tuesdays, 2 p.m.
Village Hall, Hempsted.	First Tuesday in month, 2 p.m.
Longlevens Clinic, Church Road.	Tuesdays, 2 p.m.
Trinity Baptist Church, Selwyn Road.	Tuesdays, 2 p.m.
St. Stephen's Church Hall, Linden Road.	Wednesdays, 2 p.m.
St. Hilda's Church Hall, Redwell Road, Matson.	Wednesdays, 2 p.m.
Podsmead Church Centre, Shelley Avenue.	Alternate Wednesdays, 2 p.m.
Church Hall, Larkhay Road, Hucclecote.	Thursdays, 2 p.m.
St. George's Church Hall, Grange Road.	Thursdays, 2 p.m.
St. Michael's Church Hall, Seventh Avenue.	Alternate Thursdays, 2 p.m.
11 Barton Street.	Thursdays, 2 p.m.
Tyndale Church Hall, Stratton Road.	Fridays, 2 p.m.
Church Hall, Coney Hill Road.	Fridays, 2 p.m.
Elmscroft Community Centre, Barnwood Road.	Fridays, 2 p.m.

Chiropody Clinic

11 Barton Street (Telephone 27376). By appointment.
Appointments made at School Clinic, 15 Brunswick Road (Telephone 20734).

Vaccination and Immunisation Clinics

Tuberculosis Immunisations, School Clinic, 15 Brunswick Road, Telephone 20734.	By appointment.
Immunisations against Diphtheria, Whooping Cough, Smallpox and Poliomyelitis.	At all Child Welfare Centres. Also at the School Clinic, 15 Brunswick Road, Mondays, Wednesdays and Fridays, 4—5 p.m.

Chest Clinic

Gloucestershire Royal Hospital, Great Western Road. Telephone 25061.	By appointment.

Health Centre

Ladybellegate House, 20 Longsmith Street. (Telephone 27217).

Training Centres

Junior Training Centre, Longford Lane. (Telephone 22637).
Senior Training Centre, Archdeacon Street. (Telephone 22591).

Mental Health Service

14 Barton Street. (Telephone 28158).

Health Visitors

11 Barton Street. (Telephone 27376).

Home Help Service

11 Barton Street. (Telephone 27376).

Handicapped Persons

Handicraft Centre, Montpellier. (Telephone 25257).
Sheltered Employment—Prospect Works, Eastbrook Road. (Telephone 20438).
Blind Persons Handicraft and Social Centre, Montpellier.

School Health Service

School Clinic, 15 Brunswick Road. (Telephone 20734).
School Dental Clinic, Ivy House, Barton Street. (Telephone 20436).
Child Guidance Clinic, Maitland House, Spa Road. (Telephone 26319).

Ambulance Service

Ambulance Station, Eastern Avenue. (Telephone 25055).

Alcoholism

Gloucestershire Council on Alcoholism, 11 Barton Street. (Telephone 22682).

HEALTH DEPARTMENT,
PRIORY HOUSE,
GREYFRIARS,
GLOUCESTER.

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

I quote from the opening paragraphs of last year's Annual Report :—

"Within the Department, we have more and more found the divided Department a crimping and crippling imposition on our efficient working. The apportionment of work to its appropriate section, creation of useful files on a family basis, the unison of effort, the collation of socio-medical data have all been baulked by inadequate and overcrowded accommodation."

In the words of the poet "As things have been, they remain." In some ways more so. And will become more so with the additional 25,000 to be cared for in the added areas, and the concomitant growth of the population of the existing City by immigration, and a buoyant birth rate with the proliferation of the personal and social services, and with the extra demands (most of them welcome) made on us by other Departments. In most respects the shortfall of central administration and clerical staff has been made up at the last Establishment Review, but in field workers like health visitors, health inspectors (including meat inspectors), social workers and dental officers, there are sad deficiencies. Out of 27 new posts requested (including a number of part-time ones) two were deleted, 13 were deferred *sine die* and 12 were granted. Both of the deletions and all of the deferments were full-time field worker posts.

It is however gratifying to have increased medical time made available. A lot of our work is not confined to the ordinary public health sphere. The Medical Officer of Health's infectious disease beds at Over Hospital and the work we all do in this speciality, and with the chronic patients and the paediatric cases at the same Hospital, is of course straight Hospital work for which the City Council and the medical staff is remunerated by the South West Regional Hospital Board. But, in addition to this, one must see the future of the health service in the employment of more and more doctors from the public health departments as clinical assistants or medical assistants with specific medical, health and welfare duties in the community. One of our number is associated with one of the Consultant Paediatricians in the Special Baby Care Clinic at Out-Patients as well as having certain duties in the Special Baby Unit at the new Maternity Hospital. A Medical Officer is doing cervical cytology, etc. Another member is about to undertake certain duties in the Assessment Clinic held regularly in Gloucester by one of the Regional Hospital Board Consultant Psychiatrists. The School Health Service becomes all the time more specialised, and there can be no doubt at all that a partnership between the local consultant paediatric service and the child welfare and school health services (their aims being naturally complementary), and the inauguration of a true child health service should be our ultimate aim.

A number of new building projects are on the point of commencing, and this year can be considered as the beginning of the end of the dilapidated and decaying buildings which were so harmful to the image of the good work all sections of the Department are doing : a new clinic and offices at Rikenel ;

a new Centre for the Blind at Rikenel ; a new Health Centre at Longsmith Street ; the commencement of a very well appointed Sheltered Workshop, etc.

This year saw the resignation of Dr. Gray who obtained a post with the Welsh Board of Health, and I would like to pay tribute to her enthusiasm and energy in all the difficult attempts we had to adapt existing staff and organisation to new tasks. All of the Department wish her well in her new post in the wild hills.

Airs, Waters and Places

Should some extra-planetary visitor, in a binary sort of way, ask the question, "How healthy is the City of Gloucester ?" I, like most Medical Officers of Health, would be in something of a quandary. Suffix it "for what" and "for whom" and it is easy. As it stands, however, it is a question part deceptive, (because the enquirer really wants to know how "unhealthy" it is) half begging the question, (how healthy is, or can be, a city, any city) and quite quodlibetical, belonging as it does to the same group of questions as "have you been saved ? ". However, it also implies the undefined and perhaps the undefinable "what is health". The World Health Organisation's definition of health is "a state of complete physical, mental and social well-being and not merely the absence of disease". It is quite obvious that for the majority of the human race health has always been a transitory and rare phase in their biological being. Some people have been wont to talk of positive health and full health or total health and optimum health. All definitions are probably meaningless. Health may not be as susceptible to analysis as a mathematical function, but it adds up to a complex with a lot of functions bracketed together and the final result of it should be to create effective performance (action, conation, cognition) in a variety of circumstances. In fact, health is different at different times and places ; sometimes it is something you recognise only when you haven't got it, and sometimes only when you have it in full do you know what it is. It is a myth that the human race will ever achieve health as defined by the World Health Organisation. I suppose only in the Child Health Service (including in the purview of such services the health and welfare of both the foetus and the adolescent as well as what is normally defined as the child) should we aim at health in the W.H.O. sense of the word. Even if the finances and facilities were available to us in immeasurably greater degree than at present, we would be pursuing an impossible ideal for the other age groups.

"How healthy is Gloucester ? " I suppose it is a fair question. Even old Hippocrates, centuries before Christ, knew of the influences of "Airs, Waters and Places" and his most interesting monograph has that title, wherein he advises a physician to do, as I have done, "set up in a strange town" to observe everything from the climatic conditions (which are sodden) and the habits of the people (which are unspoken, if that is the word).

I remember as a post graduate student seeing a film of McGonigle, one-time M.O.H. of Stockton. His method was (but doubtless this is apocryphal) to lope around the town noting the pale faces of the shop girls and the rachitic tendencies of children. Not a bad way, and we all mooch to some extent around our bailiwicks or parishes or what have you. (For an urban M.O.H. I felt that the actor who played McGonigle was rather too

urbane and too well dressed. From my reading of "South Riding" and other novels, I know that flannel-bags and trench coats were de rigeur—even County Medical Officers are not pranked out to such sartorial perfection as Cronin's character, the impeccable and supercilious Snoddy who is, of course, part of a great and longstanding conspiracy on the part of medical backwoodsmen to discredit the Earnest and People-Loving Medical Officers of Health who, as you all know dear reader, have been since the last century the enemies of vested interests whether they were burial boards, water companies, slum landlords or medical backwoodsmen). Doing one's round what does one see in our dear City of Gloucester ? There are certain realities about urbanisation and urban living. Towns as we know them came to us in the 18th and 19th Centuries (there were few towns over 5,000 in England and Wales in earlier centuries). Eighty per cent of people now live in towns and the number is still growing. You would think that our towns would be biased in favour of healthfulness, but I see no tendency that way. Architects, Engineers, Planners, etc., should come together with health teams to produce the healthy City—in, if you like, a sort of conspiracy against all those unenlightened vocal elements, all those vested interests and all that vast apathy in our community which creates urban environments where human beings and their health don't count. A City represents the organic fusion of complex functions directed to various human purposes. How far have we progressed from the mid 19th Century ? A fundamental (if this is the apt phase) but elementary development is the disposal of organic waste. I say elementary for what are drains and sewers but a convenient extension of the alimentary tract external to the anus by means of which the transference of its contents from one's own backyard to some convenient river or sea-coast are facilitated (not only through Calcutta and Djakata do the Stygian rivers run ; the Mersey and the Thames, with digested, partially digested and quite undigestep remains, flow softly to the sea). So much too for the Hippocratic waters.

What of the airs ? Well despite the Clean Air Act we all of us have with us in our pockets our own little packets of personal air pollution. We all of us travel in our little wheeled machines pumping out the organic gases and the carbon monoxide and the tiny specks of impregnated carbon. Worse than this, while I, as an M.O.H. can, as my predecessors did, examine, isolate, exclude, etc., persons with infectious disease, I cannot prevent your neighbour manufacturing these obnoxious fumes for your dubious benefit and I cannot, try as I may, catch all the people who are smoking when they prepare your meals or when they supply you with food.

Food technology has made great strides. We are still in another of those revolutionary periods so far as food production is concerned. A powerful network of legislation protects the public against food adulteration and food labelling (not uniformly successful, I am sad to say) but if I had enough inspectors, about half the food handlers in Gloucester would be found to be infringing the food hygiene regulations at any one time in one way or another.

Water. Refined sewage. The populace don't want to pay for it, and seem to say, if it is important why is it not advertised ? Useful for diluting alcohol or fragrant herbs. If fizzy and flavoured, drinkable. Anyway nothing to brag about ; the Romans, after all, had piped water supplies 2,000 years ago.

In terms of bricks and mortar, there are out there in the City a thousand slum houses and a thousand near slums (in the country as a whole three million families live in slum or near slum conditions and there are one million slum houses and two million houses in states of rapidly advancing decay). The Chief Public Health Inspector made some quite innocuous remarks in last year's report about such low standard dwellings and our plans for them, only to be greeted by a storm of vituperative comment. He had already laid his finger on the humanitarian objections to slum clearance, but clawed from what insanitary castles in the air came those most peculiar and mostly pecuniary objections that followed. Yet I think not one of these came from the slum dwellers ; perhaps they did not share the views of the more vocal ratepayers. Any, who like myself in London's East End have lived in the down at heel dwellings, know what such architectural gangrene does for the life and the health of the family and the community. I would, however, leave the matter with one question in the insalubrious air. What healthful gain to the community as a whole is there in removing a dozen buildings only to allow in their unsightly stead twelve jalopies pumping out poison and to permit on such sites an aggregation of sundry garbage heaps ?

There is in some regions of the City scope for creating compulsory improvement areas as we are doing in the Melbourne/Adelaide Street area, etc., so that the life of such dwellings is lengthened and a reasonable standard of wellbeing ensured to the family living there. In some houses visited there is intolerable overcrowding arising out of the desperate need for somewhere to live. Abatement of this overcrowding is a constant preoccupation of the Department. Soon a register of houses in multiple occupation will be compiled. The unscrupulous owners or controllers of such premises will be compelled to adopt our code of management based on sound health considerations. Overcrowding again will be brought to the legal level. I use this ambiguous phrase advisedly as the legal standards are forty years old and quite peculiar. A child of under one year does not count as a person at all, when everyone knows the household revolves around the infant upon whom, in any case, the hazards of overcrowding are likely to have harmful and perhaps fatal effects. A child over one year of age and under ten years counts as half a person. How ludicrous. The most mobile and the most space consuming persons are in this age group. The largest human reservoir of infection within the community is in the school child in this particular age group. Every survey shows with almost monotonous regularity that overcrowding and poor housing has the most deleterious effects on child development and educational attainment. Add to this the fact that the standards of fitness laid down originated in the early 20's and you will being to apprehend that the seven odd million persons (amongst them a preponderance of sick persons and children) who are accommodated below this so called adequate and acceptable standard, would not share some people's views of social progress.

Walking the street, visiting the restaurants and food shops, one sees a lot of packed food—packed for profit, in some ways hygiene pays dividends—but in every respect Gloucester is no different from any other City, the standards of food handling are just plain poor. Too often the food display which causes you to lick your lips has made the food handler lick her fingers.

In one's wanderings one will see the Ubiquitous Dog and his still more Ubiquitous Dirt. Talking as an epidemiologist, I am forced to conclude that Gloucester is infested with dogs. As a means of befouling the pavements and grass verges those Little Dogs in the care of Big Ladies or those Huge Dogs in the care of Small Men seem to have the same capacity. However, the larger species are the ones I seem to see most often sniffing the food, the food counters or the food containers. Poor things, they cannot read our notices ! I wonder sometimes whether their owners are similarly illiterate. Generally, too, it is the larger species who their owners strive to squeeze into restaurants and eating places.

The day will shortly come when they will be banished from our Cities by the equally Ubiquitous Car. Until that day, may we hope that these most excellent reservoirs of infection, (of salmonella of all breeds, of lusty pyogenic strains, of the wayward echinococcus and toxoplasma, and the endearing toxocara as well as of the more mongrel types of contagion) these faithful friends of man, will confine their infectious ministrations to their Masters and Mistresses dutifully avoiding the footpaths and the eating houses used by the Community. Meanwhile we must needs judge the hygenic standards of the master and mistress by the behaviour of the animal they allegedly control.

Paradox ; Why are the television mind twisters so keen to persuade us to give nutritious foods to pets, but all that nutritionally undesirable stuff to children ?

To people from other regions of the country who are not familiar with this City, the name Gloucester produces evocations of the Severn's banks and the Cotswold hills set to the dreamy chords of Delius intermingled with ecclesiastical cadences. But Gloucester is, and has been for decades, an industrial City. The factory smells and the industrial wastes, the heavy lorries, the illusive hum and the persistent vibration, etc., are all part of the picture. The Health Inspectors and the Alkali Inspectorate are short staffed, but nevertheless I would venture to say that, except for transient and accidental effects, the real statutory nuisances, the real health hazards, are firmly under control. Having said that I have no doubt there still remain amenity nuisances. Factories are never pleasant places to live alongside ; sometimes the factories were there before the houses (although you may think this a queer place to put houses, this fact is sufficient to protect the factories against some sorts of legal action). Against amenity nuisances the Department's hands are tied.

Even more are our hands tied where the vehicular noise, soot, and stench comes in, whether they be petrol or diesel. Cars and (more surprising) heavy lorries are pervasive of all the City streets. These are nuisances that the Public Health Department has no powers to deal with. As I have said in previous reports, there must be many instances where they are damaging to health. You can exclude a child from school for relatively innocuous conditions but these desperately dangerous juggernauts with poor brakes, tired drivers, broken silencers, and a smoke screen which would do justice to the Grand Fleet, cannot be excluded from the residential backstreets.

The smell of the City. Inescapable some say. A great generator of emotion. Unpleasant—yes, but fat boiling is a very necessary industry to a meat eating nation, as a means of economically dealing with waste animal

products. Many thousands of pounds have been spent on this factory at the behest of the citizens of the City, but my predecessor avowed, and I repeat, there never can be any guarantee that the smell will not escape from time to time. The owners cannot be regarded as accountable as they have been doing all that is within their power. In fact, it may very well be that the recent installation of a very high chimney carried out at the insistence of the public rather than on technical advice will, on occasions in certain climatic conditions, disseminate the smell over a much wider area ! ! ! As to the siting of the plant, when you really logically examine the question where else could it be ? Who else wants it ?

Ironically many of the chief complainants do so by letter from addresses outside the City boundaries. They are doubtless amongst the many that I see with coked up and choked carboniferous cars polluting the air in far more unhealthful ways as they line the City streets alongside the fat-boiler's works for the evening exodus.

The Romans as was their wont would have created at the lower end of Westgate Street a temple to Mephitis.....a goddess in whose name were invoked foul odours.....

I pass by the Public Conveniences with haste and distaste. Of toilets and despoilers of toilets, I will say nothing except to murmur that given the money we will build more, given the money we will take on more attendants.

Work for the environmental services, the work I hasten to add of maintaining not an optimum standard but an acceptable standard of environment (we would need to double our staff to approach the former) comes in two steady streams. There is the every day work of inspecting meat in the slaughterhouses (we have three times as much as other towns of 100,000 or so population), of inspecting markets and food premises of all sorts, of sampling milk, ice cream and water, of inspecting houses for improvement or repairs, or clearance, the regular port health work, the control of infections, etc., etc. Then there is the second stream, the complaints concerning housing, food (purity, contamination, labelling, quality, standards, etc.), of smoke, of noise, of fumes, of piles of muck, of rat catching, etc., etc. The public will see how manifold these duties are. The staff to deal with them is limited and occasionally we must ask for the indulgence of the public. In the hackneyed phrase, sometimes the impossible takes time.

How healthy is Gloucester ? As healthy as any industrial City given the investigatory and supervisory services to keep it so.

Statistical Lamp-postry

Statistics, as Andrew Lang said, can be used as a drunken man uses lamp posts. For support rather than illumination (Carlyle already having said you can prove anything by them).

Hugh Paul, after he retired as Medical Officer of Health of Smethwick, produced a series of articles analysing statistics in that whimsical way which well becomes the public health officer. He would weigh up your chances of dying in Gloucester of cheiropomphlyx or of your child having a visual defect in Oldham (quoting Paul "Why also should Oldham—no spa—have only ten kids with visual defects ? Who wants to see anything in Oldham ?")

or how much is spent on various services in various towns and counties—how much is spent per head (if I might use the expression) on chiropody or how many school nurse hours it takes to track down a nest of pediculosis capitis (head lice) etc.

Two truths at least were contained in his banter. Firstly, the job of the M.O.H. vis à vis vital statistics is not only one of interpretation ; he must try to make them live again to humanise the bare bones of the abstract. Secondly, the amount of health you are going to collect depends on local services—Shaw says "Take the utmost care to get well born and well brought up. This means that your mother must have a good Doctor. Be careful to go to a school where there is a good school clinic, where your nutrition and teeth and eye-sight and other matters of importance will be attended to. Be particularly careful to have all this done at the expense of the nation, as otherwise it will not be done at all, the chances being about 40—1 against your being able to pay for it directly yourself, even if you know how to set about it".

Of all vital statistics the infant mortality is averred to be the most reliable guide and it will be my purpose later to examine with particular emphasis the services influencing this particular statistical rate.

Of the M.O.H., Shaw said. . . . . "he is judged by the vital statistics of his district. . . . . when the death rate goes up his credit goes down. . . . . they (the M.O's.H.) must appeal to the good health of the Cities of which they have charge".

The science of statistics is a lying jade. Going on the infant mortality of 1964 and the still higher mortality of early neonates (which are the infant deaths of the first week) the credit of this M.O.H. would have been bankrupt. Even though he was a newcomer to the district.

Happily no-one noticed this (Annual Reports are seldom read with avidity). But it was a thing of concern to us. Was it due to a statistical quirk or a high incidence of premature babies, productive of a high still birth rate and a high death rate in the first week of life ? Was it due to the effects of the higher immigrant infant mortality ? It was known that a neighbouring authority had had a similar transient increase. More important, were there avoidable factors involved— for example were there illegitimate children who needed closer supervision or were there mothers who held back from the ante-natal services and so on ? This gave rise to a particular study, a rather technical study, and a summary of this is to be found in that mid region of this report where chat ends and "those damned figures" begin. For this study I am indebted to Dr. Begley, one of the departmental Medical Officers, who has slaved over the results with a greater diligence than I could ever muster.

The climatic conditions, plus the urban environment, produces for Gloucester a good forcing ground for bronchitis and especially the English disease, chronic bronchitis. Both for men and women the standardised mortality ratios are well above the national average. Tuberculosis has always had a hold in Gloucester in a similar manner, but the rate was declining until the advent of immigrants, especially the immigrants of the Pakistani and Indian communities. (Such is the state of the public mind

that I must now immediately qualify this by pointing out that there is no evidence in Gloucester that these communities are importing the tubercle bacillus at a wholesale rate ; perhaps they are rather the victims of their own susceptibility to the bacterium and the overcrowded living conditions in which they find themselves. In any City there is always most T.B. in the areas of the poorest housing and amongst the poorer people). The Chest Physician and myself have been arranging, with members of the Pakistani community, measures to protect themselves and their children by means of vaccination, and we hope this will be completed by the time this report comes from the press.

Cancer is the king of the killers. Happily Gloucester has an average sort of incidence at 342 per hundred thousand of the population. Much the same in fact as all the regions of the south west (with the exception of the counties of Gloucestershire and Wiltshire who are both below the 300 per hundred thousand for reasons that none can guess). For cancer of the lung, males have an incidence a bit above the national average at a standard mortality rate of 100 and 119—a not unusual feature of urban environs. (Females are of course below this figure, but as they are now more and more showing their manliness by inhaling cigarette smoke instead of blowing it over everyone else within retching reach, the fatal benefits of the habit are increasingly accruing to them). So far as cancer of the stomach is concerned the position is opposite—females just above the national average, males just below. For arteriosclerosis heart disease the Standardized Mortality Ratio for males and females are much the same, both just slightly below the national average. One could go on till the cows come home quoting mortality statistics and morbidity statistics. Plot them on maps and you will find to live in an industrialised town is not as healthy as living in the country ; you will find that it is not only less comfortable to live in Social Class V than in Social Class I, but also less healthy and more dangerous. Given our natural environment, given our created environment, we must pass on to the proposition that man must become master of his environment or else he will fall victim to it.

And we do this through services, the sort of public services provided by a body whose ways are to the common man as inscrutable as the sphinx, whose proceedings undecipherable as Linear B, whose activities as submerged as Atlantis. I mean the services set up by the ordinary County Borough Council. (If you do not believe in the importance of these services then it would be chastening for you to observe what happens when local authorities fail in their mission, as for instance in the City of Calcutta).

Our contention must in fact be that a place will be as healthy as its services.

Nobody did come, because nobody does

"Somebody might have come along that way who would have asked him his trouble and might have cheered him...But nobody did come, because nobody does".

Thomas Hardy (*Jude the Obscure*).

We cannot legislate positive health and we cannot legislate social happiness, but I take it that the aspiration of the just society is to set up social services to prevent ill health, to cure disease, and to avoid social

unhappiness. So nowadays, if nobody comes along, it is because the services aren't there or because the unfortunate citizen does not know of them, which is almost as bad.

The services I am talking about are, as I say, public services—private services in the health context are generally means of cheating the queue. Persons who get the private services of doctors or nurses (or Teachers or any other profession in short supply) are limiting the general availability of community skills and facilities for other people. What private services they receive they think they pay for from their own pocket but it is others that really pay for them, not in mere money but in sickness or delayed treatment. But, then, even our state provided services are cheating the queue ; for what can we say about a country whose hospital services function only because half of its junior medical men are drawn from parts of the world hopelessly underdoctored. Indeed, can we go further and ask what can we think of a country which in such conditions can turn away thousands of prospective doctors—that great concourse of working class boys and girls of great ability who wish to enter the profession ? So our services, all of our services, must wait on further man power.

One can only conclude this subject with a quotation from a recent Times Educational Supplement, which is the occasional reading matter of some Medical Officers of Health :—

"It is a thought that should occupy us when—we demand money for Robbins, Crowther, Newsom and Plowden. Have we got our priorities straight ? Many will say that we are right to spend more on the young, than on the sick and the old. But there is a balance in these things that has to be struck. When our young give generously to Oxfam and Freedom from Hunger, it is a contradiction that by the remissness of government our Health Service should draw so extensively on the qualified manpower of countries far poorer than our own. No one can say we regard our Health Service lightly. As soon as we feel the need we throw ourselves upon it. As we do this, ought we not to be concerned about whether enough is spent on it ? And if more should be spent, where should the money come from ? This is not a question only for government, it is a question for us".

We, as members of the public want everything, but we wish to pay for nothing except the things which are on display in the shops or are advertised on television. Someone has to decide how the resources of the country or the City can be deployed and disposed to the maximum good. And, in doing this, there is only one single assurance, that is that in the doing of it they will please nobody. The administration of local services requires balance and the "tact des chose possible". Local Authorities are always civically but uncivilly racked by contending demands. They are always found wanting on the procrustean bed of the public conscience. Though the public has never decided what sort of society it wants, it always knows what sort of service it wants. We always want personal services on tap, services of the sort that we need at that particular time. For the rest of the time we are inclined to ignore them. How often do the aged complain of too much being spent on education ; the edentulous see no reason for dental services ; men care little about cervical cytology services and so on ? As in the Wellsian country of the blind, the sightless pluck out the eyes of the sighted because they

cannot visualise the need or the use. People show little interest in hospital services until they find themselves in a hospital bed and then from them comes a great outcry about shortages of staff, old buildings, the uncomfortable routines, the noise and most of all, as a recent survey showed, the Other Patients.

Someone must decide the priorities. If only because the emotional joints of the public work to the puppetry of television and popular media. Then after an interregnum of enthusiasm as Thackary puts it at the end of Vanity Fair, "the play is over my children put the puppets away, etc.". You can put on "Cathy Comes Home" or Panorama on poverty and cancer then the public conscience and public awareness is generated, a momentary sensation below the navel, a tale told by an idiot and its a tale told no more. Everyone wants services when they need them. It is fortunate that many do not need them at all—they never become blind, they never become crippled, they never become the parents of handicapped children.

So here to achieve the balance, are the local authority members and its officers ; a many headed character almost like the character Peachum from Brechts Threepenny Opera, where Peachum puts as his trade "you see my business is trying to arouse human pity. There are things that will move people to pity, a few, but the trouble is when they have been used several times, they no longer work. Human beings have the horrible capacity of being able to make themselves heartless at will". But where health is concerned it is somewhat different. We all have to make that journey from the cradle to the grave. We can't afford to despise some services because they do not touch on our lives. You can, perhaps, convince yourself that free universal education was a disaster, that the homeless are improvident, that the poor are shiftless and lazy, but unless you hold to the belief that it is impious to balk the creator in his plan for man to suffer unfathomably, and alone, you must be concerned with the shortage of doctors and nurses and the organising and running of our health services.

Kid yourself you live in a platinum plated penthouse with floor to ceiling carpeting and that the concerns of ordinary common men are not yours. Deceive yourself that all that sick stuff that passes for popular entertainment is necessary to your mental welfare, but don't bamboozle yourselves into thinking that the sugar-coated coneycatchers of the pill peddling world, and all those other lesser white coated television warblers whose birdsong is like an inverted soap enema, have any relevance for your physical and mental health. In the name of Dea salus who was the tutelary deity of public health and of the Gods of Barking Creek and Cloaca Maxima, listen not to them, but make plentifully sure that your health service is the kind you need.

For the game of health is like the dichomatizing or dichoto-anatomizing that comedians do (you know the sort of thing—either you live or die, if you live you've nothing to worry about, if you die you either go to heaven or you go to the other place, etc., etc.). But with health and the health services some time the alternatives stop coming up. You have to die sometime and on account of something. While you're part of the majority of fairly well people you perhaps can forget the Health Service. But sometimes you become one of the minority. In a crowded room full of smokers you'll always find the odd one or two of that lot who say you've got to die of some-

thing some time. However, sometime, any time, any of them can become one of the minority who will die of lung cancer. There is no calvinistic pre-destination here ; someone's number is always coming up.

It's of no use railing about the amount of money spent on the mentally subnormal. Someone must be the parents of the subnormal children being born. It's like spitting in your own face to begrudge money spent on the handicapped—most of the handicapped become so in middle and old age by reason of bronchitis or strokes and this is an unknown country through which we all must needs travel. And you are pulling on blinkers if you skimp the services to the blind for those entering the blind register are almost entirely the elderly and those dim regions lie somewhere ahead for many of us.

Value for Money

Too often, as I say, the cry from ratepayers about value for money implies curtailment of the services in which they have not at the moment a primary interest. There are great yawning gaps in the alleged monolithic structure of the misnamed welfare state and we try desperately to bridge them.

It would be tedious to go through the services at length. Better to illustrate by selection, for example, a few of the good points and the bad.

Health services are part of a pattern of Family Welfare service. Attempts have been made, are being made and will continue to be made to inaugurate a complete social service under that name. Much talk has been of a great omnibus department, dwelling under the wings of a Father Figure (sometimes a Mother Figure—but this makes little difference as they are, both of them, omnipotent and impregnable and almost inconceivable). And it will come to pass that this epicene Figure will be a Social Worker and Peace will dwell in the Land. Or will it ? I have known a good many Social Workers ; I respect their professional abilities. I recognise the integrity and the separateness of their special discipline. But with the best will in the world, none of us could say they get on well together. The omnibus department would of necessity be sectionalised and the territorial disputes and the tribal skirmishes and the propitiatory blood-letting would outdo darkest Africa.

With forebodings of this Gehenna the social welfare group of officers—comprising the Children's Officer, the Education Officer, the Housing Manager, the Medical Officer and the Welfare Officer prepared for a joint meeting of committees, and had accepted by Council, a joint report whereby in its Family Welfare service the City Council could offer to the public a continuum of services, a complete spectrum of facilities through one shop window, if you like, without creating an unwieldy mammoth department and without merging or eliminating existing departments. The report envisaged all existing social welfare departments in topographical proximity with a single telephone exchange and reception and a complete family file system.

The existing system of regular Family Welfare Officers meeting, of heads of departments under the Chairmanship of the M.O.H. would continue, as would the Family Welfare Case conferences of field workers of all sorts (child care officers, educational welfare officers, health visitors, pro-

bation officers, mental welfare officers, etc., etc.) on specific families and problems would continue. In addition there were suggestions for a mini-family service unit, a rehabilitation centre for the social education of families, a hostel and day nursery for fatherless children and their mothers, a shock force of home helps, special housing provision for re-education of tenants, and a new look at preventive measures in social work. We decided that which department had administrative control of each of these was a matter of secondary importance. We were concerned with administrative linkages and with functional unity.

We were very well aware that almost entirely in the present day services, the social worker moves into the problem situation far too late, when it is "hot" or "explosive", when it is "chronic" or "intractable", or when it is "irreversible". He or she moves in too often only to clear up the personal remnants after the domestic wreck. Too often he comes in as an emergency man ; the remover of old persons to residential homes, the remover to hospital of the mentally afflicted or the remover to the care of the Children's Committee or to the residential school of the school child victim. To obtain rapport and to make contact, the skills of a highly qualified case worker may be requested : a family may need shoring up for protracted periods : an individual may need splinting—let's face it—all their lives.

In the emergent situation, as I have said a continuum of services may be available ; one shop window, one counter from which the client is served. The Big Departmental Store mentality or present mode might serve the prime purpose of getting to the client (family or individual) the worker who will do most quickest. Providing, that is, it is not split up into sections and spread out over a City each with its section leader and riven with professional jealousies, provided all those services at present outside the local authority ambit are not arbitrarily and parochially excluded, provided it keeps in one place, complete and comprehensive and up to date family files, providing someone is making the final action-producing decision, instead of the lengthy and repetitious case conferences which are the fashionable way of ducking a decision without appearing to be negative and inactive, providing all these then it may work. On theoretical grounds there is no reason to think it would not. Nor is there any reason to think that social workers will not produce from their ranks excellent administrators.

Many of the arguments pro and con are irrelevant, some illogical. I would merely interpose a cautionary note. A Society which, acting on the advice of academic social scientists and that of certain social workers with sectarian ambitions, goes out of its way to construct a unified, integrated and comprehensive social welfare service before it has created a unified, integrated and comprehensive health service, would be like the man in the fable who out of deference to others carried his horse on his back or like the mother who threw out the baby with the bath water.

As I say, many of the arguments are illogical and the whole thing is largely a matter of policies. Advanced countries have unified integrated and comprehensive health services. We have not, and if the community does not recognise the prior claims of the health services, or does anything to impair the integrity of the concept—then let us call in the brokers, let us summon the burial party, and while we are about it let's send for the social workers as well.

The relevant talking point is prevention. In the family welfare services as in the health services (or crime services) the preventive functions are sorry and stunted and stinted. What is needed is a web of social intelligence, a body of trained persons in touch with the people and the people's needs. We need to develop more sensitive indices of social needs and early warning systems. A cry of help must be relayed before it is uttered.

But have we not already some of these prerequisites ? Within the traditional Health Departments there are many workers whose duties take them continually into the homes of the people, some like the public health nurses and the public health inspectors have already a good rapport with their clients and are well regarded and have a readier acceptance than any other group of workers in the local authority set up.

Of them all I regard the properly trained and prudent health visitor as being in a central, even pivotal, position. (The name, incidentally, is as apt as when first employed and there would seem no good reason for changing it). The marriage between the M.O.H. and the health visitors is indissoluble. The wise M.O.H. knows their value, but I will not expatiate in this report on the multiple virtues of these desirable ladies. Merely let it be said that neither the public nor perhaps the Council representatives understand their value and their potential value. Just as the investigatory and supervisory aims, and the "holding" functions of the Health Department go on unbeknown to vast numbers of beneficiaries. Nor the sense of frustration we all see throughout Health Departments up and down the country.

If one wishes to look at the possibilities of prevention on the social scene you must start with health. Ill health, mental and physical, is the commonest provocative agent of stress within the family. This does not mean (as yet, I hope) that the social worker will displace the general practitioner in the treatment of ill health but it would be foolish to deny him early access. The family in trouble, like society itself, extrudes its scapegoat. It might be the enuretic child the doctor sees at school or the boy, the teacher, the educational psychologist, the school nurse or the doctor are worried about. The social worker needs to be in early but not I hope (as yet) sharing the head teacher's room, doing the psychological assessment, or carrying out the medical interview. Strains on the family show first in its dependant members ; there is a sagging of the standards of feeding and cleanliness and the care of the children. The health visitor knows this and reports it to the Child Care Officer or to the family welfare case conference, but does this mean that the health visitor should be displaced by the Child Care Officer ?

A great clamour arises about what is called "multiple visiting". Heaven knows in a complex society who do they expect to be the single Visiting Monopolist, the Pooh Bah who will do everything including giving the injections, saying the prayers and collecting the insurance. At one time I was a similar great mogul in the interior of Borneo, I was the G.P., the M.O.H., the pathologist, the malariologist, the bacteriologist, the physician, the surgeon, the obstetrician, the hospital superintendent, the vet, the registrar of births and deaths, the president of the board or survey etc., etc., etc. Perhaps also, inadvertently, the Lord High Executioner. Here was the ultimate simplification. No, I lie, the ultimate simplification would have

been to be the witch doctor when I could have been called in to work spells on the social misfits and to deal summarily with tribal intransigence !

Reading the evidence to certain Committees and Commissions, I sometimes think that perhaps what the country needs most of all are more witch doctors, with, of course, their own unified, integrated and comprehensive departments.

What chances these grand new departments will have I do not know. All I can say is that our own scheme was not, in fact, an expensive one and in any case the plan was to spread it over the next three years. But there was no money. There is no money and I would think it very likely there will be no money in any year's estimates. It is caught between the millstones of restraint (a foolish term when we realize that all it means is restraining ourselves from helping the underpaid, the homeless, and persons in need of health and welfare services—a form of restraint which any of the standard works of social history will show we have never had the slightest difficulty in exercising) and of the awaited report of the Seebohm Committee. In England the best way to castrate services is by a Report—e.g. the Willinck Report (which cut the number of doctors by ten per cent when it should have increased them by the same amount) and the best way to fossilize them is by a Commission, e.g. the Poor Law Commission which delayed unification and humanization of the Dickensian Poor Law for 30 years.

Turning to another service for which the citizens used to pay a bit over the odds and still a bit pay over the odds ; the Ambulance Service. Partly because you pay the money, and partly because you are fortunate in its staffing, you have in Gloucester a very fine Ambulance Service. The staff are enthusiastic, humane, skilful ; the vehicles new, well equipped, well maintained ; the station new, smoothly running and effectual. The citizen is willing (or if he knew it should be willing) to pay and he deserves a first-rate service. And if he didn't want to pay and if he didn't want a first rate service, then there are farm carts fit for such men, and men such as himself to bury him.

More money is being spent on the home help service and the public is the better served for that. But our home help service and most authorities' home help services are unable to completely fulfil the demands placed upon it. Much of the organizers' time and ingenuity are spent stretching facilities to match the demand without ever really measuring up to the real need. All this is very odd, for of all services the home help service is the one which saves the country expenditure on hospital beds, places in old persons' homes and places in children's homes. It is also, of course, the one service of the "free" National Health Service for which a means test has always been obligatory.

I wonder how many citizens have ever really appreciated the great concentration of medical and health services at their beck and call in this City or even in England and Wales as a whole (there are many parts of the world with hardly any hospitals and only one doctor to 25,000 people, and I myself have been a doctor in Borneo with an area of very nearly 5,000 square miles). Many places, unlike Gloucester, have not an adequate number of general practitioners. In this City there is a complete range of

hospital services including 2 psychiatric hospitals (and soon one for sub-normals). A new accident unit. A new Consultant Maternity Unit. Within months a new General Hospital will be going up. You are regularly visited by the Mass Radiography Unit (and it is to your credit that Gloucester has one of the best attendances in the South West) !

From The Cradle

I said before that a city is as healthy as its services. Turn now to that complex of services which surrounds the cradle. Really it is quite surprising that they are so good, considering how little use is a new born babe, how limited in its verbal appeal, how infrequently it writes to the papers, how high its sales resistance, how poor its purchasing power and how seldom it votes. The truth is that though there are generally not too many people around at the time of conception, the whole of society is involved in the process it begins.

But the foundations of youth and womanhood and manhood are in this soil. Health is a complex thing ; positive health, total health, depends on a good genetic constitution. It's got something to do with a normal, natural and cultural environment. A natural and full development is an implied potential but we know that the great bulk of our people never reach it. It means the availability of the things of life—not only roof and food but family. A family with stability and cohesion and emotional resilience where the freedoms of the individual members are taught and respected, and where education is respected and health is respected. A lot depends on whether you are in a "have" group or a "have-not" group. A lot depends on whether you're on your own or whether you've got backing.

And the negative of every one of these sentences should imply services ; services to guide, services to prop, services to provide, services to give backing.

So although along a few pages you will find Dr. Begley's report, it must be remembered that the maternity and child welfare services do not begin at birth or even at the time of conception.

To some extent they begin at the courtship or marriage of your parents or even of their parents before them. If the father eats sour grapes and so on..... The malady of the parents very certainly appears as the maladjustment of the child. The cockleshell of a stable union (whether the marriage is religious, civil or cohabilitatory) is leaky and hard to steer and God knows in many cases a poor vehicle for any babe. But if there is no union at all and no accepted parental surrogate the dice are loaded against full health and normal development.

So the maternity services are paradoxically grounded in good family planning. This service the City handed on to the agency of the Family Planning Association and the facilities cover the contraceptive pill, the cap, the contraceptive device (the coil) and include cervical cytology cover. In addition one of our own staff and a Roman Catholic doctor run twice monthly in the Great Western Road Centre, a family planning clinic based on the rhythm method which is available free for any persons of any religious sect who for religious reasons wish to use the method (I put it in this manner intentionally, for the F.P.A. also teach this method).

The rationale behind this is that a child is too important to be unwanted. A universal and uninhibited family planning service is the ground not only of child welfare and the welfare of womenfolk but of the good society. There are without doubt, indications for legal abortion, social reasons as well as medical, but to introduce widespread facilities for abortion at a time when we have not a free and universal family planning service would be a gratuitous affront to the women of the country, a criminal waste of our very limited hospital facilities, and one of those daft and dubious gestures in the name of a supposed freedom and a total permissiveness which will make our time the mock of future ages.

Although the law continues its sordid vendetta against the illegitimate child, society at large has to a considerable extent relinquished this bias. Illegitimacy rates are high. This has been taken by some middle-aged persons as an indication of the depravity of youth. (Why youth ? Why is sex, which after all has been the constant term in all the morality equations of history, the only sort of depravity people acknowledge ?). The truth is that all the statistics show that throughout the last 100 years if the numbers of conceptions out of wedlock are added to the illegitimate births they are surprisingly constant. In the old days if a boy tumbled a girl, or the employer seduced her, the father of the child in the first case and somebody else in the second, were induced to wed her before the birth. Nowadays, despite the younger age of marriage the social pressures are less.

However, the next requirement is a sufficiency of places in children's homes, and efficient adoption societies in order that the children who are illegitimate should not be made to suffer for it.

You will note in this context I do not use the word unwanted. A great many pregnancies are unwanted in wedlock and out. As I say, a lot of contraceptive clinics are required to offer free advice and free treatment but even greater is the need for a lot of health and social education to persuade persons to avail themselves of such services. But not so many children are unwanted. Given the right social atmosphere, given accommodation and the means of looking after the child (best in private homes, with day fostering second best in hostels with day nurseries) and the economic means of life, many young unmarried women who part with their children would keep them. In fact, as someone suggested recently, very many of these young women suffer a period of bereavement after the parting.

At present the health committee pay the salary of a social worker to offer guidance in such cases and they pay for periods in mother and baby homes often for extended periods. The family welfare plan contains, as I have said, plans for a hostel and a day nursery. I only wish the latter were not necessary, that we had a list of kindly homes who could receive girls wanting to keep their children and who could foster the child by day while the mother went out to work. As it is now, a young girl, alone and befuddled and in that peculiar mental state which can be the sequel to confinement, having fairly normal maternal instincts, finds herself by economic circumstance, lack of accommodation, and the obdurate face of society, forced to pass on her newly born child. The emotional trauma is often a lasting one. Sometimes it leads to more illegimate births (there is no logic in the human

heart) and sometimes emotional comfort is sought in relations with other men, and these, if she is one of the luckless ones, will be equally transitory and tragic.

Without being utopian (for they already exist in the important children's hospitals like Great Ormond Street or Birmingham) genetic advisory clinics will become more and more the means of replacing the old-fashioned natural selective process. The biological cards are shuffled long before the birth, every deck has some mutations or harmful recessive factors and once they have been dealt at the time of conception, the game has to go on.

But not quite. What the Victorians called "nature" takes a hand, although maternal and infant care have vastly improved, the infant death rate from congenital malformations is around 4.4 per 1000 live births. Deaths due to congenital defects represent over 20% of all infants, as well as being responsible for about the same percentage of stillbirths.

Natural miscarriages (by definition conceptions ending before the twenty-eighth week) appear to occur with much greater frequency when the foetus is malformed. Recent studies suggest that perhaps three quarters of these natural miscarriages occur when there is a serious defect in the unborn foetus. Then again, of all stillbirths (which are conceptions going on after the twenty-eighth week but where at birth the child never draws breath) 20% are so because they are malformed, and in fact 50% of all malformed die in that last period of pregnancy after the twenty-eighth week. A further 30% of malformed children die in the first year (many in the first month, most in the first week or even the first hours).

So however good the services some children will die. With the gross congenital defects it is better so, the natural screening process takes care of that. Prematurity is quite a different category. Just over 50% of all stillbirths are premature and 60% of infant deaths of the first week of life are due to the condition ; a condition, I might say, whose causation is imperfectly understood. Toxaemic conditions and difficulties during labour account for most of the rest (infection now playing little part in early infant deaths).

Another potent cause of handicaps both mental and physical is cerebral palsy. This could be reasonably considered as the frayed edge of the live birth rate. It is caused through birth injury, lack of oxygen about the time of birth, jaundice at birth, etc.—all conditions which fifty years ago would have caused the death of the child. The incidence of cerebral palsy rises. It is the price we pay for improved ante-natal, obstetric and infant care. The attempt must be to cut the margin and reduce the price.

Now prematurity and these other conditions are remediable. The Perinatal Mortality survey published in 1963 and the four Enquiries in Maternal Deaths published over the last few years—all show that there are avoidable factors or remediable malpractices and foreseeable miscalculations.

You must start off with a fit mother which is after all the number we first thought of. A good Child Health Service, preferably combined with a good School Health Service, is one prerequisite. Careful and conscientious general medical services. Good health education—no fear of doctors or dentists or of needles, etc., a healthy avoidance of pills and potions, a good diet, regulated habits, a good husband, a house of good standards (i.e. better

than most people live in) and a sufficiency of money (any family man getting less than £15 per week hasn't got it), etc., etc.

And most of all the good old-fashioned common sense to consult the general practitioner early and to attend regularly at the ante-natal clinics. Left to themselves over 50% of women do not avail themselves of full ante-natal care. A good service therefore has wise Health Visitors to act as spotters and chasers, to ensure that the ladies attend before the sixteenth week and attend regularly a dozen or so times after the preliminary examination.

A sufficiency of beds and a sufficiency of midwives to support them. Gloucester City is fortunate in that it has a fully staffed consultant unit and soon will have a fully staffed general practitioner unit as well as having a corpus of keen general practitioner obstetricians. The attempt has always been here to build up a unified maternity service—unified that is from the client's point of view to avoid dual attendance and duplication. The Charles Cookson Clinic serves as the centre for both the hospital and the local authority maternity services, supplemented by attachments of domiciliary midwives to certain practices in the area. The consultants, the general practitioners and the local authority staffs carefully select what patients require what sort of confinement, home, consultant unit, G.P. Unit. This is crucial. The assessment is based on medical, obstetric and social criteria ; it pays regard to what past surveys have shown to be "high risk" cases. However, such surveys like all medical and health surveys must always be subject to re-appraisal : the age and patterns of marriage are shifting, social factors are in flux, medical and obstetric practices are ever changing, and the maternity fashions and obstetric trends of yesterday as shown by such surveys are not necessarily for all time. It could be that the tendencies will again be for home confinement and that even the risk groups will change. For change they always have—often in fact, we are faced with what appears to be a complete reversal.

But even with best devised ante-natal services there will be emergencies. The ambulances and the attendants are geared for these. One attendant has, in fact, delivered 12 infants (I would say, more on account of the tardiness of the mothers-to-be than the slowness of the City Ambulances—or alternatively, perhaps the Gloucester maternal birth pathways offer to the traveller a speedier exit that the Gloucester highways). All the ambulances are fully equipped to include fitments for incubators, resuscitators, suckers, oxygen therapy. A skilled Obstetric Flying Squad can be got from the City Maternity Hospital within minutes and for the premature child, the hypothermic child, the axoxic brain damaged child, the Special Care Baby Unit is a particular feature of the new hospital.

After the birth the Consultant Paediatrician, aided by one of our own Medical Officers, with special experience, tends the premature and risk babies at a special clinic. Another paediatrician with Health Visitors in close liaison looks to their care after they have passed the first critical month of life. The same Health Visitors supplemented by the Medical Officers of the Child Welfare Clinics ensures the maintenance of a reasonable standard of child care. The medical purpose is facilitated by good lay administration. The Health Department has records of every child and of most of the houses in

which these children live. A register is kept of babies with congenital defects. There is a register of babies at risk from whatever cause, including unstable social and unstable mental backgrounds. All children with handicaps are assessed and every attempt made to ensure that by judicious preventive and corrective measures their development, physical, mental and social, is encouraged towards the margins of normality. The Department works very closely indeed with the Children's Department in all problem cases. However, it should be of particular concern to everyone to provide adequate social and economic backing—for it is a sad commentary on the (doubtful) claim that class differences are shaded out, that although the rates of stillbirths, of neonatal and infant and child mortality have all fallen over the last 50 years, the class differences have remained relatively the same. It is still in this, as in many other things, better to be born of parents in Social Class I.

Be sure to pick your parents well . . . . .

Take the utmost care to get well born and well brought up . . . . .

Envoi

Having already flown a good many health education kites and as we are in a world of the anti hero and the anti-novel, may I conclude with another quotation from Shaw which I can only describe as being in the nature of anti-health education :—

. . . . ."the M.O.H. will no doubt for a long time have to preach to fools according to their folly . . . . . therefore it will be important that every M.O.H. shall have with his (or her) other qualifications, a sense of humour lest he (or she) shall come at last to believe all the nonsense that needs to be talked . . . . . ! ! !

By permission of the Central Council for Health Education

By permission of the Central Council for Health Education

NEONATAL DEATHS IN GLOUCESTER 1961 - 1965

Concern about the neonatal death rate in 1964 caused this enquiry to be carried out.

This graph includes the figure for 1966 :—

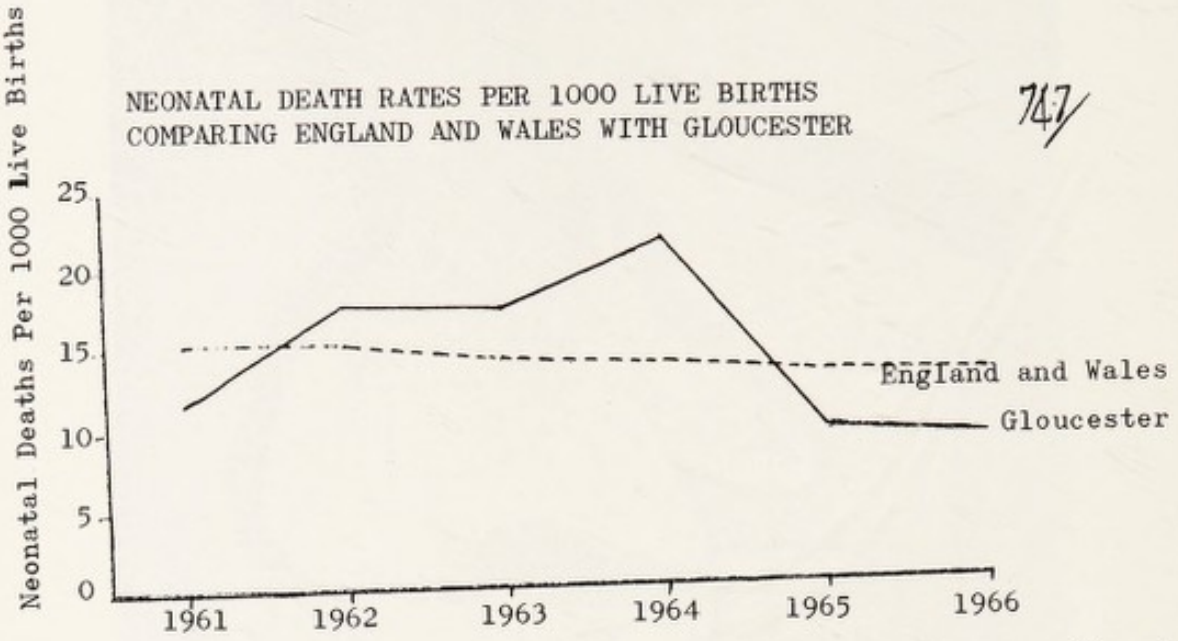


FIG. 1

	Gloucester	England and Wales
1961	11.7	15.3
1962	17.5	15.1
1963	17.2	14.3
1964	21.3	13.8
1965	9.7	13.0
1966	9.2	12.9

During the 5 year period 1961-65 inclusive there were 112 neonatal deaths in infants born to mothers resident in Gloucester City.

107 of the infants were born in Gloucester and 5 infants were born in St. Paul's Hospital, Cheltenham.

The highest number of neonatal deaths occurred in 1964 causing concern.

In June 1965 a premature trained nursing sister was appointed to the Maternity Block at Gt. Western Road Hospital.

Actual numbers of neonatal deaths shown in the years they occurred.

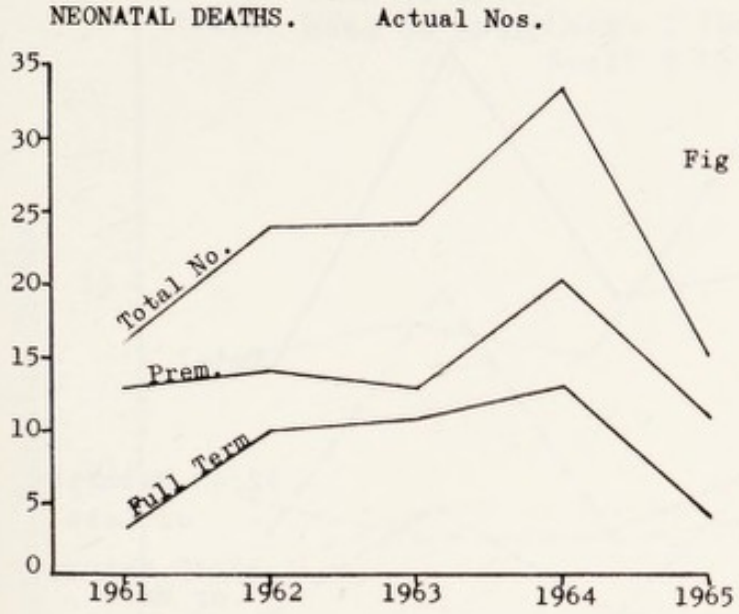


Fig 2

The 12 neonatal deaths were divided into
Premature deaths 71
Full term deaths 41

(Prematurity being taken as less than 37/40 gestation, or 5 lbs 8 ozs or less at birth).

The highest total of deaths in both groups occurred in 1964.

FIG. 2

	1961	1962	1963	1964	1965
Total Births	1364	1394	1504	1549	1560
Neonatal Deaths ..	16	24	24	33	15
1. Prem.	13	14	13	20	11
2. Full Term	3	10	11	13	4

Neonatal deaths of premature infants

The 71 premature infants were subdivided by maturity at birth

33/40 or more Total = 36
32/40 or less Total = 35 of which 21 infants were 28/40 or less. Maturity was calculated from the dates, where possible.

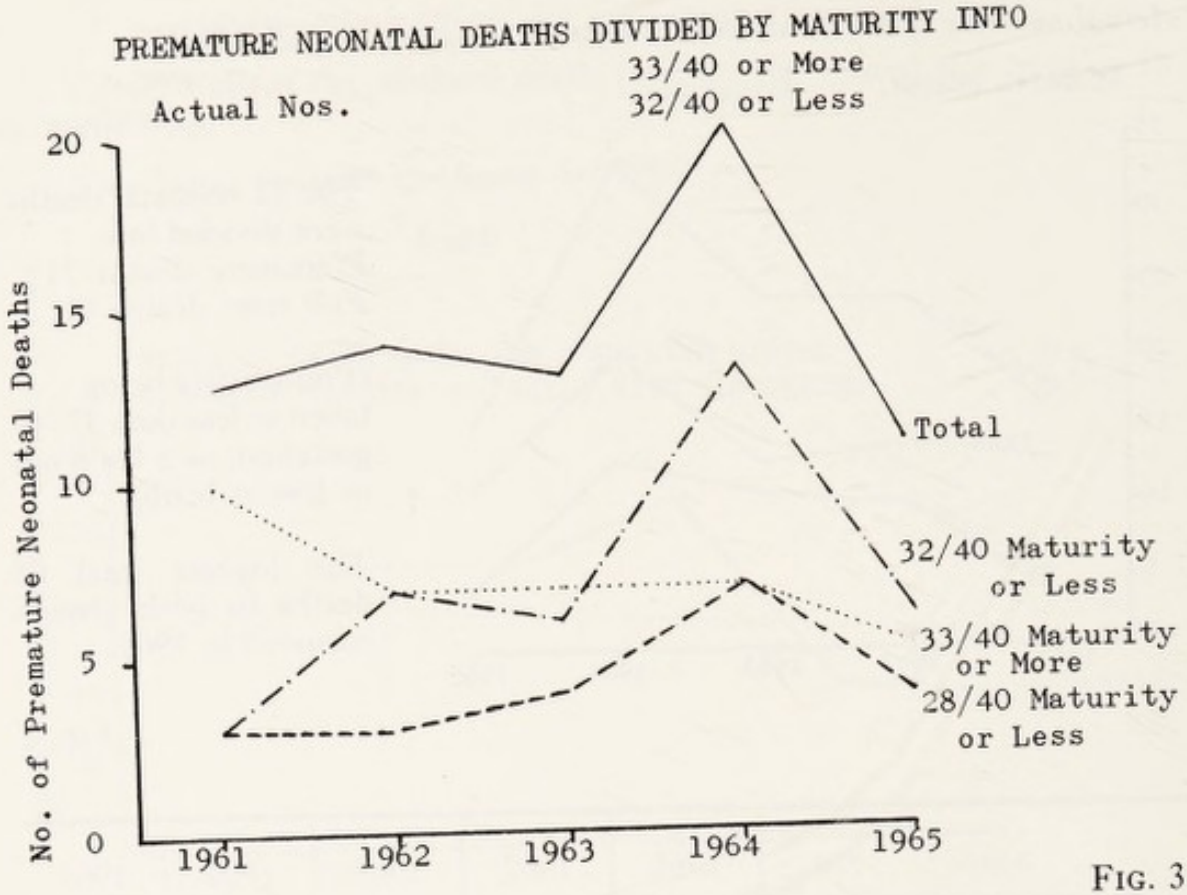


FIG. 3

The high number of premature deaths in 1964 appears to have been the result of an increase in deaths amongst the smaller premature infants of 32/40 maturity or less at birth.

There was no increase in the number of deaths of premature infants of maturity 33/40 or more at birth.

	Total Prem. Neonatal Deaths	Total of 33/40 or More	Total of 32/40 or Less	28/40 or Less
1961	13	10	3	3
1962	14	7	7	3
1963	13	7	6	4
1964	20	7	13	7
1965	11	5	6	4
Totals	71	36	35	21

The 71 premature infants were subdivided by birth weight into

large prematures	B.W.	3 lbs 1 oz. or more	Total =	38
small prematures	B.W.	3 lbs or less	Total =	33

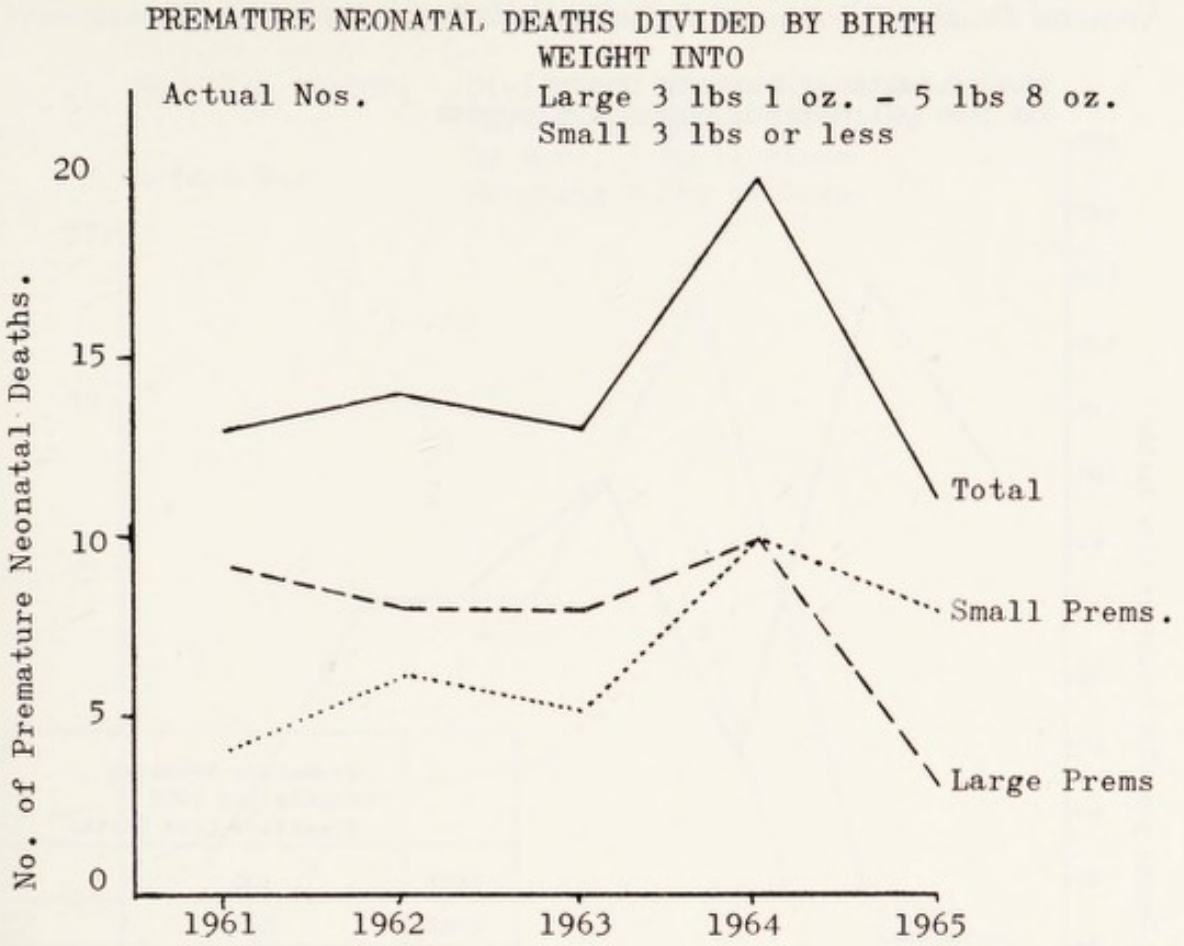
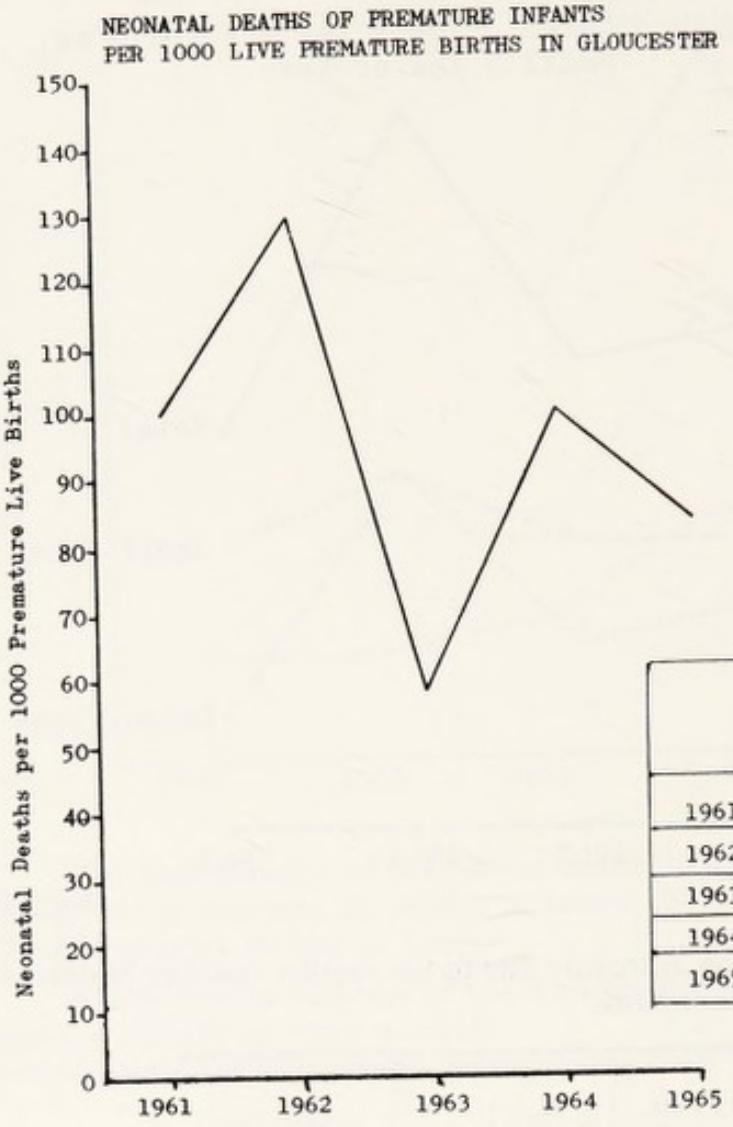


FIG. 4

The improvement in 1965 is mainly due to the smaller number of deaths amongst the larger premature infants.

	Total Prem. Neonatal Deaths	Large Prems.	Small Prems.
1961	13	9	4
1962	14	8	6
1963	13	8	5
1964	20	10	10
1965	11	3	8
Totals	71	38	33

Neonatal Deaths of Premature Infants per 1000 *live Premature Births.*



	Premature Neonatal Deaths per 1000 Premature Live Births
1961	100
1962	129
1963	58.8
1964	100
1965	82.7

FIG. 5

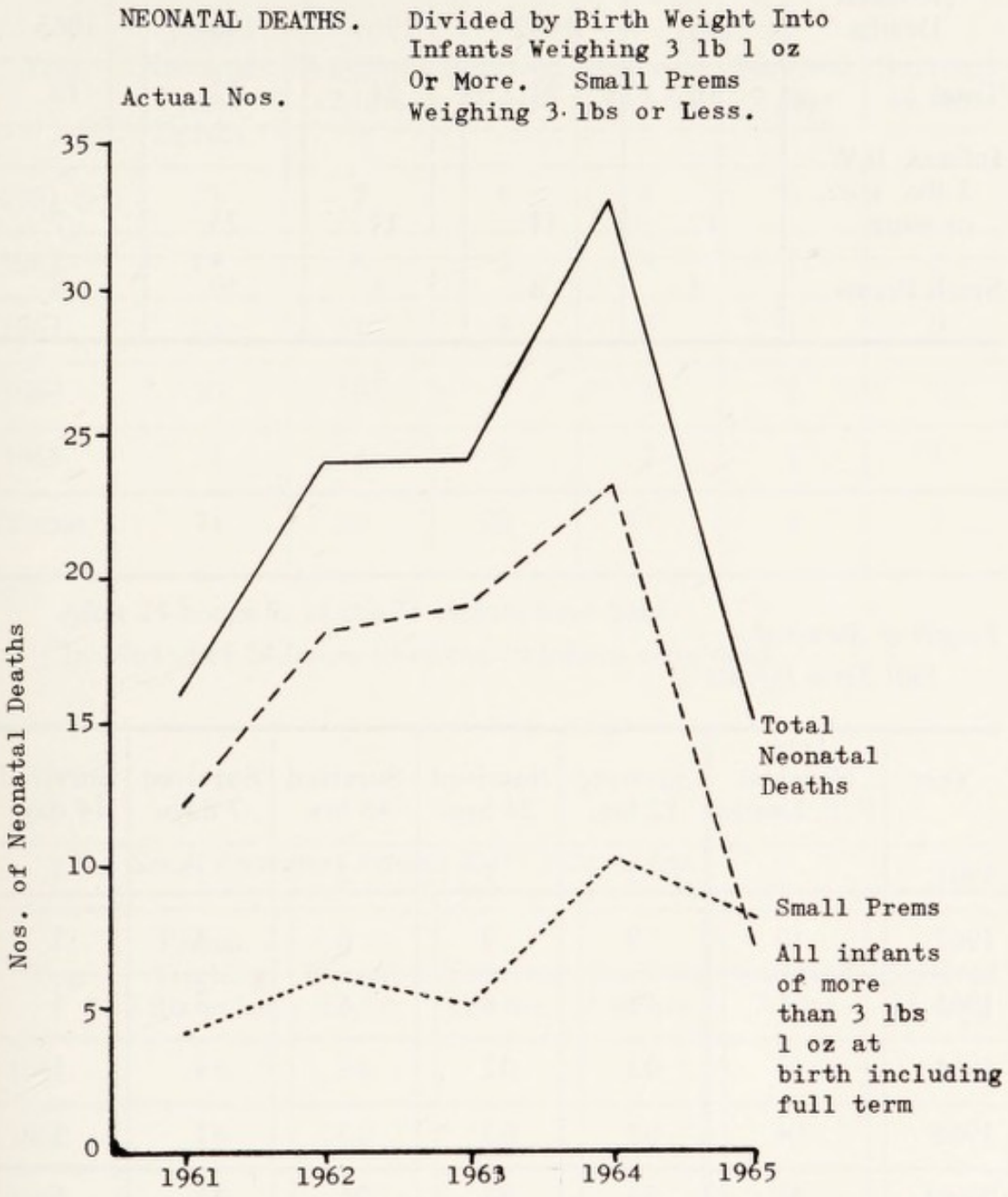


FIG. 6

The reduction in the total number of neonatal deaths in 1965 is mirrored in the reduction in the number of deaths of infants weighing 3 lb. 1 oz. or more at birth.

Neonatal Deaths	1961	1962	1963	1964	1965
Total	16	24	24	33	15
Infants B.W. 3 lbs. 1 oz. or more	12	18	19	23	7
Small Prems.	4	6	5	10	8

Length of Survival

Full Term Infants

Year	Total Neonatal F.T. Deaths	Survived 12 hrs.	Survived 24 hrs.	Survived 48 hrs.	Survived 7 days	Survived 14 days
1961	3	3	3	2	1	1
1962	10	9	9	6	4	1
1963	11	8	8	6	3	1
1964	13	12	12	9	4	1
1965	4	3	3	3	1	1
Total	41	35	35	26	13	5

After 24 hours only 6 of the 41 infants were dead.

Premature infants (a) Total

Year	Total Neonatal Prem. Deaths	Survived 12 hrs.	Survived 24 hrs.	Survived 48 hrs.	Survived 7 days	Survived 14 days
1961	13	7	5	5	0	0
1962	14	6	5	4	1	1
1963	13	11	5	5	1	0
1964	20	10	3	1	1	1
1965	11	4	2	2	1	1
Totals	71	38	20	17	4	3

After 24 hours 51 of the 71 infants were dead.
In 1964 after 24 hours 17 of the 20 infants were dead.

(*b*) *Small Premature Infants B.W. 3 lbs. or less.*

Year	Prems. Weighing 3 lbs. or less	Survived 12 hrs.	Survived 24 hrs.	Survived 48 hrs.	Survived 7 days	Survived 14 days
1961	4	1	0	0	0	0
1962	6	0	0	0	0	0
1963	5	4	2	2	0	0
1964	10	3	0	0	0	0
1965	8	3	1	1	1	1
Totals	33	11	3	3	1	1

After 24 hours 30 of the 33 infants were dead.
In 1964 after 24 hours all 10 of the infants were dead.

Comparison of Survival

	No. Involved	Survived 12 hrs.	Survived 24 hrs.	Survived 48 hrs.	Survived 7 days	Survived 14 days
Full Term	41	35	35	26	13	5
Large Prems.	38	27	17	14	3	2
Small Prems.	33	11	3	3	1	1

Incidence in the sexes of neonatal death in full term and premature infants.

Number of	Male	Female	Not Known
Prems.	37	33	1
Full Term	26	15	0
Total	63	48	1

63 male

48 female

The infant whose sex is not recorded was born in Cheltenham.

Incidence of infants being born from multiple pregnancy amongst the full term and premature neonatal deaths.

	Singletons	Twins	Trips
Prems.	55	13	3
Full Term	40	1	0
Total	95	14	3

95 singletons

14 twins

3 triplets

Number of pregnancies resulting in neonatal deaths.

41 full term neonatal deaths resulted from 41 pregnancies.

71 premature neonatal deaths resulted from 65 pregnancies.

	No. of Neonatal Prem. Deaths	No. of Pregnancies involved
1961	13	13
1962	14	12
1963	13	11
1964	20	18
1965	11	11
Total	71	65

The 71 premature neonatal deaths were divided by birth weight into large prems. birth weight more than 3 lbs. and small prems. birth weight 3 lbs. or less and the following was noted :

38 large premature neonatal deaths resulted from 38 pregnancies,

33 small premature neonatal deaths resulted from 27 pregnancies, emphasizing the connection between multiple pregnancy, very low birth weight and neonatal death.

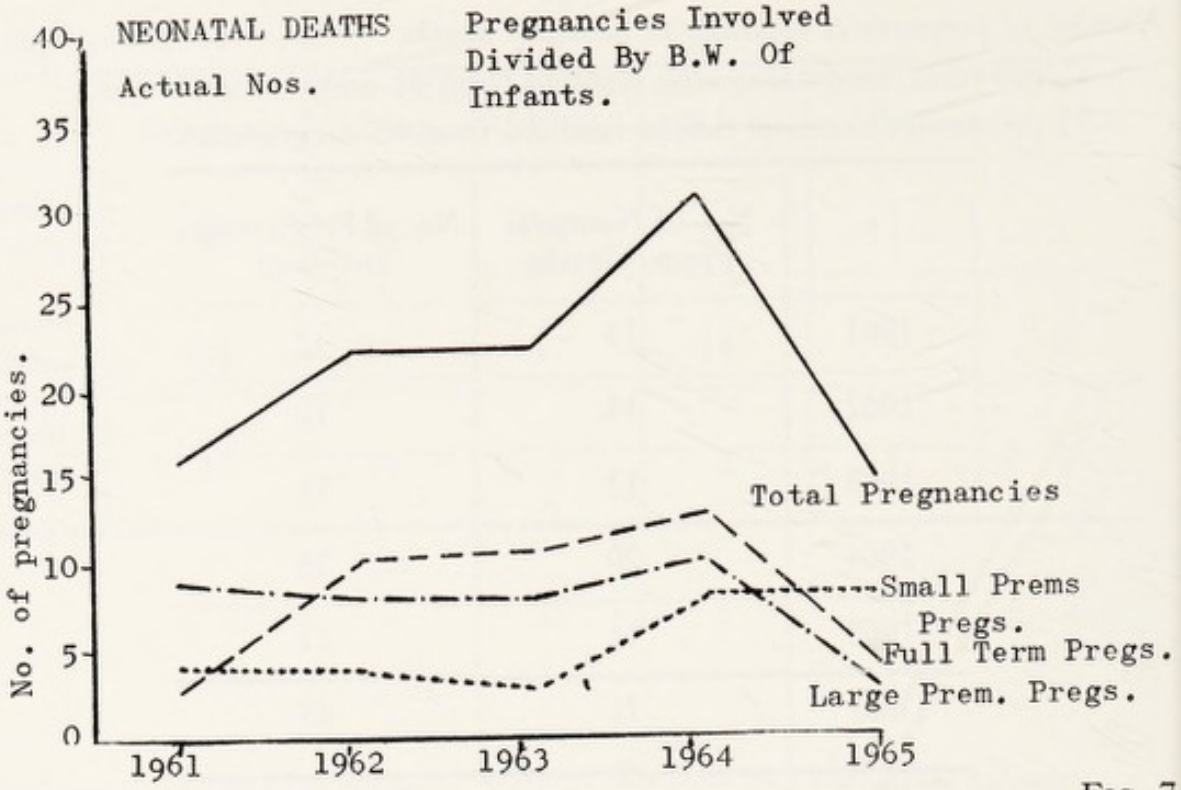


FIG. 7

Number of Mothers	1961	1962	1963	1964	1965
Total	16	22	22	31	15
Of Full Term..	3	10	11	13	4
Of Large Prems.	9	8	8	10	3
Of Small Prems.	4	4	3	8	8

Congenital Abnormalities Contributing to or Causing death.
Full Term Infants

	Total No. F. Term	No. of Cong. Abns.	No. without Cong. Abns.
1961	3	2	1
1962	10	4	6
1963	11	7	4
1964	13	10	3
1965	4	2	2
Total	41	25	16

Actual Abnormalities involved

Microcephaly and Encephalocele	1
Spina Bifida and Myelocele	4
Anencephaly	1
Oxycephaly	1
Cysts of Brain	1
Cerebral Haemangioma with Haemorrhage	1
Teratoma and Bilateral Hydronephrosis	1
Polycystic Kidneys	1
Intestinal Atresia	2
Hirschprungs Dis.	1
Exomphalos	1
Diaphragmatic Hernia	2
Fibrocystic Disease	1
Cong. Heart Dis. (unspecified)	3
Transposition	1
Univentricular Heart	1
Univentricular Heart with P.D.A. Vestigeal Aorta. No Mitral Valve and P. for Ovale.	1
Mongol	1
	25

Of 41 infants 25 had serious congenital abnormalities directly causing or contributing to death.

Premature Infants

	No. of Prem. Neonatal Deaths	No. of Known Cong. Abns.	No. Without Known Cong. Abnorms.
1961	13	1	12
1962	14	2	12
1963	13	3	10
1964	20	3	17
1965	11	0	11
Total	71	9	62

Of 71 premature infants 9 had congenital abnormalities contributing to death.

Hydronephrotic Kidney	1
Mongol with Duodenal Stenosis	1
"Myotonia Gongenita" with Multiple Defects	1
Fibrocystic Disease	1
Tracheo-Oesophageal Fistula with A.S.D. ..	1
Microcephaly, Hare Lip and Cleft Palate ..	1
Hare Lip, Cleft Palate, Webbed Digits ..	1
Spina Bifida	2
	9

Of 71 premature infants 9 had congenital abnormalities contributing to or causing death.

To show the effect of congenital abnormalities on the neonatal deaths

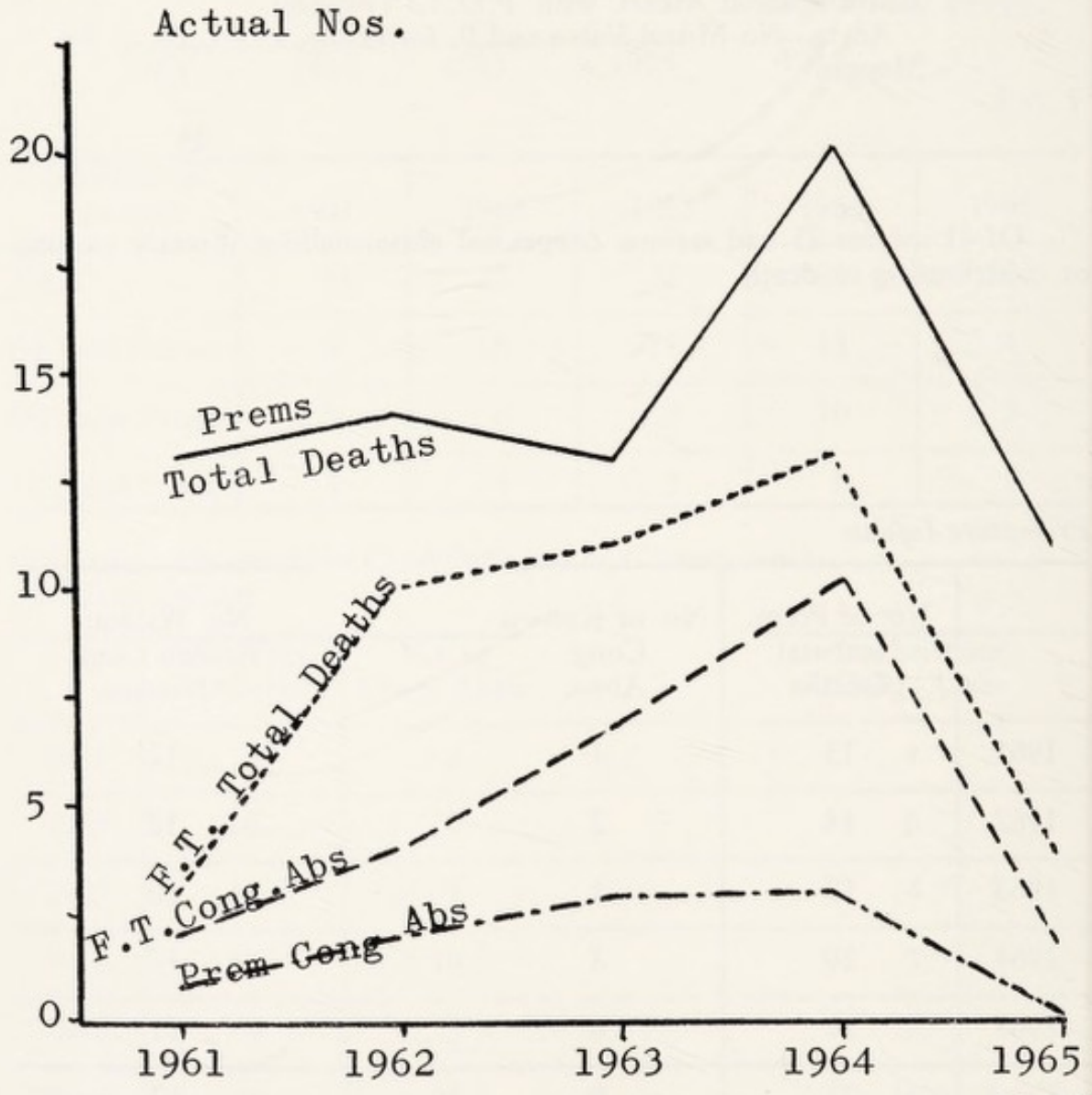


FIG. 8

	1961	1962	1963	1964	1965	Total
No. Full Term Neonatal Deaths	3	10	11	13	4	41
Cong. Abnorms. in Above	2	4	7	10	2	25
No. Premature Neonatal Deaths	13	14	13	20	11	71
Cong. Abnorms. in Above	1	2	3	3	0	9

There appears to be a close relation between the full term neonatal deaths and the number of congenital abnormalities in the infants involved.

There does not appear to be any relationship between the premature neonatal deaths and the congenital abnormalities in those infants.

Diseases causing or contributing to death, alone or with a congenital abnormality. Full term infants

	Total No. of Full Term Infants	No. with Disease Alone	No. with Disease + Cong. Abnorm.
1961	3	1	1
1962	10	6	1
1963	11	4	3
1964	13	3	3
1965	4	2	1
Total	41	16	9

N.B. Atelectasis was accepted as a disease and NOT a Cong. Abnormality.

Diseases Involved	Alone	With Abnormality	
Atelectasis	2	2	Mongol Diaphragmatic Hernia
Bronchopneumonia . .	4	2	Oxycephaly C.H.D.
Asphyxiated by Bedclothes	1	0	
Rhesus Incompatibility . .	2	0	
Encephalomyelitis . .	1	0	
Meningitis	0	1	Spina Bifida
Fits ? Cause	1	0	
Uraemia	0	3	Brain Cysts Teratoma Polycystic Kidneys
Cerebral Haemorrhage . .	3	1	Transposition
Haemorrhagic Disease . .	1	0	
Haemorrhage from cold . .	1	0	
	16	9	

Of 41 infants 16 suffered from disease without congenital abnormalities.
9 suffered from disease in conjunction with severe congenital abnormalities.

Premature Infants

	No. of Premature Neonatal Deaths	No. with Disease Alone	No. with Disease Plus Cong. Abnorm.
1961	13	12	1
1962	14	12	1
1963	13	10	2
1964	20	17	1
1965	11	11	0
Total	71	62	5

N.B. Atelectasis was accepted as a disease and NOT as a Congenital Abnormality.

Diseases or conditions involved :—

Prematurity Alone	38
Atelectasis	15
Intracranial Haemorrhage	4
Dysmaturity. Calcified Placenta	1
Haemorrhagic Disease	2
Haemolytic Disease	3
Bronchopneumonia	4
	67

Of the 71 premature infants

4 of the neonatal deaths were attributed to cong. abnormality alone.
38 ,, ,, ,, ,, ,, ,, ,, prematurity alone.
15 ,, ,, ,, ,, ,, ,, ,, atelectasis.
14 ,, ,, ,, ,, ,, ,, ,, other specific diseases.

Measures used in resuscitation immediately following birth.
Full Term Infants

	1961	1962	1963	1964	1965	No. of Times Method Used
No. of Full Term Deaths ..	3	10	11	13	4	
None	1	7	10	7	2	27
Unknown ..	0	0	0	2	2	4
Oxygen ..	2	0	1	3	0	6
Coramine ..	0	0	1	0	0	1
Synkavit ..	0	1	0	0	0	1
Lethiorone ..	0	1	0	0	0	1
Lobeline ..	0	1	0	0	0	1
Hydrocortisone	1	0	0	0	0	1
Konakion ..	1	0	0	1	0	2
Nalorphine ..	0	0	0	1	0	1
Intubated ..	0	0	0	2	0	2

Of the 41 infants 10 received resuscitation.
2 were intubated.
27 did not receive resuscitation.
(The details of 4 others were not obtained : 2 born in Cheltenham
2 born in Gloucester).

Premature Infants

	1961	1962	1963	1964	1965	No. of Times Method Used From 1961-65 in subsequent neonatal prem. deaths
Number of Prem. Neonatal Deaths ..	13	14	13	20	11	
None	4	6	3	6	3	22
Unknown	2	2	1	2	2	9
Mucus Extraction ..	4	1	1	5	2	13
Oxygen	7	3	4	7	5	26
Coramine	1	0	0	1	0	2
Synkavit 1 mgm. ..	2	0	0	0	0	2
Lethidrone ½ c.c. ..	0	2	0	1	0	3
Lobeline 1 c.c. ..	1	2	0	1	0	4
Vandiol	0	0	0	0	1	1
Incubator	4	0	4	5	2	15
Intubation	0	0	3	2	3	8

Of the 71 premature infants 40 received resuscitation.
8 were intubated.
22 did not receive resuscitation.

(The details of 9 others were not obtained : 4 born in Cheltenham
5 born in Gloucester)

In this enquiry the use of intubation first appeared in 1963.

Drugs used after initial resuscitation
Full Term infants

	1961	1962	1963	1964	1965	Total
No. of Full Term Neonatal Deaths	3	10	11	13	4	41
None	2	5	9	10	2	28
Unknown	0	0	0	2	0	2
Penicillin ½ mega.	0	1	0	0	1	2
Penicillin ¼ meg. q.d.s. ..	0	0	0	1	0	1
Penicillin ¼ mega. b.d. ..	1	1	1	0	0	3
Orbenin	0	0	0	0	1	1
Chloro	0	0	0	0	1	1
Strep.	0	0	0	0	1	1
Hydrocortisone ¼ c.c. b.d. ..	1	0	1	0	1	3
Konakion ½ amp.	1	0	0	0	0	1
Synkavit ? dose	0	1	0	0	0	1
Phenobarb 15 mgns. b.d. ..	0	0	1	1	0	2
Paraldehyde ½ c.c. 4 hourly ..	0	2	1	0	0	3

Of the 41 infants 11 were known to have received drugs.
28 were known not to have received drugs.
(The details of 2 infants were not known : 1 born in Cheltenham
1 born in Gloucester).

Premature Infants

	1961	1962	1963	1964	1965	Total
No. of Premature Neonatal Deaths	13	14	13	20	11	71
None	7	11	8	12	6	44
Unknown	2	3	1	2	2	10
Penicillin 250,000 bd.	3	0	2	1	2	10
tds.	0	0	0	1	0	
qds.	0	0	0	0	1	
Penicillin 1,000,000 stat.	1	0	0	0	0	1
Hydrocortisone 50 mgms. + ds.	0	0	0	1	0	1
Streptomycin 25 mgns. bd.	0	0	0	0	1	2
62.5 mgns. bd.	0	0	0	0	1	
Paraldehyde ½ c.c.	0	0	0	1	0	1
Synkavit	0	0	1	0	0	1
Oxygen	1	0	0	0	0	1
Coramine	1	0	0	0	0	1
Nepenthe ½ minim	0	0	1	0	0	1
Phenobarb 7.5 mgms s.o.s. ..	0	0	0	1	0	1

Of the 71 premature infants 17 were known to have received drugs.
44 were known not to have received drugs.
(The details of 10 infants were not known : 4 delivered in Cheltenham
6 delivered in Gloucester).

The mothers involved

106 mothers gave birth to the 112 infants who subsequently suffered neonatal death.

65 mothers gave birth prematurely to 71 of the infants
41 ,, ,, ,, at term ,, 41 ,, ,, ,,
62 ,, ,, ,, prematurely in Gloucester
3 ,, ,, ,, ,, in St. Paul's Cheltenham
39 ,, ,, ,, at term in Gloucester
2 ,, ,, ,, ,, ,, in St. Paul's Cheltenham

Age of the mothers
Mothers of the mature infants

	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40+	Unknown
1961	0	1	1	1	0	0	0
1962	0	3	2	4	1	0	0
1963	4	1	3	1	2	0	0
1964	2	5	5	0	0	0	1
1965	1	1	0	0	1	0	1
Totals	7	11	11	6	4	0	2
	18		21				2
%	43.9%		51.2%				4.9%

Average age 25.8 years.

Mothers of the premature infants

	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40+	Unknown
1961	1	2	2	2	4	1	2
1962	3	4	1	2	0	0	1
1963	1	3	1	2	2	1	1
1964	3	6	2	3	3	0	1
1965	2	5	0	2	1	0	1
Totals	10	20	6	11	10	2	6
	30		29				6
%	46.2%		44.6%				9.2%

Average age 26.6 years.

Mothers of premature infants

Mother Gravida	1	2	3	4	5	6	7	8	9	10		?
1961	3	4	1	2	1	0	1	1	0	0		0
1962	4	3	0	0	2	1	0	1	0	0		1
1963	3	1	1	1	1	3	0	0	0	1		0
1964	6	4	2	3	1	1	1	0	0	0		0
1965	2	4	2	1	0	0	0	0	0	0		2
Totals	18	16	6	7	5	5	2	2	0	1		3

65 mothers

18 mothers or 26.2% were primigravidae.
15 mothers or 23.1% were gravida 5 or more.

Past Obstetric History.
Mothers of the mature infants

	Mothers with Abnormal P.O.H.	No. of Preg-nancies Involved	Prem. Delivery	M/C	S.B.	Neonatal Death	P.O.H. Not Known
1961	1	1	0	1	0	0	0
1962	5	5	3	1	1	1	0
1963	3	3	0	3	0	0	0
1964	4	4	1	3	0	0	0
1965	2	2	1	1	0	1	0
Total	15	15	5	9	1	2	0

41 mothers. 30 multigravid.

15 *mothers* = 50% had an abnormal P.O.H. having had a prem. delivery, miscarriage, stillbirth or neonatal death, once in their history.

Mothers of premature infants.

	Mothers with Abnormal P.O.H.	No. of Preg-nancies Involved	Prem. Delivery	M/C	S.B.	Neonatal Death	P.O.H. Not Known
1961	3	5	0	4	1	0	0
1962	2	5	2	2	0	1	1
1963	7	10	2	7	2	0	0
1964	8	15	7	6	2	0	0
1965	4	4	2	3	0	2	2
Total	24	39	13	22	5	3	3

65 mothers. 47 multigravid.

24 *mothers* = 51% had an abnormal P.O.H. involving 39 episodes of prem. delivery, miscarriage, stillbirth or neonatal death.

Mothers attendance at Booking Clinic and for first examination.
Mothers of mature infants.

All 41 mothers booked.

On average they attended for booking in the 22nd week.

„ „ „ „ „ first exam. in the 24th week.

Mothers of premature infants.

Of 65 mothers :— 52 booked.
10 did not book.
3 details not known.

The 52 booked mothers, on average attended the booking clinic in the 21st week and attended for first examination in the 23rd week.

The 10 mothers who did not book delivered on average at 28/40 gestation (23/40 - 32/40).

6 were legitimate pregnancies producing 6 legitimate infants.

4 were illegitimate pregnancies producing 7 illegitimate infants.

Place of delivery where mothers booked initially.
Mothers of full term infants.

	Home	Hospital G.M.H.	Cheltenham Victoria Home	Not Booked	Not Known
1961	2	1	0	0	0
1962	5	5	0	0	0
1963	6	5	0	0	0
1964	5	6	1	0	1
1965	0	2	1	0	1
Totals	18	19	2	0	2

41 mothers.
2 booked in Cheltenham Victoria Home.
18 booked at home Gloucester.
19 booked hospital Gloucester.

Mothers of premature infants.

	Home	Hospital G.M.H.	Cheltenham Victoria Home	Not Booked	Not Known
1961	5	5	1	1	1
1962	3	5	0	3	1
1963	3	4	1	3	0
1964	5	10	2	1	0
1965	0	7	1	2	1
	16	31	5	10	3

65 mothers.
5 booked in Cheltenham Victoria Home.
16 booked at home Gloucester.
31 booked hospital Gloucester.
10 not booked.

N.B. There were no home bookings in 1965 with a subsequent neonatal death.

Booked Place of Delivery and Actual Place of Delivery.
Mothers of Full Term infants.

	Home Booking			Hosp. Booking G.M.H.		Victoria Home Booking	Unknown Booking	
	Home Delivery	Hospital Delivery		Hosp. Delivery	Home Delivery	Delivered St. Pauls	Delivered	
		Change of Booking	Emergency Admission		Change of Booking		Hosp.	Home
1961	1	1	0	1	0	0	0	0
1962	3	1	1	5	0	0	0	0
1963	3	1	2	4	1	0	0	0
1964	3	1	1	6	0	1	1	0
1965	0	0	0	2	0	1	0	1
	10	4	4	18	1	2	1	1

Hosp. is used to mean Gloucester Maternity Hospital.

St. Paul's Hospital, Cheltenham, is mentioned by its full name.

41 mothers ultimately had 12 home deliveries.
27 Gloucester Maternity Hospital deliveries.
2 St. Paul's Hospital, Cheltenham deliveries.

Of the 18 original home bookings 10 delivered at home.
4 changed their bookings to hospital.
(1 social ; 3 obstetric reasons).
4 admitted as emergencies in labour.

Of the 19 original hospital bookings 18 delivered in hospital.
1 changed her booking to home (social).

Of the 2 original Victoria Home bookings, both delivered in St. Paul's Cheltenhan.

Of the 2 unknown bookings, 1 delivered at home and 1 in hospital.

	Home Booking			Hospital Booking		Not Booked		Victoria Home		Unknown Booking		
	Home Delivery	Hospital Delivery		Hospital Delivery	Home Delivery	Delivered		Delivered		Hosp. Del.	Home Del.	?
		Change of Booking	Emerg. Adm. in Prem. Labour		B.B.A.	G.M.H.	Home	St. Pauls	G.M.H.			
1961	1	1	3	3	2	1	0	1	0	0	0	1
1962	2	0	1	5	0	1	2	0	0	1	0	0
1963	1	0	2	4	0	3	0	1	0	0	0	0
1964	1	0	4	9	1	1	0	1	1	0	0	0
1965	0	0	0	7	0	2	0	0	1	1	0	0
	5	1	10	28	3	8	2	3	2	2	0	1

Hosp. is used to mean Gloucester Maternity Hospital.

65 mothers ultimately had 10 home deliveries.
51 Gloucester Maternity Hospital deliveries.
3 St. Paul's Hospital, Cheltenham deliveries.
1 booking and place of delivery unknown.

Of 16 original home bookings 5 delivered at home.
1 booking changed to hospital for obstetric reasons.
9 were emergency admissions in premature labour.
1 was emergency admission with A.P.H.

Of 31 original hospital bookings 28 delivered in hospital.
3 were delivered at home B.B.A.

Of 5 original Victoria Home bookings 3 delivered in St. Paul's Cheltenham.
2 were emergency admissions to hospital in premature labour.

Of 10 without bookings 8 delivered in hospital.
2 delivered at home.

2 unknown bookings were delivered in hospital and 1 had unknown place of delivery.

Factors affecting the pregnancies of mothers delivering in Gloucester.
Mothers of full term infants : 39 *mothers.*

1961
Total 3 mothers
Factors in 2

1. X Ray abdo. 29/40 ? twins.
2. Hb at booking 70-80%.

1962
Total 10 mothers
Factors in 6

1. Glycosuria Prediabetic G.T.T. 35/40 ; Toxaemia 37/40 Admitted.
2. X Ray abdo. 30/40 large for dates.
3. Thr. M/C 20/40 A.P.H. 38/40.
4. Thr. M/C 11/40.
5. External version Breech — Vertex 30/40.
6. Hb at booking 70—80%.

1963
Total 11 mothers
Factors in 2.

1. Accidental haemorrhage in 2nd stage, transferred in from home. 2nd stage lasted 4 hours.
2. Pyelitis at 25/40.

1964
Total 12 mothers
Factors in 3

1. Toxaemia 37/40 admitted. X ray abdo confirm dates. readmitted with toxaemia at 39/40.
2. X Ray abdo. 40/40 persistent breech — anencephalic.
3. Toxaemia 34/40 admitted. X ray abdo 36/40 confirm dates. Induced 38/40. Eclamptic fit before delivery.

(N.B. Notes of 1 other mother incomplete).

1965	1. Foetal transfusion at 35/40, Crystamycin for 5 days until delivered.
Total 3 mothers	
Factors in 2	2. A.P.H. 39/40 delivered in hospital at 41/40.
	(N.B. Notes of 3rd mother incomplete).

Mothers of premature infants delivered in Gloucester : 62 *mothers.*

1961	1. Toxaemia at 31/40. Admitted with proven urinary infection 33/40. Treated with 1.M. Strep. delivered 2 days later.
12 mothers	2. Pyelitis and threatened M/C dates not recorded, delivered at 27/40.
Factors in 8	3. Thr. M/C at 24/40 delivered at 28/40.
	4. A.P.H. 33/40 delivered 36/40.
	5. X ray abdo. 34/40. Gross hydramnios ? cause.
	6. X ray abdo. 36/40 for small uterus. Delivered 41/40 Placental degeneration.
	7. No. A—N care delivered at 23/40.
	8. Hb at booking 60—70%.
	(Information not available about 2 other mothers).
1962	1. Rising Rh. antibody titre at 32/40. Induced and delivered at 35/40.
12 mothers	2. X Ray abdo 29/40 confirm twins.
Factors in 8	3. X Ray abdo 21/40 confirm twins.
	4. No. A—N care delivered twins at home 26/40.
	5. No. A—N care delivered at home at 30/40.
	6. No. A—N care delivered in hospital at 30/40.
	7. Hb at booking 70—80%.
	8. Hb at booking 70—80%.
	(Information not available about 1 mother).
1963	1. Threatened M/Cs at 21/40 and 28/40 delivered at 30/40.
10 mothers	2. Repeated threatened M/C from 16/40 until delivered at 35/40 admitted at 30/40.
Factors in 9	3. A.P.H. 33/40 ; Abdo X Ray 34/40 confirmed twins. Hospitalised until delivered at 36/40.
	4. A.P.H. 38/40. Emergency C.S. for placenta praevia Grade II.
	5. Rising Rh. antibody titre at 35/40. Booking Hb% 70—80 A.P.H. after DrewSmyth induction at 36/40.
	6. No A—N care delivered in hospital at 26/40.
	7. No A—N care delivered in hospital at 32/40.
	8. No A—N care delivered in hospital at 28/40 triplets.
	9. Booking Hb 60—70%.

1964
17 mothers
Factors in 12

1. Pleural effusion, discharged from Sanatorium at 22/40 with Hb % of 70—80. Delivered at 28/40.
2. Rising Rh antibody titre at 34/40. Induced at 36/40.
3. Severe toxaemia 20/40 delivered 29/40.
4. Thr. M/C 24/40 delivered 35/40.
5. X Ray abdo 34/40 persistent breech ? cause.
6. X Ray abdo 32/40 confirm twins.
7. No A—N care delivered in hospital 32/40.
8. Booking Hb% 70—80.
9. Booking Hb% 70—80.
10. Booking Hb% 70—80.
11. Booking Hb% 60—70 Twins.
12. Mitral stenosis valvotomy 7 years previous.

1965
11 mothers
Factors in 5

1. Essential hypertension admitted 39/40.
2. Primary T.B. 6 years before.
3. Laparotomy for abdominal mass at 28/40 (hydronephrotic kidney) delivered next day.
4. A.P.H. at 28/40 delivered at 30/40.
5. Booking Hb% 70—80.

(Information not available about one mother).

Length of time membranes ruptured.
Mothers of full term infants delivered in Gloucester

	Less Than 12 hrs.	More Than 12 hrs. Less Than 24 hrs.	More Than 24 hrs. Less Than 36 hrs.	More Than 36 hrs. Less Than 48 hrs.	5 Days	C.S.	Not Known
1961	3	0	0	0	0	0	0
1962	8	1	0	0	0	1	0
1963	9	1	1	0	0	0	0
1964	7	0	0	2	1	1	1
1965	1	0	0	1	0	0	1
Total	28	2	1	3	1	2	2

39 mothers.

2 mothers had Caesarean Section before rupture of membranes.
28 mothers had ruptured membranes less than 12 hours.
34 mothers had ruptured membranes less than 48 hours.
1 mother had ruptured membranes for 5 days but was thought to be in premature labour, eventually delivered in hospital at term.
Details of 2 mothers are not known.

Mothers of premature infants delivered in Gloucester.

	Less Than 12 hrs.	12 - 24 hrs.	24 - 36 hrs.	36 - 48 hrs.	48 - 60 hrs.	60 - 72 hrs.	72 - 84 hrs.	1 wk. to 9 wks.	C.S.	?
1961	6	1	0	0	0	1	0	1 9 wks.	0	3
1962	6	0	0	1	0	0	0	1 1 wk.	0	4
1963	3	3	0	0	0	0	0	1 5 wks.	2	1
1964	6	1	1	0	0	1	1	2 3 wks. 8 wks.	1	4
1965	5	2	0	0	0	0	0	1 3 wks.	0	3
Total	26	7	1	1	0	2	1	6	3	15

62 mothers

3 mothers had Caesarean Section before rupture of membranes.
26 mothers had ruptured membranes less than 12 hours.
35 mothers had ruptured membranes less than 48 hours.
3 mothers had ruptured membranes between 60 and 84 hours.
6 mothers had ruptured membranes between 1 and 9 weeks.
Details of 15 mothers are not known.

Length of Labour 1st and 2nd Stages.
39 *Mothers of Full Term Infants Delivered in Gloucester.*

	Hospital Deliveries							
			Normal P.V. Delivery					
			1st Stage		2nd Stage			
	?	C.S.	8 hrs. or Less	8 hrs. + to 24 hrs.	15 mins. or less	15 mins. + to 1 hr.	1 hr. + to 2 hrs.	4 - 5 hrs.
1961	0	0	1	1	0	2	0	0
1962	0	1	3	3	2	3	1	0
1963	0	0	5	2	3	1	2	1
1964	1	1	3	4	3	2	2	0
1965	0	0	1	1	1	1	0	0
	1	2	13	11	9	9	5	1

Hospital deliveries Total 27.

1st Stage : 8 hrs. or less — 13 mothers.
8 hrs. plus to 24 hrs. — 11 mothers.

2nd Stage : 15 mins. or less — 9 mothers.
15 mins. plus to 1 hr. — 9 mothers.
1 hr. to 2 hrs. — 5 mothers.
4 hrs. 15 mins — 1 mother.

The last had an A.P.H. in the second stage and was transferred into hospital from home.

2 mothers had Caesarean Sections.
1 mother details unknown.

	Home Deliveries				
		Normal Delivery			
		1st Stage		2nd Stage	
	?	8 hrs. or less	8 hrs. + to 24 hrs.	15 mins. or less	15 mins. + to 1 hr.
1961	0	1	0	1	0
1962	0	3	0	2	1
1963	0	3	1	3	1
1964	0	1	2	2	1
1965	1	0	0	0	0
	1	8	3	8	3

Home deliveries Total 12.

1st stage : 8 hrs. or less 8 mothers.
8 hrs. plus to 24 hrs. 3 mothers.

2nd stage : 15 mins. or less 8 mothers.
15 mins. plus to 1 hr. 3 mothers.

1 mother details unknown.

			Hospital Deliveries				
			Normal Delivery P.V.				
			1st Stage		2nd Stage		
	?	C.S.	8 hrs. or less	8 hrs. + to 24 hrs.	15 mins. or less	15 mins. + to 1 hr.	1 hr. + to 2 hrs.
1961	0	0	5	4	8	1	0
1962	2	0	3	3	2	3	1
1963	1	2	4	2	4	2	0
1964	1	1	10	3	8	5	0
1965	0	1	7	2	7	2	0
Total	4	4	29	14	29	13	1

Hospital deliveries Total 51.

1st Stage : 8 hrs. or less — 29 mothers.
8 hrs. plus to 24 hrs. — 14 mothers.

2nd Stage : 15 mins. or less — 29 mothers.
15 mins. plus to 1 hr. — 13 mothers.
1 hr. plus to 2 hrs. — 1 mother.

4 mothers were delivered by Caesarean Section.

Details of 4 mothers are unknown.

	Home Deliveries				
	Normal Delivery				
		1st Stage		2nd Stage	
	?	8 hrs. or less	8 hrs. + to 24 hrs.	15 mins. or less	15 mins. + to 1 hr.
1961	2	0	1	1	0
1962	2	2	0	2	0
1963	0	0	1	0	1
1964	1	0	1	0	1
1965	0	0	0	0	0
	5	2	3	3	2

Home deliveries Total 10.

1st Stage : 8 hrs. or less — 2 mothers.
8 hrs. plus to 24 hrs. — 3 mothers.
2nd Stage : 15 mins. or less — 3 mothers.
15 mins. to 1 hr. — 2 mothers.

Details of 5 mothers are unknown.

One other mother had a booking but details of this and the place of delivery could not be ascertained.

Medical and Surgical Induction of Mothers Delivering in Gloucester.
Mothers of mature infants.

	Total Pregnancies	Number Induced
1961	3	0
1962	10	0
1963	11	1
1964	12	4
1965	3	1
	39	6

Out of 39 deliveries 6 were induced.

Reasons for inductions

Postmaturity 1
Toxaemia 3
Anencephaly 1
Erythroblastosis 1

Mothers of Premature infants.

	Total Pregnancies	Number Induced
1961	12	0
1962	12	1
1963	10	1
1964	17	1
1965	11	1
	62	4

Out of 62 deliveries 4 were induced.
Reasons for inductions

Erythroblastosis 3
Placental insufficiency due to hypertension 1

Incidence of Episiotomy performed on the mothers delivered in Gloucester.
Mothers of full term infants born in Gloucester

	No. of Mothers	Episiotomies Done	Not Known
1961	3	1	0
1962	10	2	0
1963	11	4	0
1964	12	3	1
1965	3	0	0
	39	10	1

Total 39 mothers.

2 delivered by Caesarean Section.

37 delivered vaginally.

10 *had episiotomies.*

(Information not obtained for one mother).

Mothers of premature infants born in Gloucester.

	No. of Mothers	Episiotomies Done	Not known
1961	12	0	1
1962	12	2	2
1963	10	2	0
1964	17	7	0
1965	11	3	2
Total	62	14	5

Total 62 mothers.

4 delivered by Caesarean Section.

58 delivered vaginally.

14 *had episiotomies.*

(Information not obtained for 5 mothers).

Incidence of episiotomy in mothers in premature labour in Gloucester Maternity Hospital.
Episiotomies carried out on mothers delivered in Gloucester of Premature Infants.

	Mothersof Premature Infants of 28/40 or less				Mothers of Premature Infants of more than 28/40			
	Delivered in Hospital		Delivered at Home		Delivered in Hospital		Delivered at Home	
	Episiotomy	No. Episiotomy	Episiotomy	No Episiotomy	Episiotomy	No. Episiotomy	Episiotomy	No. Episiotomy
1961	0	2	0	1	0	6	0	2
1962	0	1	0	1	2	3	0	3
1963	0	2	0	0	2	2	0	1
1964	0	4	0	2	7	4	0	0
1965	2	1	0	0	1	4	0	0
Total	2	10	0	4	12	19	0	6

62 mothers.

4 Delivered by Caesarean Section.

58 Delivered vaginally, information was not found about 5 of these.

Information about the other 53 is above.

None of the 10 home deliveries had an episiotomy.

12 *of the* 31 *mothers* of large prems. delivered in hospital had an episiotomy.

2 *of the* 12 *mothers* of small prems. delivered in hospital had an episiotomy.

Many of the small premature infants may not have been considered to be viable ; e.g. one was born at 23/40 on the Gynae. Ward.

N.B. None of the 10 mothers delivered prematurely at home had an episiotomy.

Delivery of the infants.
Full Term Infants

	Spont. V.X.	Ass. Breech	Forceps	C.S. Elect	C.S. Emerg.	Not Known
1961	3	0	0	0	0	0
1962	8	1	0	1	0	0
1963	10	1	0	0	0	0
1964	8	1	1	1	0	1
1965	3	0	0	0	0	0
	32	3	1	2	0	1

Total 39 infants. Spont 32 ; Breech 3 ; Forceps 1 ; Elect C.S. 2.
Unknown 1.

Premature Infants

	Spont. V.X.	Breech	Forceps	C.S. Elect	C.S. Emerg.	Not Known
1961	12	0	0	0	0	0
1962	10	2	0	0	0	2
1963	7	1	0	0	2	2
1964	9	5	3	1	0	0
1965	5	2	2	0	1	1
	43	10	5	1	3	5

Total 67 infants. Spont 43 ; Breech 10 ; Forceps 5 ; Elect C.S. 1 ; Emerg. C.S. 3 ; Unknown 5.

The 3 emergency sections were carried out for

1. Hydrops.
2. Placenta praevia.
3. Unknown, details not available.

The elective section was carried out for haemolytic disease.

Inhalation Analgesia given to the mothers in Gloucester.
Mothers of full term infants.

	No. of Mothers	Inhalation Analgesia Given to	Trilene	Gas and Air	Not Known
1961	3	3	1	2	0
1962	10	8	4	4	0
1963	11	5	1	4	0
1964	12	4	1	3	1
1965	3	0	0	0	1
	39	20	7	13	2

Total 39 mothers. 20 received inhalation analgesia. Information not obtained about 2 mothers.

Mothers of premature infants

	No. of Mothers	Inhalation Analgesia Given to	Trilene	Gas and Air	Not Known
1961	12	6	2	4	1
1962	12	5	2	3	1
1963	10	3	0	3	0
1964	17	3	2	1	1
1965	11	1	1	0	2
	62	18	7	11	5

Total 62 mothers. 18 received inhalation analgesia. Information not obtained about 5 mothers.

Drugs given in the last 4 hours of labour in Gloucester.
Mothers of full term infants.

	No. of F.T. Mothers	Mothers given drugs: Amytal	Pethidine	Pethilorf	Largactil	Peth + Largactil	Time given before delivery: 0 — 1 hr.	1 hr. + to 2 hrs.	2 hrs. + to 3 hrs.	3 hrs. + to 4 hrs.	?
1961	3	0	0	0	0	0	0	0	0	0	0
1962	10	0	2	0	0	0	1	0	0	1	0
1963	11	0	3	1	1	0	3	0	2	0	0
1964	12	0	3	1	0	0	1	2	0	1	1
1965	3	0	0	0	0	1	0	0	1	0	1
Total	39	0	8	2	1	1	5	2	3	2	2
						12					

Total 39 mothers.
12 mothers or 31% were given drugs within 4 hours of delivery.
5 mothers were given them within 1 hour of delivery.

Mothers of premature infants.

		Mothers given Drugs					Time given before delivery				
	No. of Prem. Mothers	Amytal	Pethidine	Pethilorf	Largactil	Peth + Largactil	0 — 1 hr.	1 hr. + to 2 hrs.	2 hrs. + to 3 hrs.	3 hrs. + to 4 hrs.	?
1961	12	0	4	1	0	0	2	0	2	1	1
1962	12	0	2	0	0	0	0	2	0	0	2
1963	10	0	1	3	0	0	2	1	1	0	1
1964	17	1	1	3	0	1	3	0	2	1	1
1965	11	0	3	1	0	0	0	3	1	0	1
Total	62	1	11	8	0	1	7	6	6	2	6
				21							

Total 62 mothers.
21 mothers or 34% were given drugs within 4 hours of delivery.
7 mothers were given them within 1 hour of delivery.
5 of the 21 mothers were in labour at 28/40 or less gestation.

Observations

Very small numbers are involved.

The neonatal deaths in Gloucester have fluctuated for many years.

The number of neonatal deaths in full term infants is influenced by the number of severe congenital abnormalities.

The number of neonatal deaths in premature infants is influenced by the number of deaths in the low birth weight group, which includes the infants below 28 weeks gestation which are usually not viable, but may have maintained a separate existence.

A special care unit was opened at the Gloucester Maternity Hospital in 1966.

A resident house-physician now attends all difficult deliveries for purposes of resuscitation.

This is likely to increase the number of infants of doubtful viability, maintaining a separate existence even if only for a short time, and may well increase the premature neonatal deaths as a result, although this did not happen in 1966.

SECTION A

NATIONAL HEALTH SERVICE ACT, 1946

Section 22—Care of Mothers and Young Children

The Care of Unmarried Mothers.

Report on the work of the City of Gloucester Deanery Association for Social Work.

During 1966, 100 mothers expecting illegitimate babies were referred to the Association, compared with 102 in 1965. This is possibly an indication that the illegitimate rate is not maintaining the same rapid increase that it has done in previous years, although it is too early to tell whether this is in fact so.

In addition to the twenty mothers to whom the Health Committee gave financial assistance whilst in Mother and Baby Homes, there was a further five who were able to pay their own fees. One was a professional woman able to be entirely independent ; the other four were assisted by parents and putative fathers. There has been a considerable variation in the amounts contributed towards maintenance fees in Homes. Some mothers are uninsured, and not able to contribute anything, whilst others, with the help of putative fathers and parents, are able to make substantial contributions. However, it is often the younger mothers, who have not worked long enough to draw full Maternity Benefit, and who come from large families unable to help them, who are most in need of the care and accommodation offered by a Mother and Baby Home.

Apart from the new cases referred for help during the year there were sixteen families supervised on a voluntary basis. Illegitimacy, at some stage, has been among the social problems which these families have had to contend with. Both practical assistance and case-work help are offered to these families on a regular basis over a period of years, or for as long as they may require support, and all have been visited regularly for two years or more. One family has been known to the Association since 1953. The aim of this sort of case-work is to try to keep families united, who might otherwise be parted without regular supportive case-work. Nearly all these families are unsupported mothers, single, widowed, divorced or separated, trying to bring up children on their own. Supporting families in the community, particularly where illegitimacy is one of the problems involved, has become a large part of the work of this Association, and continues in the background, regardless of the number of new illegitimacy cases referred throughout the year.

Dental Service for Expectant and Nursing Mothers and Young Children.

Report by the Principal Dental Officer.

Four years of regular dental inspection at the Charles Cookson Ante-Natal Clinic have demonstrated their value as far as mothers are concerned, and it is hoped that they will soon have their effect on the under five pre-school children. Is it too much to hope that the young mothers who are benefiting

by this scheme will in turn bring their toddlers along to Ivy House at an early date ? If they do, they can be assured that the dental auxiliaries in particular will delight in giving them a pleasant introduction to dentistry. It may even be possible to eliminate the need for a first visit to the dental surgery being a painful one. For too long it has been the case that a little one has only been presented at the dental clinic when needing a tooth or teeth extracted.

The valuable work of counselling mothers at the Charles Cookson Clinic was suspended in the early Autumn. This had been undertaken by the dental auxuliaries, but they both asked to be relieved of this responsibility. As young ladies, one unmarried and the other not having children, they felt that their advice was not being seriously regarded. This may have been true or it may have been imagined. However, they have transferred their energies to another direction, undertaking a valuable project in connection with the voluntary welfare centres. These centres, formerly styled "Mothers clubs, and babies welcome" are organised by voluntary helpers, and it is a delicate matter to suggest to them that they cease to sell biscuits and the like. Therefore a poster, approved by the Medical Officer of Health, has been designed and is being made for all twelve that each centre may have one.

One unusual case was undertaken during the year. A little boy of just over 3½ years had lost all his upper teeth and all his lower posterior teeth, leaving only the lower six front teeth standing. These fourteen deciduous (first) teeth had been extracted as they were too badly decayed to be saved. So he was fitted with a full upper denture and a partial lower one. The result was excellent, and a natural appearance was attained. In addition to filling the spaces temporarily, and giving good masticatory surfaces, the 'ego' of the little lad was preserved. Sad as it was to have lost so many teeth at such an early age, it was gratifying to be able to do something positive for him.

Section 23—Domiciliary Midwifery.

Report by the Superintendent, Gloucester District Nursing Society.

There has been a decrease in the number of home deliveries, but as this has not been met with a corresponding increase in admissions to the Maternity Hospital, the percentage of home and hospital births remains relatively unchanged. Recruitment of domiciliary midwives is still poor, but this is a national problem and is not confined to Gloucester. The biggest bar to recruitment in the City is still the lack of accommodation that can be offered to applicants who do not wish to be resident in a nurses' home. The Society has continued to provide the Midwifery service for the City on an Agency basis, and in addition, in March 1966 commenced to provide this service for the Longlevens area under an arrangement with the Gloucestershire County Council. This was in anticipation of the extension of the City boundaries in 1967, which would take in this area.

The training of Midwifery students has continued, and the number of pupil midwives has increased with the opening of the new Maternity Hospital in the City.

The year has shown little change in the service, but with the proposed alteration of the City boundaries next year, and the opening of the General Practitioners' Maternity Unit which may be used by the domiciliary midwives, an increase in the number of staff and some changes in the service offered will be essential in the future.

Health Visiting.

Report by the Superintendent Nursing Officer.

The year has not produced any radical change in the work of the Health Visitor, but the volume continues to increase.

Every aspect of Health Visiting has been more than adequately covered.

Much more has been done in the field of Health Education, in particular the giving of group talks, discussions, and parentcraft classes. More classes in Schools have received instruction in first aid and preparation for the Duke of Edinburgh Award. The co-operation of the school staff on all matters relating to our work has been greatly appreciated.

We continue to welcome students and afford them every facility to learn something of the work of our department.

As always, special surveys must be carried out, but the Health Visitor's unique knowledge of her families and their circumstances, reduce this problem to a minimum.

The care of expectant mothers, which is of paramount importance, is most expertly dealt with at our local authority Ante-natal Clinic, where domiciliary and hospital staff combine with us in ensuring that maximum care is given with as little effort as possible on the patient's behalf.

We have received help and co-operation from the General Practitioners and we look forward to much closer liaison in the future.

Section 25—Home Nursing.

Report by the Superintendent, Gloucester District Nursing Society.

The Society has continued to provide the Home Nursing Service, on an Agency basis, for the Corporation. The service continues to function smoothly. There is no difficulty in staff recruitment, as part-time staff can assist in covering this much more easily than is the case with the Midwifery service, where night calls are involved.

The attachment of two nurses to General Practitioners' practices has continued to work well, and it is hoped to increase the number of these attachments in 1967.

Many patients are helped to remain mobile by the Chiropody service for house-bound people. The service has increased during the year, and the number of patients visited has increased steadily. The cost of this is at present borne fully by the Nursing Society Welfare Fund.

In anticipation of the proposed boundary extension in 1967, the Society has provided a Home Nursing service in the Longlevens area of the County, as detailed under the section "Domiciliary Midwifery".

Ambulance Service.

Report by the Chief Ambulance Officer.

Increases in the volume of work of the Service have been reported annually since 1948, and this year proves no exception. In the not too distant future, consideration will have to be given to the provision of extra staff and vehicles to cope with the increased demand.

It was reported last year that difficulty was being experienced in the transport of stretcher cases by rail as a result of the design of new rolling stock for British Railways. To add to our troubles in this sphere, there has been a considerable increase in cost. A reserved compartment now costs 2/- per rail mile, and a fee of 3/- is charged for each seat reservation. It is now financially more economical to travel by road for many journeys, but of course, this imposes more strain on staff and vehicles.

Proposals were made to officials of the Hospital Management Committee during the year for zoning out-patient appointments as far as possible, in an attempt to streamline the flow of vehicles to and from the Hospitals, and to avoid duplication of journeys. The scheme has been adopted, and has had limited success. It is hoped that further progress will be made when general practitioners are fully conversant with the zones, and if all concerned make every effort to comply with the times given.

The Minister of Health has recently proposed to the Commission on Local Government the removal of Ambulance Services from local authority control and placing them under the Regional Hospital Boards. I am not at all happy with the prospect, and most of my colleagues of the National Association of Ambulance Officers are of the same mind. It would appear that the principle reasoning behind the proposal is economy ; the main user of the service (the hospital) will be more economical in its use if it has to foot the bill. I am not sure that this is so, but in any case, surely the most important point to remember is the service to the public. Can this service be improved upon by making such a change? With the regionalisation of a service such as this, there is always a danger of losing touch with the individual requirements of a particular area ; needs vary quite a lot in different areas, but then I suppose this is the main argument for the retention of much of the existing local government structure. I think it should also be borne in mind that a large number of people who do not come within the provisions of Section 27 of the National Health Service Act are catered for by Ambulance Services, (blind, physically handicapped, mentally subnormal, handicapped pupils etc.). Presumably, if the service is 'taken over' by the Regional Hospital Boards, these facilities will no longer be available. Does this mean that local authorities will have to set up a separate transport service for such people, or will the present situation be reversed and the Board provide the service for the local authorities ? If this is so, where is the economy ? On the question of economy, it is interesting to read in the booklet published by the Office of Health Economics "The Local Health Services for 1965" the following comment on the cost of the Ambulance Service in terms of constant price : 'In fact, in constant price terms this cost has fallen. This has been brought about by more efficient operation of the Ambulance Service under Local Health Authorities'. I sincerely hope that a great deal of careful thought is given to this question before any far-reaching decisions are made.

The interest of the general public in the work of the Ambulance Service, and in First Aid, particularly artificial respiration, is on the increase. The Deputy Ambulance Officer and I have attended many groups during the year to lecture on the above subjects, and the Ambulance Station has been visited by a large number of parties. I am very pleased to report that visitors to the Station are most impressed by the modern fleet of vehicles and up-to-date equipment carried. I feel the members of the Health Committee are to be congratulated on the foresight they have shown in providing the vehicles and equipment which I sincerely believe makes the City Ambulance Service a model that other services would do well to follow.

Due to a series of misunderstandings, the Regional Ambulance Competition was not held in 1966, and therefore a team representing this Region did not compete in the Finals.

The staff are extremely efficient, and I am grateful for the co-operation of all ranks of the Service. They work so hard, and obviously have great pride in the Service to which they belong. Letters of appreciation continue to arrive, and it is a source of great satisfaction to know that the service is held in such high esteem by the patients it serves.

For long journeys, principally by rail, escorts are provided by St. John Ambulance Brigade and the British Red Cross Society. We are very grateful for this service. It is unfortunate that the number of escorts available is sadly depleted ; in fact the number has dropped from seven to two.

The British Red Cross Society continue to operate the Hospital Car Service, and for this we are also very grateful. Once again, it is unfortunate that difficulty is being experienced in obtaining the services of more drivers for this very important service.

Home Help Service.

Report by the Home Help Organiser.

In common with most branches of the Health Services, over the years it has been difficult to begin a report on the Home Help Service without stating that there has been an increase in the volume of work ; this year proves no exception. The statistics on page 120 show an increase of some 14% in the number of cases receiving help over last year.

If one assumes that this upward trend indicates that an increasing number of patients who would normally be admitted to hospital are being nursed at home, then this is obviously a good thing, both for the patient and for the hospital service. As stated last year though, the service is a comparatively expensive one for a local authority to run, and the financial saving to the hospital service must be considerable. Whilst it is not suggested that the Home Help Service should share the fate of the Ambulance Service and be handed over to the Regional Hospital Boards, it seems a pity that more assistance is still not forthcoming from Government funds to ensure an even wider distribution of help.

Having talked with a number of my colleagues in other authorities, it appears that Gloucester is not alone in the difficulty of recruiting a sufficient number of suitable Home Helps. There does not seem to be any terribly

great shortage of ordinary domestic cleaners, but something more than this is required. I feel these difficulties will persist until the public image of the service is improved, and it is no longer looked upon as a local authority subsidised domestic agency. It is difficult to see how this can be done in the short term.

The work of a Home Help requires a considerable amount of tact, as well as an ability to work in almost any kind of surroundings. In passing, it may be of interest to note that it is not always the clean, tidy, well maintained home that is the easiest to work in. Although, of course, they do domestic work, their duties are very much wider in scope than that. They act as general factotum, and in quite a number of cases are almost the only regular contact the client has with the outside world. The problem is, how can this be got across to the general public ? Training courses are held for the staff each year, and these are very much appreciated, but they do not provide any solution to the problem of recruitment or the right kind of publicity. It could be of course, that local government generally could do with some sort of public relations set-up ; if the Home Help service is to continue its vital work, it is, I think, essential.

Cervical Cytology Clinic.

The Clinic commenced in June 1966, and is held weekly at the Charles Cookson Clinic, Great Western Road.

1st June 1966 to 31st December 1966.

Appointments sent	810
Women attending for cervical cytology	613
Failed appointments	197

Findings Obtained from the Cervical Smear.

Definite malignancy	1
Papanicolaou, Grade II	13
Inflammation, organism not specified	6
Trichomonal infection	4

Findings Obtained from the Physical Examination.

Cervical erosion	36
Cervical polyps	22
Urethral carbuncle	1
Leukoplakia of vulva	1
Masses in breast	2
Mastitis	2
Pelvic cysts	4
Fibroids	6
Fixed retroversion	2
Cystocele	7
Stress incontinence	10
Urgency and frequency	2

These 119 conditions were found in 102 women. All the findings were reported to the general practitioners concerned.

MENTAL HEALTH ACT, 1959

Report by the Psychiatric Social Worker.

In the closing sentences of the 1965 Report the aims of the Mental Health Department for the future were defined as increasing the casework services in two directions, in the field of primary prevention, finding early signs and symptoms, and in the field of adult sub-normality.

It is both interesting and salutory to examine to what extent we have succeeded in these aims.

Our referral rate has increased greatly as will be seen from the statistics given elsewhere, and in particular our referrals from other professional colleagues who provide personal services in the community, i.e., General Practitioners, Social Workers, and Health Visitors etc. An indication of the effectiveness of this approach and the work done in these referrals is reflected in the large increase in the number of informal admissions to Psychiatric Hospitals, namely 32% of the total of all admissions for the year. This seems to point to the increasing contact and early admission of those patients who are ill enough to need this treatment, and also to the good relationship that exists between the Mental Health Social Workers and those patients which enables them to accept the need for this early admission.

The other field in which we are hoping to expand, as I have said, is in providing a casework service for adults of subnormal intelligence and their families. Mrs. Kellam and Mr. Folland have taken the bulk of this important work, helped administratively by Mr. Perrett. Jobs have been found for those able to cope satisfactorily in "open" employment and many of those not yet ready for this or not able to take such employment, have been given places at the Adult Training Centre. Thanks to the help and co-operation of the staff of the Centre we have been able to establish a close liaison between the Centre, Social Workers and families, for the benefit of all concerned.

At the Training Centre itself, Mr. Burn, the Supervisor has been seconded to an N.A.M.H. Course for mental health and we wish him every success in this. In his absence Mr. Perry is supervising temporarily.

Conferences attended by staff in the past year include the annual N.A.M.H., one entitled "The Heart of the Matter" discussing the three great psychiatric problems of schizophrenia, mental subnormality and senile diseases, all very apt for our community work. Another worthy of mention was one with the intriguing title of "Co-operation—Fact or Fantasy". This was again by N.A.M.H. and discusses the three aspects of work in the psychiatric field between Hospital, Local Authority and G.P. services and the degree of working together which exists at the moment as compared with the working together which should exist for the maximum benefit to the patient.

This is the time to consider how and in what way we can develop our services further in the future. The three members of staff are receiving more and more requests for these services as they become more widely known, and this is how it should be. It does give rise to doubt however, particularly when thinking forward to the boundary extensions in the ensuing year, as to whether we can continue to adequately cover all these existing services. It would indeed be disappointing to us all, if some degree of limitation has to be placed upon these services on the grounds of too heavy caseloads and commitments already.

Junior Training Centre, Longford School, Gloucester.

Report by Acting Headmistress.

EDUCATIONAL POINTS.

The educational experiment in the Infant and Training Department has continued to develop along the main lines laid down in previous reports.

The beneficial effects of a stimulating but secure environment becomes more apparent as the scheme progresses. Marked progress in the fields of physical development and self-confidence in the approach to new problems has been achieved.

The programme for the older children has been gradually extended and some boys have been associated with the Senior boys in the E.S.N. Department in an experiment involving a full day's work organised on industrial lines. The work in Cookery, Woodwork, Art, Craft, Drama and Music continues, and weekly visits to the Swimming Baths are a popular feature of the programme. Several children have achieved their width Swimming Certificates, and others are almost ready to attempt this.

Frequent excursions to the immediate environment, the City and further afield furnish occasions and experiences for much incidental learning.

During the summer term, six boys spent a week under canvas, and all the general duties involved in camping were undertaken willingly and adequately. Several visits were made to places of interest in the locality, and activities included riding, hill-climbing and boating. No challenge offered appeared to be too ambitious.

The department has now embarked upon a programme of research into the relationship of language development to intelligence.

MINISTRY OF EDUCATION.

The Chief Medical Officer to the Department of Education and Science included an illustrated section on the Training Centre, School and Youth Club in his report "The Health of the School Child, 1964/65".

PARENTS.

Close contact with parents continues to be maintained. Many are members of the Gloucester City Association for Mentally Handicapped Children. The liaison between the Association and the School is good, and the members have sought the help of the Staff in a series of lectures concerned with the education and health of their children.

STAFF.

There have been no staff changes during the year.

VISITING STAFF.

We were sorry to lose Dr. Gray, Deputy Medical Officer of Health in October 1966. Her visits to the department, and interest in the children's health and development have been very much appreciated.

We welcome Dr. Brady, who is now visiting the department every week, and is rapidly becoming a familiar figure to children and staff.

Mr. Kelsall, Educational Psychologist, continues to visit frequently.

Mr. Greenwood, peripatetic teacher of the deaf, sees those children undergoing treatment every week.

Mrs. Archard, Speech Therapist, is unfortunately ill and unable to continue her valuable work. Her weekly visits are greatly missed.

In view of the children's difficulties in the areas of speech and motor co-ordination, there is a great need for therapists in both these fields.

STAFF VISITS.

Contact with other Centres, Schools and Hospitals is maintained by staff visits. These visits are felt to be extremely valuable, offering opportunities for the exchange of ideas and viewpoints.

Senior Training Centre.

Report by Acting Supervisor.

The number of trainees attending the Centre has now increased to 41, including two who attend part time.

1. LAUNDRY UNIT. There has been no change in this unit since the last report.

2. WOODWORKING UNIT. Woodwork has been very limited due to the acceptance of a contract with I.C.I. Fibres Ltd., calling for a very large number of mops. To manufacture these within the time limits requires almost continuous use of the small workshop. However, to offset woodwork training, it has been possible to give a few boys instruction in practical construction work with 'handy angle' racking. This has taken the form of dismantling and re-assembling storage racks in a different form to provide more floor space in the workshop. The boys have also dismantled trolleys used in the Centre, and re-assembled them using gussetts to give added stability.

3. GENERAL AND SUB CONTRACT WORK. This has been continued on the same lines as the previous report, with the addition of the contract with I.C.I. Fibres Ltd., as reported above. A Gestetner duplicating machine has been installed to be operated by trainees, and at present duplicating is carried out for the Health Department, although it is hoped that a certain amount of outside work will eventually be forthcoming.

SOCIAL ACTIVITIES. Several social outings were arranged and were enjoyed by the Trainees during the year. The Parents' Association contributed financially to a very successful Christmas Party, at which each trainee received a present. The trainees again attended the Mayor of Gloucester's Christmas Party for the mentally handicapped. Each trainee received a bonus at Christmas from the Health Committee, and this, together with a donation from the Parents' Association, made it possible to take them to the Pantomime at Bristol. A successful Youth Club meets every Wednesday, under a trained Youth Leader, who is able to obtain the services of students who assist in games, and teach country dancing. An experiment in camping was held at Cowley Manor and attended by seven boys and one girl. This was a success, and will be repeated in the coming year.

The duties of Supervisor were temporarily assumed by Mr. I. A. Perry, whilst Mr. T. Burn attended a full time course at Birmingham.

Report by Michael Taylor, Field Secretary to the Gloucestershire Council on Alcoholism.

The Gloucestershire Council on Alcoholism has now been established for three years. Proof that the service we offer is becoming more widely known is evidenced by the constantly increasing number of alcoholics in need of help who come to our Barton Street office, as well as many people who make enquiries on their behalf.

The Council has now dealt with well over 500 cases from all sources, and all types of help have been given both to the alcoholic and his or her family. This has included dealing with break up of home life, family involvements, loss of employment and law breaking caused by alcoholism.

Many people do not realise that alcoholism is a progressive disease. Invariably, we find the initial visit to us has been delayed too long, and the first contact is one of desperation, and need for advice on what can be done now they have a compulsion which they are unable to control. This help we are now able to give, supported by the client's medical advisor approving specialised forms of treatment under his direction, or referral to hospitals where in-patient treatment is given in Alcoholic Units designed for such work.

Not surprisingly, our work has brought us into contact with all classes of society throughout the County, and often further afield. We have been greatly encouraged when a successful result is achieved, and are not too dis-spirited with failures ; we are always prepared to try again.

The alcoholic needs the help of those who understand his problem. He appreciates guidance from a person trained in this field, or who has had experience of the disease, suffered from its effect and recognise when this life shortening addiction is treatable or can be controlled.

Many of the cases we deal with are those on Probation or in Prison. This involves much visitation and frequent Court appearances. I am helped in this part of my work by the Prison Governor, the Principal Probation Officer and their staffs. They have appreciated and enlisted our help where alcoholism has been a contributory factor to crime.

The help given by the City Medical Officer of Health and the full co-operation of his staff has been invaluable. This has given encouragement to go forward in work that started in Gloucestershire as a pioneer effort. I think it is also opportune at this time to thank the Health Committee for the use of the Barton Street office and for the generous financial grant they make to assist our work, the demand for which is so great.

SECTION B—INFECTIOUS DISEASES

Number of Notifications of Infectious Diseases, 1952-1966

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Scarlet Fever	46	65	68	55	50	28	46	77	21	4	8	8	26	25	25
Whooping Cough	135	130	238	74	124	129	179	61	48	12	17	60	34	43	67
Acute Poliomyelitis :—															
Paralytic	4	2	—	9	—	5	—	—	—	1	1	—	—	—	—
Non Paralytic	4	3	—	4	—	1	—	2	—	—	—	—	—	—	—
Measles	585	735	814	632	527	879	349	964	203	803	454	627	141	852	174
Diphtheria	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	7	10	6	3	6	1	11	17	3	1	4	7	3	3	6
Meningococcal Infections	2	1	—	—	1	4	2	2	1	—	1	—	1	—	—
Acute Pneumonia	48	67	27	58	32	29	29	24	11	18	16	35	23	30	11
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis :—															
Infective	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-typhoid	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	12	6	12	6	5	5	4	3	4	2	3	1	4	2	3
Food Poisoning	4	4	12	3	1	3	3	2	7	13	1	1	1	1	2
Tuberculosis :—															
Respiratory	101	91	67	60	79	55	58	38	49	25	21	28	24	25	18
Meninges and C.N.S.	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—
Other	13	11	4	9	9	6	7	7	5	5	2	1	7	5	8
Puerperal Pyrexia	21	30	22	18	20	26	34	34	32	27	27	35	22	39	44
Ophthalmia Neonatorum	2	2	1	4	—	3	—	—	—	2	—	—	—	5	1

Report by the Chest Physician.

22 of the 25 new cases of tuberculosis notified in the City of Gloucester during 1966 were handled in the chest clinic service. They are analysed as follows :—

Haematogenous, including Miliary and Meningeal	Abdominal, Orthopaedic and Cervical glands	Primary, or post-primary infection	Minimal Phthisis	Moderate Phthisis	Advanced Phthisis	Total
—	4	2	4	11	1	22

Of these 22 cases, 12 were referred by general practitioners, 7 by other hospital departments, 2 from Mass Radiography and 1 was a routine x-ray for another purpose.

9 of the patients notified during 1966 were immigrants, 2 West Indians and 7 Asians.

The Register of persons notified as suffering from tuberculosis in Gloucester stands as follows :—

RED, markedly infectious	9
YELLOW, potentially infectious	58
GREEN, non-infectious	323
Unclassified	10
	400

Of the 9 RED cases, 5 are chronically infectious patients of long standing, including 2 drug-resistant cases. None of the new cases notified this year were found to be excreting drug-resistant bacilli. (See separate summary re drug resistance in the clinical area).

CONTACT EXAMINATIONS.

Average number of contacts per case : listed 7
seen 5.4

ADULTS.

Number called : 110 Response : 78 = 71%.

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

CHILDREN.

Of 65 children called, 4 did not attend at all, 2 failed to return after tuberculin testing, 9 were tuberculin positive and have been kept under clinic observation and 1 was referred to another chest clinic for action.

The remaining 49 were healthy and are analysed as follows :—

Tuberculin positive,	age 12 - 16. For Mass Radiography follow up ..	2
,, ,,	age 5 - 11. To G.P. and Health Visitor for observation	1
,, ,,	Previous B.C.G. vaccination, rechecked	2
Tuberculin negative.	B.C.G. vaccinated	43
,, ,,	Awaiting B.C.G. vaccination	1

This is an attendance of 91%. No case of significance was found.

At 31st December, 1966, there were 17 cases of known drug resistance in the clinical area.

4 patients were resistant to all three major drugs.
2 ,, ,, ,, ,, streptomycin and isoniazid.
4 ,, ,, ,, ,, P.A.S. and isoniazid.
6 ,, ,, ,, ,, isoniazid only.
1 patient was ,, ,, Streptomycin only.

Therefore 16 of the patients showed resistance to isoniazid, 8 to P.A.S. and 7 to streptomycin.

No cases were removed from the Drug Resistant Register during the year, but 2 County cases (both in-transfers to the area) were added.

Analysed into areas the Register stands as follows :—

COUNTY (Excluding Cheltenham Borough)
13 cases. 4 resistant to all three drugs.
2 ,, ,, P.A.S. and isoniazid.
1 ,, ,, streptomycin and isoniazid.
5 ,, ,, isoniazid only.
1 ,, ,, streptomycin only.

CHELTENHAM M.B.
1 case. resistant to streptomycin and isoniazid.

GLOUCESTER C.B.C.
3 cases. 2 resistant to P.A.S. and isoniazid.
1 ,, ,, isoniazid only.

No contacts have been discovered to be infected by drug-resistant cases during the year, and all the cases can be considered co-operative.

Venereal Diseases.

Report by A. E. Tinkler, M.A., M.D., D.P.H., Consultant Venereologist, South West Regional Hospital Board.

There has been a very disturbing increase in the incidence of venereal disease in England and Wales during the past decade. Gonorrhoea has more than doubled in incidence, and the total number of new cases now approaches the numbers seen annually in the peak years of incidence during the last war.

The incidence of early syphilis has trebled since 1959, but the total number of new cases is still quite small, as the disease had become very rare by 1959.

Fortunately, the rate of increase amongst Gloucester residents has not been as great as that for the country as a whole.

1. Number of new cases, all conditions, Gloucester City residents, 1962—1966.

1962	..	101
1963	..	160
1964	..	159
1965	..	162
1966	..	172

2. SYPHILIS. Only one new case of early syphilis in a City resident was seen during the year. One case of congenital syphilis was also seen, but this was in a patient over the age of 20 and does not therefore indicate any recent lack of co-operation between the ante-natal and venereal diseases services upon which the ultimate eradication of this preventable disease depends.

3. GONORRHOEA. Although there was a marked rise in the number of new cases of this disease seen in Gloucester residents in 1966, the figure of 46 cases represents a lower than average incidence for a City of this size.

Incidence of Gonorrhoea, 1955 — 1966 :

	ENGLAND AND WALES	GLOUCESTER
1955	17,681	16
1961	37,025	55
1962	35,522	33
1965	36,615	24
1966	37,449	46

SECTION C

NATIONAL ASSISTANCE ACT, 1948

Blind Persons.

Report by the Social Welfare Officers for the Blind.

An increasing awareness of the changing pattern of the work of the Social Welfare Officers for the Blind (formerly Home Teachers of the Blind) has been experienced during the year. More time is now being spent on general social work, not only with the blind persons, but also with their families. Despite the changing emphasis, there appears to be no decrease in the demand for occupational therapy and social activities.

At the end of the year, there were 169 registered blind persons in the City, a decrease of 18 on the previous year. Only 50 blind persons were under the age of 64. There is no reason to suppose that blindness in old age is still increasing however ; several authorities have experienced a slight decrease.

Out of 16 registered disabled blind persons, 14 were in full employment. There are 10 people in Welfare Department accommodation and 11 in Chronic Sick and Psychiatric Hospitals.

Some 2,000 visits were made by the Social Workers during the year. Blindness at the time of registration is not normally a stable condition, and therefore re-adjustment must be a continuing process. It is only by the relationship established by home visiting that one can gain the knowledge of blind persons of all ages to deal adequately with problems as they arise.

Voluntary visitors are most helpful in alleviating loneliness among the elderly. There have been occasional instances however, where a visitor has spent considerable time and effort trying to persuade a blind person to enter a home for the elderly or a "blind home". This causes considerable distress and the resultant situation needs very careful handling.

About 150 lessons were given in embossed types. Readers were supplied with books and magazines in addition to those who are members of the National Library for the Blind. Some 200 handicraft lessons were given to persons in their own homes, and in some cases materials were provided at cost price.

Throughout the year, handicraft classes were held at Palmers' Hall several time each week. It is unfortunate however, that only 25% of the registered blind persons are able to take part in group activities. Articles produced are either sold privately, or in Eastgate Market, where the Women's Institute kindly allow us the use of their stall on two days each month. The Annual Bazaar was held on 29th October, and the sum of £60 was raised. The already high cost of handicraft materials continues to increase.

Difficulties in arranging sufficient transport made the organisation of social activities difficult. Occasionally, it was necessary to sacrifice a handicraft session in order to provide social activity. On one or two occasions, the proceeds of jumble sales, etc., enabled us to hire a coach for a social evening. A great deal of pleasure was derived from the tape recorders. News tapes were exchanged with other areas, including Exeter, and there was also the monthly issue of "The Cotswold Roundabout", produced by the Gloucestershire Tape Recording Society, to look forward to.

Social highlights of the year included a visit to Weston-super-Mare, one to Cold Knap, Barry, and of course the Bristol Show for Blind Gardeners. Several prizes were won in the handicraft section, and one lady of 85 won a first prize for a knitted dress. She was recommended to enter in the Women's Own National Handicraft Competition for 1966. The Blind persons were invited to a Harvest Festival Service at the Royal Oak Inn, Hucclecote. An auction sale of produce was held, and we were handed a half of the proceeds. Christmas Parties were held at Palmers' Hall. These were very successful, the entertainment was first class, and each guest was handed £1.

Once again a holiday was arranged at the Pole Sands Hotel, Exmouth, for 28 blind persons. This year, the holiday was a little unusual in that there was no illness, no accidents, no casualties, and no one stayed away from any outing or other activity. At the end of the fortnight, no one wanted to return home to Gloucester. The catering and other facilities at the Hotel were excellent.

For the nineteenth year in succession, one of the voluntary helpers organised a savings club, and at the end of the year each person received one shilling for every £1 saved. At Easter, Norton Women's Institute presented us with 14 dozen eggs for distribution among the sick and elderly blind persons. Miss Barnes, who once lived with her blind mother in Gloucester made a donation of £20 to assist in the purchase of a second tape recorder.

During the year, a marked deterioration in the talking book service was noticed. This does not appear to be confined to Gloucester, but was experienced throughout the country. All sorts of things happened. Tapes were not properly re-wound, cassettes arrived broken, second and third volumes of books were received before the first volume arrived, books were received that were not on the official list and there was also a number of faulty recordings. It is understood that these matters have been investigated by the appropriate Committee, and a much improved service is looked forward to in the near future. Apparently the trouble seems to be due to the lack of technicians at the library.

We look forward to a new building in 1967 to replace Palmers' Hall, and hope that the essential facilities will not be forgotten. These include a properly fitted tank for soaking handicraft materials. No space need be wasted ; the tank could be fitted with a hinged table top so that it could be used as a table when not needed for handicraft activities. There is also a need for adequate storage. Handicraft materials, finished articles, tape recorders and other equipment have to be taken care of—they are very expensive.

As in most branches of social work, a considerable amount of blind welfare activities is carried on after the normal hours of duty. A number of talks and demonstrations have been given to outside organisations in order to stimulate interest. To keep abreast of recent legislation, circulars and working party reports necessitates a considerable amount of reading, and with the ever increasing pressures of work during the day, this reading must be done at home.

The Gloucester Voluntary Association for the Blind continued to act as agents for the Royal National Institute for the Blind in the distribution of radio sets. The Association also provided two outings and a dinner party.

In conclusion, we would like to acknowledge with gratitude the help of all statutory, national and voluntary organisations and individuals too numerous to mention.

The Partially Sighted.

The number of registered partially sighted persons at the end of the year was 32. Of these, five were under 16 including one boy aged 2 with additional handicap, two boys and one girl were attending schools for the partially sighted and one was a boy aged 8 at present attending the Open Air School. It is hoped to obtain a place for him in a school for the partially sighted in September 1967. Of those over 16, four were engaged in full time employment and one, a girl of 17, was attending the Senior Training Centre. Five persons needed observation only, 17 are likely to become blind in the near future and in the remaining 10 cases, vision is likely to remain stationary.

There is no indication of the need for specially designed group activities for the partially sighted at present. As with the blind, each person is treated as an individual, with individual problems.

There are, of course hundreds of people in the City who would probably qualify for registration as partially sighted. In view of the fact that they are able to lead perfectly normal lives, it would be impertinent to approach them with a view to examination and registration.

Deaf Persons.

Report by the Principal Welfare Officer for the Deaf, 7 St. Mary's Square, Gloucester.

Under the National Assistance Act, 1948, whereby local authorities were asked to make grants to voluntary organisations for the welfare of the deaf, the Gloucester Diocesan Association, as agents for the Local Authority, has been assisted in its work by the City Council.

The Headquarters of the Association at 17 St. Mary's Square, Gloucester comprise the administrative office and welfare centre, the Chapel of St. Faith and the Social Club available for the Deaf not only of the City, but also of the County.

The main activity of the Association is that of a comprehensive welfare service for the deaf without speech, the deaf with speech and the hard of hearing.

It is this first category, however, namely that of the deaf without speech (or the profoundly deaf as they are known) with which the Association chiefly concerns itself. It is with these people that the language barrier is encountered ; those who are unable to hear or to speak except by the deaf manual language and who require the assistance of the qualified interpreter in many aspects of their daily lives.

As in previous years, the services of the interpreter have been required, and as every day life becomes ever more complex, this service becomes increasingly needed. During the year, the interpreter was required at various hospitals, at marriage services and at death services, in various Courts of Law, and at Solicitors and other offices. Assistance with house purchase formalities and the completion of Tax returns and many other such matters has been given.

Our services are also extended to Hard of Hearing persons who require assistance either in the social or industrial fields.

A regular weekly evening service is held in the Chapel of St. Faith.

The Association holds a Children's Christmas Party, at which about thirty children attend. Some of these children are deaf, and others are the children of deaf parents.

A Party is also held every year for the adult deaf, and the Institute is filled to overflowing on this occasion.

The Social Club has been well patronised, and proves to be a boon to the deaf. It is a place where the bar of almost total isolation is lifted ; where they can 'talk' amongst themselves, play snooker, billiards, darts and other indoor games, and in general enjoy themselves in friendly companionship.

Visits to other Deaf Clubs were made during the year, including Bath, Bristol and Cardiff.

It is pleasing to record that both the Soccer and Skittles teams enjoyed a very successful season. Indeed, both games are very popular, and much looked forward to.

An organised holiday to a sea-side resort is arranged, when a coach load of the elderly and unemployable are given a change of scenery. This holiday is much appreciated.

The work also includes the Deaf/Blind.

The Association maintains a Residential Home, where those who are elderly or unemployable can live out the evening of their lives under the care of those who can speak with and understand them. The Home was opened in 1963, and has been fully occupied since.

Physically Handicapped.

Report by Miss E. M. MacSwiney, British Red Cross Society.

Looking back over 1966, it appears to have been an average and satisfactory year, with the maximum amount of casework in the first three months and again in December. The intervening period was also very active with the organisation of holidays, outings and handicraft sales.

There were 37 new cases as shown below :

Arthritis	16
Hemiplegia	8
Disseminated Sclerosis..	2
Parkinson's Disease	1
Respiratory diseases (Non tuberculous) ..	3
Injuries of the trunk, pelvis, upper and lower limbs	4
Amputation of arm	1
Cerebral tumour	1
Congenital deformity of leg	1

Financial grants to disabled men from the Welfare Fund of the British Red Cross Society amounted to £40, whilst for women we obtained £105 from the Fluck Convalescent Fund. These grants covered such items as clothing, individual holidays, aids, outstanding electricity accounts, private massage, and a Road Fund Licence.

Handicraft instruction continues to be much appreciated both by those visited at home, and especially by those who are able to visit the Workshop, some of whom are not really wanted at home. In all cases, the companionship and feeling of being usefully occupied contributes much to their social welfare.

The Instructor dealt with 94 cases, and made 460 home visits.

At the end of September, those attending the Workshop were taken to St. Fagan's Folk Museum at Cardiff. There is no doubt that these excursions make them look more critically at their own work. Disposal of work has improved. Four sales were held, the main one being the week in November at Messrs. Fisher and Fisher, whilst a new venture was a lunch-time stall at the Government Training Centre. We also had stalls at the British Red Cross Society Annual Meeting, and at a Coffee Morning given by the Mayoress in aid of the Welfare Fund.

The Holiday for the Disabled in September at Westward Ho ! was a very happy week for the 36 disabled persons participating. For one woman of 65, badly crippled with arthritis, this was her first holiday, since prior to her own illness, she had cared for her aged mother. Our Red Cross ambulance was again used to transport the equipment, and to take chair cases to the beach or nearby beauty spots. Two helpers took their own cars to Westward Ho ! and took the less disabled for similar drives.

The Good Companions Social Club has met each Monday, and has a membership of 37. They had an outing to Weston-super-Mare in June, and a very pleasant afternoon in The Sheephouse garden by invitation of Mrs. Moore, with a demonstration by the Tewkesbury and District Dog Training Club. Early in December they held their Christmas Party at which the Mayor and Mayoress were present.

A number of aids and gadgets were supplied, bath seats being specially in demand. Home adaptations arranged by the Health Committee, included rails for the toilet, portable commodes, bath seats and mats.

At Christmas, 92 food parcels were distributed to the homebound disabled, and parcels of toys or books sent to sick children, as well as to the families of the more needy disabled. A party of 25 disabled were taken to the special opening of the Bon Marche early in December, and as ambulance transport was provided by the Health Committee, we were able to take those who are chair-bound. All were delighted with the evening out.

The Welfare Officer has continued to meet the Health Visitors regularly at a Case Committee, which has proved most helpful in the work.

SECTION D.

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

Architect's Department	13
Children's Department	7
Civil Defence	2
Education Department :	
Staff	38
Entrants to Training College	61
Engineer's and Surveyor's Department	17
Fire Brigade	9
Health Department	15
Housing	—
Libraries	10
Local Taxation	—
Museum	3
Staverton Airport	1
Town Clerk's Department	7
Treasurer's Department	13
North West Glos. Water Board	9
Welfare Department	4
Other Authorities	14

SECTION E.

ENVIRONMENTAL HEALTH

Water Supply.

Report by C. G. Whiting, B.Sc. (Tech.), A.M.I.C.E., A.M.I.W.E., Engineer to the North West Gloucestershire Water Board.

The Water supply to the City has been satisfactory in chemical and bacteriological quality and in quantity. Bacteriological examinations were made of the raw and final water from all sources which supply the City. A summary of these examinations is as follows :—

Source	Raw Water			Final Water		
	No.	Satisfactory	Unsatisfactory or doubtful	No.	Satisfactory	Unsatisfactory or doubtful
Newent ..	12	8	4	15	15	—
Ketford ..	15	13	2	14	14	—
Witcombe ..	13	—	13	13	13	—
Tewkesbury	183	—	183	906	893	13

In addition, 139 bacteriological samples were taken from consumers' premises within the City, and of these only six proved to be of doubtful quality. Each of these was cleared on a re-examination.

Chemical analyses have been submitted to the Medical Officer of Health as routine.

The supplied water has no plumbo-solvent action.

Incidents of contamination have been related entirely to discolouration due to corrosion and to manganese elevation. The former is rectified by the normal process of flushing and the problem of the latter is under active investigation.

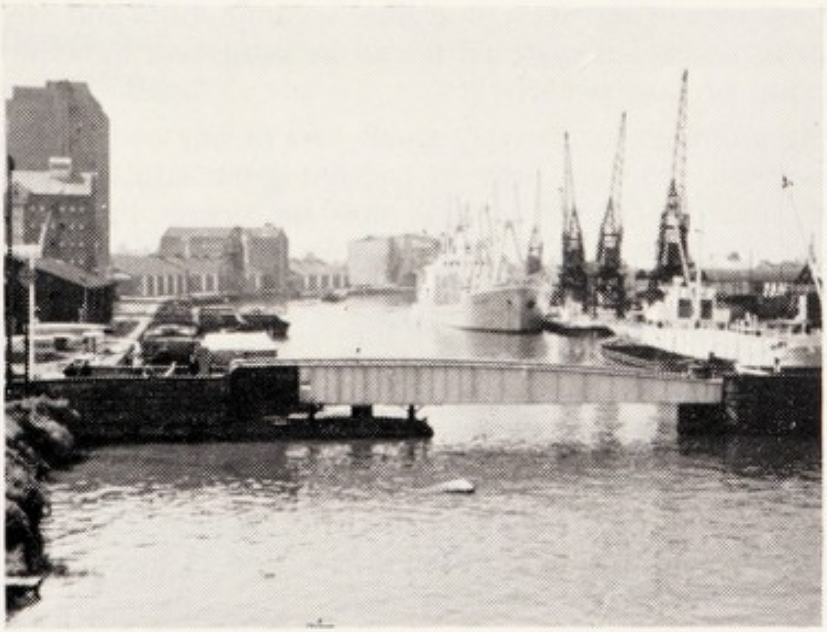
The number of dwelling houses supplied from public water mains is 21,192, all direct to the houses.

Disposal of Sewage.

Report by the City Engineer and Surveyor.

The Gloucester Main Drainage Scheme has now been completed to the stage where a satisfactory network of main drainage sewers has been provided for the greater part of the existing City area. Investigations are proceeding for the provision of a further length of trunk sewer to deal with the north-eastern area. This is being considered in conjunction with the development of developable land in the extended area to the east. The new Sewage Works are now operating satisfactorily but following extra development in the extended area, it may become necessary to carry out extensions to these works in the future.

Routine Meat Inspection



Sharpness Docks

Sanitary Conditions of the Area.

Report by Chief Public Health Inspector.

During the year preliminary inspections were made of a certain area to designate the area a Compulsory Improvement Area. This covers the improvement of rented houses to give the basic amenities of bath, sink, and wash hand basin, all with hot water, an internal water closet, and ventilated food cupboard. Although I was aware of the increase in owner/occupation I was surprised to find that in fact eighty per cent of the premises in the area were owner occupied. Although the Compulsory Improvement Area was approved by the Council, in these circumstances it does appear to be taking a sledge hammer to crack a nut. I would appeal to owners of rented premises to take advantage of the standard grant that is available and the increase in rent that the installation of amenities entitles the owner. And, of course, I hope that the owner/occupier will also take advantage of these grants.

If tenants of rented houses wish to have these improvements as stated above, and are prepared to pay the modest extra rent, they should write to this Department.

I feel that all owners of property will agree that all families are entitled to a water supply, sink, hot water, bath and reasonably convenient access to a water closet and when converting large premises into homes for more than one family, I would ask that they submit plans showing these essential amenities to each individual dwelling within the premises.

As you will see from the statistical section, 125 samples of milk were taken for bacteriological sampling, 165 samples of various foodstuffs were taken for chemical analysis, 135 samples of ice cream for bacteriological samples, 29 samples of fertiliser or animal feeding stuffs and 109 samples of vegetables, fruit and salad material for an investigation into the residue left by the spraying of insecticides.

Sampling although a relatively small part of our overall work, is none-the-less important. It does help to prevent gross adulteration of food, it ensures that such foodstuffs as milk and ice cream have been properly processed and are in consequence safe products, and this past year we have been helping in a special survey to determine the level of insecticidal contamination of certain foodstuffs. By kind permission of E. G. Whittle, B.Sc., F.R.I.C., I have included his report in the statistical section. As will be seen from this report it is too early yet to come to definite conclusions but this survey which is being carried on nationally will be pursued.

I am pleased to say that 423 general inspections were carried out under the Offices, Shops and Railway Premises Act in spite of the year being a rather unsettled one from a staff point of view and in fact being one Public Health Inspector short for most of the year.

During the year Mr. Harris was appointed as an additional Authorised Meat Inspector. This appointment was in place of a Public Health Inspector pending the review of the establishment prior to proposed boundary changes.

The appointment of Mr. Harris took place when we lost the services of Mr. J. M. Bairds. Also we lost the services of Mr. A. Savery who had trained in the Department but who decided to take up an overseas appointment in Africa. Mr. D. M. Wise was appointed to fill the vacancy.

The following is a summary of the inspections made during the year 1966.

Public Health Acts

Dwelling Houses on Complaint	890
Work in Progress	88
Drain Tests	233
Dirty and Verminous Premises	9
Insect Infestations	76
Caravan Sites	31
Schools	2
Hairdressers	7
Cinemas, Fairs, etc.	3
Public Conveniences	509
Offensive Trades	136
Offensive Accumulations	5
Stables and Piggeries	1
Refuse Tips	18
Revisits	1,385

Housing Acts

Houses Inspected	106
Basement Dwellings	1
Houses in Multiple Occupation	7
Rent Act Inspections	1
Overcrowding	6
Revisits	293

Food and Drugs Act

Complaints re Food	163
Visits re above	46
Bakehouses	46
Butchers	158
Canteens, Clubs, etc.	82
Cafes, Restaurants	116
Fishmongers	74
Fried Fish Shops	15
General Shops	450
Sweetshops, Tobacconists	21
Dairies	35
Milk Distributors	20
Ice Cream Manufacturers	43
Ice Cream Vendors	11
Preparation and Storage	89
Wholesalers	115
Public Houses	59
Vehicles—Food	3
Vehicles—Ice Cream	—
Vehicles—Milk	2
Merchandise Marks Act	5
Slaughterhouses	3,096

Food and Drugs Act—contd.

Food Poisoning Enquiries	12
Revisits	398
Samples—Bacteriological	390
Samples—Biological	—
Samples—Food and Drugs Formal	147
Samples—Food and Drugs Informal	18
Samples—Water	36
Samples—Feeding Stuffs Formal	23
Samples—Feeding Stuffs Informal	6
Samples—Others	30
Samples—Pesticides	109

Clean Air Act

Inspections—Dwelling Houses	3
Inspections—Commercial Premises	9
Inspections—Factories	18
Inspections—Others	15
Smoke Observations (½ hours)	44
Revisits	562

Factories Act

Factories—Power	16
Factories—Non-Power	1
Outworkers	—
Revisits	8

Port Health

Vessels—Foreign Going	96
Vessels—Coastwise	5
Canal Boats	—
Rodent Control	6
Revisits	4

Offices, Shops and Railway Premises Act

General Inspections	
Offices	103
Retail Shops	235
Wholesale/warehouses	39
Catering establishments, canteens	44
Fuel storage depots	3
Other visits, revisits	555

Miscellaneous

Rodent Control—Dwelling Houses	47
Rodent Control—Business Premises	32
Rodent Control—Others	54
Revisits	32
Pet Animals	15
Pet Animals Revisits	14
Animal Boarding Establishments	3
Animal Boarding Establishments Revisits	—
Rag Flock Act	—

Miscellaneous—contd.

Rag Flock Act Revisits	—
Noise Nuisance	31
Noise Nuisance Revisits	123
Infectious Disease Enquiries	13
Infectious Disease Revisits	19
Others	1,768

The following is a summary of the notices served and complied with during 1966 together with outstanding notices complied with :—

	Served	*Complied with*
INFORMAL		
Public Health Act	148	190
Food and Drugs Act	90	90
Factories—Power	8	5
Non-Power	—	1
Corporation Act	—	—
Offices, Shops and Railway Premises Act	202	—
STATUTORY		
Public Health Act	11	16
Corporation Act	45	39
Housing Acts	7	1

HOUSING 1966

Orders confirmed during 1966—Compulsory Purchase and Clearance Orders

Title of Order	*Clearance Area Nos.*	*No. of Houses in Order*
Hare Lane (No. 1) C.P.O.	169	7
Mill Street (No. 3) C.O.	170	4
Moor Street (No. 1) C.P.O.	171 and 172	10
Bath Buildings C.P.O.	174	2

	Number of Houses	Displaced	
		Persons	Families
Houses Demolished			
IN CLEARANCE AREAS			
Houses unfit for human habitation	47	145	56
NOT IN CLEARANCE AREAS			
As a result of formal or informal action under Sec. 16 or Sec. 17 (1) Housing Act 1957	11	7	3
Local Authority houses certified unfit by the Medical Officer of Health	—	—	—
Unfit Houses Closed			
Under Secs. 16 (4), 17 (1) and 35 (1), Housing Act, 1957	—	—	—
Parts of Buildings Closed			
Under Sec. 18 Housing Act, 1957	—	—	—

Unfit Houses made Fit and Houses in which Defects were Remedied

(i)	After informal action by Local Authority	190
(ii)	After formal action under :	
	(a) Public Health Acts	16
	(b) Housing Act	1

Verminous Premises

Number of houses disinfested 73

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

Offensive Trades

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

Tripe Boilers	1
Tallow and Fat Melters	1
Number of Inspections made of the above premises	136

Offices, Shops and Railway Premises Act, 1963

Registrations and General Inspections

	Registered during the year	*On Register at the end of year*	*Inspected during the year*
CLASS OF PREMISES			
Offices	21	309	103
Retail Shops	30	503	235
Wholesalers' Warehouses	4	62	39
Catering Establishments	5	78	44
Fuel Storage Depots	—	5	2
Totals	60	957	423

Number of visits of all kinds to registered premises 978.

Numbers employed

Class of Workplace	*Number of persons employed*
Offices	3,324
Retail Shops	3,978
Wholesalers' Warehouses	784
Catering Establishments	923
Canteens	75
Fuel Storage Depots	18
Total Males	3,975
Total Females	5,127
Grand Total	9,102

D. EXEMPTIONS.

No applications were received.

E. PROSECUTIONS.

Nil.

1. Registration and Inspections.

The total number of visits made to registered premises shows an increase over the figure for the previous year, but the number of general inspections made is lower. This is mainly due to staff changes during the year, and in part to the time required to keep track of the changes occurring as a result of redevelopment of parts of the City.

2. General Operation of the Act.

The apparent policy of many firms to await a general inspection before carrying out work to bring their premises up to standard was remarked upon last year, and to judge from the number of contraventions found this year this attitude, or a surprising ignorance of the Act, still prevails.

A good deal of work has been done in many premises and the number of contraventions remedied is no doubt considerably higher than shown in the table below ; it has not been possible to revisit all the premises upon which notices have been served.

	Found		*Remedied*	
Contraventions Relating to	*During Year*	*Total to Date*	*During Year*	*Total to Date*
Sanitary Conveniences ..	20	150	26	33
Washing facilities	50	369	77	90
Cleanliness	39	177	38	39
Overcrowding	2	37	4	4
Temperature	3	38	12	14
Provision of thermometers ..	40	345	96	110
Ventilation	10	71	11	12
Lighting	8	84	19	23
Drinking Water	1	19	1	2
Accommodation for Clothing	2	47	13	20
Seating	2	42	16	19
Fencing of machinery ..	6	30	7	8
Safety of floors, passages etc.	30	155	23	25
First Aid Equipment ..	44	361	105	128
Display of abstract of the Act	120	293	67	67

Last year an application for exemption from providing running hot water was refused as it only involved installing a water heater in place of an electric kettle, the wash hand basin and other facilities being already available. It is now found that arrangements have been made to share the facilities in adjoining premises and thus comply with the Act.

It is felt that the Regulations should be amended so that in cases like this there would be power to require the lacking facility to be provided on the premises.

3. Accidents.

27 notifications of accidents were received during the year. None were serious and consisted mainly of minor sprains and cuts received while handling goods. An informal investigation was made in each case.

2 notifications were received of accidents to customers in shops. Although not officially recorded these were investigated as the conditions revealed could have caused similar accidents to the staff.

Other notifications were received of accidents to employees but not on premises to which the Act applied, e.g., a drayman delivering to a public house whose tenant was self employed with no staff. From the point of view of accident prevention in general and the welfare of employed persons perhaps a fresh look should be taken at this rather fine distinction between notifiable and non notifiable accidents.

4. PROSECUTIONS.
None were taken.

Rodent Control

	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in the district	25,075	4
2. Total number of properties inspected following Notification	491	1
Number infested with :—		
Rats	221	1
Mice	250	—
3. Total number of properties inspected for rats or mice for reasons other than notification ..	1,393	—
Number infested by :—		
Rats	252	—
Mice	252	—

1,794 sewer manholes were treated for rats during the year.

Factories Act, 1961

PART I OF THE ACT

Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	28	1	—	—
Factories not included above in which Section 7 is enforced by the Local Authority . .	366	16	7	—
Other premises in which Section 7 is enforced by the Local Authority (not including out-workers' premises)	—	—	—	—
TOTAL	394	17	7	—

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	Referred 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	1	—	—	1	—
(b) unsuitable or defective	6	6	—	4	—
(c) not separate for the sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	7	6	—	5	—

Outwork

PART VIII OF THE ACT (SECTIONS 110 AND 111)

Nature of Work	Section 110			Section 111		
	Number of out-workers in August list req'd by Sect. 110 (1) (c)	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing apparel. Making, etc.	2	—	—	—	—	—
Cleaning and Washing	—	—	—	—	—	—
TOTAL	2	—	—	—	—	—

Other sampling :

Fertiliser and Feeding Stuffs	
Formal	23
Informal	6
Water samples from City Baths and Swimming Pools	35
Water samples from other source	1

30 samples of food were submitted to the Public Analyst or to the Public Health Laboratory service to ascertain chemical or bacteriological contamination. Most of these samples were the result of a complaint from the public and some were from the City's slaughterhouses to provide bacteriological collaboration to the Inspectorial meat inspection service.

109 samples of foodstuffs were submitted to the Public Analyst for insecticide investigation and by kind permission of E. G. Whittle, Esq., B.Sc., F.R.I.C. I append his report below :—

Certain fruits and vegetables were submitted as part of a survey on their organochlorine insecticide level. Samples were examined by GLC and the type and numbers analysed are tabulated below and are followed by the significant results therefrom.

Foodstuffs	Number Analysed	Foodstuffs	Number Analysed
Apple	7	Pea	2
Banana	2	Peach	1
Broad Bean	2	Pear	5
Carrot	4	Pineapple	1
Cauliflower	1	Plum	1
Celery	1	Potato	3
Cherry	1	Prune	2
Cucumber	1	Purple Sprouting ..	1
Curly Green	1	Quick Frozen Greenstuff	4
Currant	3	Radish	2
Damson	1	Raisin	2
Date	3	Raspberry	2
Fig	1	Red Cabbage	1
Gooseberry	1	Rhubarb	4
Grape	2	Runner Bean	1
Grapefruit	1	Spring Green	3
Greengage	1	Spring Onion	2
Lard	3	Sprout	5
Leek	2	Strawberry	2
Lemon	2	Swede	1
Lettuce	4	Sweet Corn	1
Marrow	1	Sultana	3
Melon	1	Tangerine	1
Onion	3	Tomato	5
Orange	2	Turnip	2
Parsnip	1	Water Cress	3

Apple (English, variety Coxs Orange Pippin)	0.84 ppm DDT
Apple (Tasmanian)	0.49 ppm DDT
Currant	0.16 ppm DDT
Grapefruit	0.55 ppm BHC.
Peach (Italian)	0.90 ppm DDT
Sultana	0.24 ppm DDT

Apples and pears showed the highest incidence of DDT and BHC, although the level of the latter was low. Whilst the grapefruit contaminated with BHC appeared to be an isolated case, a similar peach to the one listed was submitted by the Gloucestershire County Inspectorate and contained 0.75 ppm DDT. The DDT found in the dried fruit was a little surprising.

Early in the year it was thought that onions were grossly contaminated with BHC and that this insecticide was taken up from the soil. After research, which included growing onions in BHC free soil and with BHC free water, it was discovered that the compound was a natural one which behaved in virtually every respect as BHC (but not in its insecticidal capacity).

In 1967, more fruit and vegetable samples will be analysed with a special emphasis on apples (and their products), pears, tomatoes, lettuces, radishes, dried fruits, gooseberries, melons, apricots and peaches. Certain other crops not in the 1966 list will be included e.g. greenpeppers, asparagus and pomegranates.

SECTION F

INSPECTION AND SUPERVISION OF FOOD

Type of Premises	*Number*
Registered or Licensed Food Premises	
Dairies	3
Distributors of Milk	93
Untreated Milk—Dealer's Licences	3
Pasteuriser's Licences	2
Dealer's (Pre-packed Milk) Licences	111
Ice-Cream—Manufacturers, Hot Mix	4
" " Soft Mix	3
Ice-Cream Vendors	283
Preserved Meat	33

Food Hygiene (General) Regulations 1960

Category	No. of Premises	No. complying with Sec. 16 Food Hyg. Regs.	No. of premises to which Sec. 19 Food Hyg. Regs. applies	No. complying with Sec. 19 Food Hyg. Regs. 1960
Dairies	2	2	2	2
Ice Cream Manufacturers				
Hot Mix	4	4	4	4
Soft Mix	3	3	3	3
Bakehouses	16	16	16	16
Butchers' Shops	53	49	53	53
Cafes, Restaurants and Canteens	132	130	132	132
Wet and Fried Fish Shops	28	26	28	28
Gen. Food Shops	204	203	192	169
Greengrocers	40	37	37	36
Public Houses, Clubs, Off Licences	124	122	122	122
Wholesale Premises	24	24	21	20
Food Factories	9	9	9	9
Sweets and Tobacco	61	60	22	22

The Milk (Special Designations) Regulations, 1963

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

Designation	Methylene Blue Test		Phosphatase Test		Biological Exam. (Tuberculosis)		Turbidity Test	
	Satis.	Unsatis.	Satis.	Unsatis.	Pos.	Neg.	Pos.	Neg.
Pasteurised ..	125	26	156	—	—	—	—	—
Sterilised ..	—	—	—	—	—	—	—	15
Untreated ..	—	—	—	—	—	—	—	—
TOTAL ..	125	26	156	—	—	—	—	15

Large number of unsatisfactory methlyene blue test results were due mainly to vending machine samples and subsequent action has been taken.

MILK SUPPLIES—BRUCELLA ABORTUS.

Number of samples of raw milk examined .. .. .. Nil
Number of positive samples found .. .. .. Not applicable
Action taken in respect of positive samples—Not applicable.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.

Number of egg pasteurising plants in the city .. .. .. Nil
Number of samples of liquid egg submitted to the Alpha-Amylase test 3
Number of samples found to be satisfactory 3

Food and Drugs Act, 1955

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

Number Taken	Satisfactory		Unsatisfactory	
	Formal	Informal	Formal	Informal
165	144	14	3	4

Ice Cream

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

Number Taken	Grade I	Grade II	Grade III	Grade IV	Void
135	109	13	5	—	8

In addition 49 samples of Ice Cream (including Sno-creme) were taken for Plate Count and of these 46 were satisfactory. 29 Water Ices were taken for pH Valuation and of these 29 were satisfactory.

Carcases Inspected and Condemned during the year 1966

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected ..	19,303	421	403	87,856	68,875
All Diseases except Tuberculosis ..					
Whole carcases condemned ..	3	5	15	69	135
Carcases of which some part or organ was condemned.. ..	6,164	285	18	11,638	10,489
Percentage of the number inspected affected with disease other than Tuberculosis ..	31·9	68·8	8·1	13·3	15·4
Tuberculosis Only					
Whole carcases condemned ..	—	—	—	—	1
Carcases of which some part or organ was condemned.. ..	4	—	—	—	781
Percentage of the number inspected affected with Tuberculosis	0·02	—	—	—	1·13
Cysticercus Bovis Only					
Whole carcases condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned.. ..	12	—	—	—	—
Percentage of the number inspected affected with Cysticercus Bovis	0·06	—	—	—	—

Slaughterhouses

Number of Licensed Slaughterhouses in the City	3
Number of visits to Slaughterhouses for inspection of carcases	3,096

Food Poisoning

Total number of outbreaks	—
Number of cases	2
Number of deaths	Nil
Organisms responsible ..	In one case organism not identified. In other case — salmonella.
Goods involved	Not identified.

Prosecutions.

1. Mouldy sausages. Fine £20.

"I'm not sure whether he's a public health inspector or Egon Ronay."

By permission of "Punch"

SECTION G

PORT HEALTH

SECTION I—STAFF.

TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Other Appointments held
Dr. P. T. Regester ..	Port Medical Officer	29·7·63	M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health, City of Gloucester.
Dr. M. M. G. Gray	Deputy Port Medical Officer	10·2·64 resigned 31.10.66	B.Sc., M.B., B.Ch., D.P.H.	Deputy Medical Officer of Health, City of Gloucester.
R. I. Williams	Port Health Inspector	1·1·52	D.P.A., M.A.P.H.I.	Chief Public Health Inspector, City of Gloucester.
G. W. Alexander	Assistant Port Health Inspector	24·9·56	D.M.A., M.A.P.H.I.	Deputy Chief Public Health Inspector, City of Gloucester.
Capt. H. H. Burbridge	Assistant Port Health Inspector	7·3·55	Master Mariners' Certificate Board of Trade	Harbour Master

Address and telephone number of the Medical Officer of Health —
Health Department, Priory House, Greyfriars, Gloucester.
Gloucester 24416–7
Telegraphic Address—Portelth, Gloucester.

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

TABLE B

Ships from	Number	Tonnage	Number Inspected		Number of ships reported having had during the voyage infectious disease on board
			By the M.O.H.	By the P.H.I.	
Foreign Ports	96	59,994	—	96	—
Coastwise	2,278	254,735	—	5	—
TOTAL	2,374	314,729	—	101	—

Section III—Character of Shipping and Trade During The Year.

Table C

Passenger Traffic		Number of Passengers inward — 8 Number of Passengers outward — Nil
Cargo Traffic	Principal Imports	— Timber, Grain, Fertiliser, Telegraph Poles, Pit Props, Apple Pomace.
	Principal Exports	— Scrap Metal and General Cargo.
Principal Ports from which ships arrive		— France, the Low Countries, Scandinavia, the Baltic Countries and Russia.

Section IV—Inland Barge Traffic.

The tonnage is included in the Coastwise figure in Table B and the main traffic is with petrol, timber and grain to Gloucester, Worcester and Stourport, the cargoes coming from Avonmouth.

Section V—Water Supply.

Mains water supply from the North Gloucestershire Water Board has been made available to shipping at both Sharpness Docks and Gloucester Docks.

Section VI—Public Health (Ships) Regulations 1952.

A summary of the list of infected areas, amended periodically, is distributed to all concerned.

Any radio message received at any of the Bristol Channel receiving stations is telephoned immediately to the Authorities at Sharpness or to the telegraphic address of the Port Medical Officer.

Mooring stations are provided at (a) the South Western extremity of the Floating Docks, (b) the tidal basin, (c) Northwick Buoy.

Hospital accommodation for infectious diseases (other than smallpox) is at Over Hospital, Gloucester, where persons and their clothing would be disinfected.

Section VII—Smallpox.

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

Section VIII—Venereal Disease.

Information given where there are facilities in the area for the diagnosis and treatment of venereal disease.

Section IX—Cases of Notifiable and Other Infectious Diseases On Ships.

Table D—Nil.

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

Nil.

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

Nil.

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

All ships arriving from Foreign Ports are inspected by the Port Health Inspector for evidence of Rodents.

Ships and warehouses in Gloucester 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, Southgate Street.

TABLE E

Rodents destroyed in the year from Foreign Ports .. .. .. Nil

TABLE F

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

Number of Deratting Certificates Issued					Number of Deratting Exemption Certificates Issued	Total Certificates Issued
After Fumigation With		After Trapping	After Poisoning	Total		
H.C.N.	Other Fumigant					
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	5	—	—	
Foreign	96	—	—	
TOTAL	101	—	—	

SECTION H

STATISTICS

General Statistics

Estimated area of City	5,347 acres
Registrar General's Estimated Mid-year Home Population	72,550
Area Comparability Factors—Births	0.99
Deaths	1.06
Rateable Value, 1st April, 1966	£2,834,765
Estimated sum represented by Penny Rate—	
Before Rebates	£11,534 7 2
After Rebates	£11,501 5 11

Vital Statistics, 1957 - 1966

Live Births

Year	Legitimate		Illegitimate		Total	Rate per 1,000 estimated resident population	
	Male	Female	Male	Female		Gloucester	England and Wales
1966	691	664	86	69	1,510	20·8	17·7
1965	697	693	84	83	1,537	21·3	18·1
1964	680	692	93	84	1,549	21·6	18·4
1963	683	658	79	84	1,504	21·2	18·2
1962	649	626	70	49	1,394	19·9	18·0
1961	638	637	38	51	1,364	19·5	17·4
1960	669	584	42	46	1,341	19·5	17·1
1959	587	576	52	39	1,254	18·4	16·5
1958	590	551	28	36	1,205	17·6	16·4
1957	524	559	41	31	1,155	17·0	16·1

Stillbirths

Year	Male	Female	Total	Rate per 1,000 live and still births	
				Gloucester	England & Wales
1966	7	12	19	12·6	15·3
1965	15	14	29	18·5	15·8
1964	11	11	22	14·0	16·3
1963	11	11	22	14·4	17·2
1962	15	14	29	20·3	18·1
1961	9	21	30	21·5	19·0
1960	15	22	37	27·6	20·0
1959	16	11	27	21·0	21·0
1958	16	15	31	25·7	22·0
1957	10	10	20	17·0	22·5

Deaths

Year	Male	Female	Total	Death rate per 1,000 estimated resident population	
				Gloucester	England & Wales
1966	415	398	813	11·2	11·7
1965	399	358	757	10·5	11·5
1964	405	396	801	11·2	11·3
1963	457	412	869	12·3	12·2
1962	404	383	787	11·2	11·9
1961	405	369	774	11·1	12·0
1960	387	326	713	10·4	11·5
1959	406	378	784	11·5	11·6
1958	367	369	736	10·8	11·7
1957	413	341	754	11·1	11·5

Causes of Death, 1966

Causes of Death	Sex	AGE					Total
		0–25	26–45	46–65	66–75	76+	
Respiratory Tuberculosis ..	M	—	—	3	1	—	4
	F	—	—	—	—	—	—
Cancer—All forms	M	2	4	35	28	16	85
	F	—	4	22	7	18	51
Heart and circulatory diseases	M	1	8	37	43	64	153
	F	—	1	17	34	116	168
All other causes	M	31	10	35	45	52	173
	F	17	2	23	39	98	179
Total Deaths	M	34	22	110	117	132	415
	F	17	7	62	80	232	398
		51	29	172	197	364	813

Maternal Mortality

Year	Deaths caused by Pregnancy Childbirth or Abortion	Rate per 1,000 live and still births	
		Gloucester	England & Wales
1966	1	0·66	
1965	1	0·64	0·25
1964	1	0·64	0·26
1963	—	—	0·28
1962	—	—	0·35
1961	—	—	0·33
1960	—	—	0·39
1959	—	—	0·38
1958	1	0·83	0·43
1957	—	—	0·46

Infant Mortality

Year	Number of deaths of infants under one year of age			Death rate of legitimate infants per 1,000 legitimate live births	Death rate of illegitimate infants per 1,000 illegitimate live births	Death rate of all infants per 1,000 live births
	Legitimate	Illegit-imate	Total			
1966	23	3	26	17·0	19·4	17·2
1965	20	4	24	14·4	27·2	15·6
1964	35	4	39	25·5	22·6	25·2
1963	35	6	41	26·1	36·8	27·2
1962	25	3	28	19·6	25·0	20·1
1961	21	3	24	16·5	33·6	17·6
1960	30	2	32	23·9	22·7	23·8
1959	27	3	30	23·2	33·0	23·9
1958	30	—	30	26·3	—	25·3
1957	18	2	20	16·6	27·7	17·3

Causes of death of infants under one year of age

Congenital Malformations	5
Gastritis, enteritis and diarrhoea	—
Pneumonia	5
Accidents	2
Other defined or ill-defined diseases	14
	26

Causes of Neo-Natal death (of children dying within the first four weeks of being born) included in Infant Mortality figures quoted above.

Congenital Malformations	5
Pneumonia	3
Other defined or ill-defined diseases	12
	20

The neo-natal death rate was, therefore, 9.2 per 1,000 live births.

Prematurity and Stillbirths

Notified Premature Live and Stillbirths—Analysis by birth weight and mortality.

Birth Weight Groups	Premature Live Births	Deaths within 24 hours of birth	Deaths within 28 days of birth	Premature stillbirths
2 lb. 3 oz. or less ..	1	1	—	2
2 lb. 4 oz.—3 lb. 4 oz.	4	2	—	3
3 lb. 5 oz.—4 lb. 6 oz.	31	3	—	2
4 lb. 7 oz.— 4 lb. 15 oz.	28	—	2	—
5 lb.—5 lb. 8 oz. ..	59	1	3	1
Total	123	7	5	8

The total number of premature live births notified show an incidence of 8.14% of all live births. 42.1% of all stillbirths were notified premature. The overall incidence of prematurity among the total live and stillborn infants was 8.5%.

Incidence of Cancer Deaths

Year	Deaths from Cancer	Percentage of total deaths registered	Death rate per 1,000 population	Age Distribution					
				0—45		46—65		66 plus	
				Male	Female	Male	Female	Male	Female
1966	136	16·7	1·9	6	4	35	22	44	25
1965	138	18·2	1·9	6	4	28	25	37	38
1964	156	19·5	2·2	7	2	29	29	40	49
1963	134	15·4	1·9	4	3	29	21	47	30
1962	135	17·1	1·9	6	3	38	27	36	25
1961	132	17·0	1·0	2	—	33	24	35	38
1960	138	19·3	2·0	1	4	36	14	50	33
1959	139	17·7	2·0	4	7	27	27	32	42
1958	126	17·1	1·8	8	4	28	19	27	40
1957	108	14·4	1·6	6	2	29	14	24	33
1956	126	17·3	1·9	2	5	38	29	27	25
1955	133	17·3	2·0	7	6	28	23	30	39
1954	129	17·6	1·9	5	5	26	29	33	31
1953	98	13·4	1·5	5	6	13	18	27	29
1952	112	16·4	1·7	4	6	24	11	36	31
1951	122	14·9	1·7	2	7	33	18	36	26
1950	120	15·6	1·8	4	9	31	18	27	31
1949	110	14·3	1·7	1	8	23	23	27	28
1948	106	14·5	1·6	3	5	24	16	30	28
1947	108	14·4	1·7	4	9	17	23	29	26
1946	118	15·4	1·9	1	6	23	22	33	33
1945	102	12·9	1·6	7	11	19	11	28	26
1944	110	15·4	1·8	4	2	18	27	27	32
1943	111	13·0	1·9	2	6	16	30	29	28
1942	114	14·8	1·8	4	5	17	25	27	36
Total	3,061	—	—	105	129	662	545	818	802

Analysis of Cancer Deaths

Year	Stomach		Lung and Bronchus		Breast		Uterus	Other (Including leukaemia)		Total		Total
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	
1966	7	4	38	6	1	9	4	39	28	85	51	136
1965	8	10	27	4	1	14	10	35	29	71	67	138
1964	9	6	23	7	—	17	6	44	44	76	80	156
1963	12	8	30	2	1	8	6	37	30	80	54	134
1962	9	8	31	5	—	14	5	40	23	80	55	135
1961	11	11	21	3	—	15	3	38	30	70	62	132
1960	16	6	31	2	—	16	1	40	26	87	51	138
1959	17	12	19	8	—	13	4	27	39	63	76	139
1958	5	5	26	3	1	14	5	31	36	63	63	126
1957	14	9	14	1	—	7	5	31	27	59	49	108
Total	108	79	260	41	4	127	49	362	312	734	608	1342

Care of Mothers and Young Children
Clinic Services

1. ANTE-NATAL AND POST-NATAL CLINICS

Number of women in attendance—Ante-Natal examination	..	2,206
Post-Natal examination	..	201
Number of sessions held by—Medical Officers	.. ..	—
Midwives	.. .. ..	151
General Medical Practitioners	..	13
Hospital Medical Staff	.. ..	146
Total	.. ..	310

2. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Number of women who attended during the year :

(a) Institutional booked	202
(b) Domiciliary booked	212
Total	414
Total number of attendances during the year	1,852

3. CHILD WELFARE CENTRES

Number of children who attended during the year :

(a) born in 1966	1,222
(b) born in 1965	874
(c) born 1961-1964	533
Total	2,629

Number of sessions held by	(a) Medical Officers	419
	(b) Health Visitors	54
	Total	473
Number of children referred elsewhere		36
Number of children on "at risk" register at end of year ..		214

Dental Service for Expectant and Nursing Mothers and Young Children

1. *Attendances and Treatment.*

Number of visits for treatment during year :	*Children 0 – 4*	*Expectant and Nursing Mothers*
First visit	180	319
Subsequent visits	109	460
Number of additional courses of treatment other than the first course commenced during year	9	6
Treatment provided during the year.		
Number of fillings	83	231
Teeth filled	67	223
Teeth extracted	293	455
General anaesthetics given	167	108
Emergency visits by Patients	146	16
Patients X-Rayed	2	7
Patients treated by Scaling and /or removal of stains from the teeth (Prophylaxis)	35	148
Teeth otherwise conserved	54	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	1
Number of Courses of Treatment completed during the year	49	187

2. PROSTHETICS.

Patients supplied with F.U. or F.L. (First time)	17
Patients supplied with other dentures	33
Number of dentures supplied	65

3. ANAESTHETICS.

General Anaesthetics administered by Dental Officers	54

4. INSPECTIONS.

Number of Patients given first inspections during year	74	545
Number of these who required treatment	44	453
Number who were offered treatment	39	417

5. SESSIONS.

Number of Dental Officer sessions devoted to Maternity and Child Welfare Patients :

For Treatment	145
For Health Education	28

Distribution of Welfare Foods

Number of items sold during the year :

National Dried Milk	20,018
Cod Liver Oil	1,884
A and D Vitamin tablets	4,394
Orange Juice	27,630
Ribena	4,752
Rose Hip Syrup	4,070
Carella Syrup	1,015
Ostermilk No. 2	*184

*Sales commenced in November, 1966.

Care of Unmarried Mothers

Statistical Report on the work of the City of Gloucester Deanery Association for Social Work.

1. Ages of expectant mothers at the time of referral.

	1964	1965	1966
14 years	—	1	1
15 ,,	4	5	2
16 ,,	11	5	6
17 ,,	14	13	9
18 ,,	10	12	18
19 ,,	11	15	9
20 ,,	12	8	8
21—25 years	18	16	30
Over 25 years	24	24	12
Age not known	3	3	5
Total	107	102	100

2. Analysis of new cases.

	1964	1965	1966
Illegitimacy	97	102	100
Family and other problems	16	28	11
Applications to adopt	6	7	11
Total	119	137	122

3. Financial Assistance for maintenance in Mother and Baby Homes received from Health Committee.

	1964	1965	1966
No. of applications made	24	18	20

Number of mothers who went to Homes and paid own fees	5
Number of babies for whom fostering was arranged prior to adoption	11

DOMICILIARY MIDWIFERY

Statistical review of the year's work carried out by the Gloucester District Nursing Society, acting as Agents for the Health Committee.

1. Number of confinements attended by midwives :—

Doctor booked	461
Doctor not booked	1
Number of cases delivered in hospitals and other institutions, but discharged and attended by domiciliary midwives before the tenth day	578

2. Number of visits by domiciliary midwives :—

Midwifery	9,066
Ante-Natal	6,577
Post-Natal	95
Early discharges	4,123

HEALTH VISITING SERVICE

1. **Visiting**

	Number of Cases	*Visits*
Children born in 1966	1,505	6,193
Children born in 1965	1,057	5,004
Children born 1961 – 1964	2,122	9,934
Persons aged 65 or over	460	1,255
Mentally disordered persons, at the special request of a general practitioner or hospital	4	15
Other mentally disordered persons	44	107
Persons discharged from hospital (excluding maternity or from mental hospitals) at the special request of a general practitioner or hospital	22	36
Other persons discharged from hospital (excluding maternity or from mental hospitals)	31	65
Tuberculous households	130	314
Other Infectious diseases	177	202
Expectant mothers	761	957
Post-Natal	21	39
School Health follow-up	452	996
Others	543	1,644
Unsuccessful	1,528	3,854
Total	9,857	30,615

2. **Clinics etc.**

Vaccination and Immunisation Clinics	184
B.C.G. and Heaf Testing Clinics	48
School Health Inspections	264
School Minor Ailments Clinics	68
Cleanliness Inspections at Schools	250
Hospital Out-Patient Clinics	81
Health Education Talks (excluding Mothercraft and Relaxation Classes)	87
Other Clinics	1,534
Total	2,516

HOME NURSING

Statistical review of the year's work carried out by the Gloucester District Nursing Society, acting as Agents for the Health Committee..

1. Number of cases attended :—

Aged under 5 years	99
Aged 65 years and over	818
Others	680
Total	1,597

2. Number of visits made :—

Aged under 5 years	824
Aged 65 years and over	37,538
Others	11,634
	39,996

VACCINATION AND IMMUNISATION

1. **Against Smallpox**	*Vaccinated*	*Revaccinated*
Under 3 months of age	4	—
3—6 months	2	—
6—9 months	2	—
9—12 months	24	—
1 year	237	—
2—4 years	170	7
5—15 years	46	21
15 years and over	430	789

2. **Against Tuberculosis**	*Contact Scheme*	*School Children Scheme*
Number skin tested	—	726
Number found positive	—	112
Number found negative	—	614
Number vaccinated	—	611

3. Against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis.

(a) Completed Primary Courses.

Type of Vaccine or dose	Year of Birth					Others under 16	Total
	1966	1965	1964	1963	1959—1962		
Quadruple-Diphtheria / Tetanus / Whooping Cough / Poliomyelitis	4	33	5	2	2	3	49
Triple-Diphtheria / Tetanus / Whooping Cough	509	659	103	26	45	—	1,342
Diphtheria / Whooping Cough	—	—	—	—	—	—	—
Diphtheria / Tetanus	—	2	1	8	135	—	146
Diphtheria	—	—	—	—	3	—	3
Whooping Cough	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—
Poliomyelitis—Injection	—	3	—	—	1	2	6
Poliomyelitis—Oral	123	701	182	72	88	9	1,175
Totals—Diphtheria	513	694	109	36	185	3	1,540
Whooping Cough	513	692	108	28	47	3	1,391
Tetanus	513	694	109	36	182	3	1,537
Poliomyelitis	127	737	187	74	91	14	1,230

(b) Re-inforcing Doses.

Type of Vaccine or dose	Year of Birth					Others under 16	Total
	1966	1965	1964	1963	1959—1962		
Quadruple-Diphtheria / Tetanus / Whooping Cough / Poliomyelitis	—	1	12	5	6	—	24
Triple-Diphtheria / Tetanus / Whooping Cough	2	240	308	33	48	—	631
Diphtheria / Whooping Cough	—	—	—	—	—	—	—
Diphtheria / Tetanus	1	13	96	10	846	—	966
Diphtheria	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—
Poliomyelitis—Injection	—	—	—	—	—	—	—
Poliomyelitis—Oral	—	18	18	11	451	—	498
Totals—Diphtheria	3	254	416	48	900	—	1,621
Whooping Cough	2	241	320	38	54	—	655
Tetanus	3	254	416	48	900	—	1,621
Poliomyelitis	—	19	30	16	457	—	522

(c) **Immunisation against Poliomyelitis—aged over 16**

Number of persons completing course

Aged 16—20	1
Aged 21—30	20
Others	12
Total	33

AMBULANCE SERVICE

	SECTION 27				NON-SECTION 27			
	STRETCHER		SITTING		STRETCHER		SITTING	
	Cases	*Miles*	*Cases*	*Miles*	*Cases*	*Miles*	*Cases*	*Miles*
Accident and Emergency	3,097	22,072	741	5,824	—	—	—	—
Other	6,244	45,694	21,656	85,984	13	1,104	435	3,194
Rail	15	1,618	131	16,682	2	246	35	2,783
Hospital Car Service	—	—	3,407	29,318	—	—	7,563	33,182
Ambulance Bus	—	—	217	338	—	—	2,696	2,668
Hydraulic Lift Vehicles	—	—	7,009	21,403	—	—	4,851	10,922
Van	—	—	—	—	—	—	—	4,662

Total cases carried	46,959
No. of Out-Patient attendances	28,377
Total mileages :	
Ambulances	68,870
Sitting Case vehicles	95,002
Hydraulic Lift vehicles	32,325
Bus	3,006
Van	4,662
	203,865

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a)	Number of recuperative holidays granted		9
	Number of recuperative holidays provided by voluntary agencies, where national and local schemes are not applicable		13
(b)	Number of persons in receipt of free milk at the end of the year		14
(c)	Equipment on loan—	(i) Mattresses	3
		(ii) Blankets	27
		(iii) Bedsteads	3
		(iv) Sheets	14
		(v) Pillows	1
		(vi) Sputum cups	2
(d)	Chiropody Service—Number of new cases		211
	Number of treatments given		3,173
	Number of patients on register at end of year		825
	Number of Chiropodist sessions		515

HOME HELP SERVICE

Number of cases provided with help during the year.

1.	Aged 65 or over—	521
2.	Aged under 65 on first visit:	
	(a) Chronic sick and tuberculous	29
	(b) Mentally disordered	8
	(c) Maternity	43
	(d) Others	50
3.	Total number of cases	651

MENTAL HEALTH SERVICE

		Under age 16		*Aged 16 and over*	
		Male	*Female*	*Male*	*Female*
1.	Number of patients referred during the year—				
	(a) Mentally ill—				
	(i) By General practitioners	1	2	30	81
	(ii) Hospitals, on discharge from in-patient treatment	—	—	10	12
	(iii) Hospitals, after or during out-patient or day treatment	4	1	4	3
	(iv) Police and Courts	—	—	2	2
	(v) Other sources	19	15	29	51
	(b) Psychopathic—				
	(i) By General practitioners	—	—	—	—
	(ii) Hospitals, on discharge from in-patient treatment	—	—	—	—
	(iii) Hospitals, after or during out-patient or day treatment	—	—	—	—
	(iv) Police and Courts	—	—	—	—
	(v) Other sources	—	—	—	—

	Under age 16		*Aged 16 and over*	
(c) Subnormal—	*Male*	*Female*	*Male*	*Female*
(i) By general practitioners	—	—	—	—
(ii) Hospitals, on discharge from in-patient treatment	—	—	1	2
(iii) Hospitals, after or during out-patient treatment	—	—	—	—
(iv) Education Authority	—	1	5	2
(v) Police and Courts	—	—	—	—
(vi) Other sources	—	—	2	3
(d) Severely Subnormal—				
(i) By general practitioners	—	—	—	—
(ii) Hospitals, on discharge from in-patient treatment	—	3	—	—
(iii) Hospitals, after or during out-patient treatment	—	—	—	—
(iv) Education Authority	—	—	—	—
(v) Police and Courts	—	—	—	—
(vi) Other sources	—	1	—	1
Total number of referrals during the year	24	23	83	157
Number of referrals at G.P.s' surgeries (included in above)	1	1	6	44
2. Number of patients under local authority care at the end of the year				
(a) Mentally ill	—	1	55	159
(b) Psychopathic	—	—	4	2
(c) Subnormal	4	1	26	13
(d) Severely Subnormal	12	12	27	26
Total	16	14	112	200
Number of the above seen at general practitioners' surgeries	—	—	—	44
Number of the above under Guardianship	—	—	—	1

3. Junior Training Centre, Longford (under 16)

	Male	*Female*
(a) Subnormal	4	1
(b) Severely Subnormal	9	9
(c) Nursery Class	6	3
(d) Diagnostic Class	6	5
Total	25	18

		Male	*Female*
4.	Senior Training Centre, Archdeacon Street (over 16)		
	(a) Subnormal	6	5
	(b) Severely Subnormal	14	15
	Total	20	20

5. Other children under the care of the Psychiatric Social Worker at the end of the year.

Referred by	(a) School Medical Officer	2	1
	(b) Child Guidance Clinic	16	18
	(c) General Hospital Out-Patients Clinic ..	5	3
	(d) General practitioners ..	—	1
	Total	23	23

6. Admissions to Psychiatric Hospitals by Mental Welfare Officers.

	1965		1966	
	Male	*Female*	*Male*	*Female*
(a) Informal	2	4	13	19
(b) Compulsory—Section 25 (Observation)	7	11	8	12
(c) Compulsory—Section 26 (Treatment)	5	3	2	3
(d) Compulsory—Section 29 (Emergency)	29	28	24	19
Totals	43	46	47	53
Patients examined but not admitted	5	6	22	20

Registration of Day Nurseries, Daily Minders, Nursing Homes and Old People's Homes.

1. Day Nurseries.

The local authority has no Day Nurseries, and no arrangements have been made for their provision by voluntary organisations under Section 22 of the National Health Service Act, 1946.

2. Daily Minders and Registered Nurseries.

Registrations under the Nurseries and Child Minders Regulations Act, 1963.

	Premises	*Places*
(a) Factory premises	—	—
(b) Other premises	3	37
(c) Daily minders	3	44

3. Nursing Homes.

Registrations under the Public Health Act, 1936 as amended by the Nursing Homes Act, 1963	2	34

4. Old People's Homes.

Registrations under the National Assistance Act, 1948	4	79

SECTION I

SCHOOL HEALTH SERVICE

EDUCATION COMMITTEE

1965–66	1966–67
Chairman :	*Chairman* :
Alderman Mrs. M. L. Edwards	Alderman Mrs. M. L. Edwards
Vice-Chairman :	*Vice-Chairman* :
Councillor C. Collins	Councillor C. Collins
Members :	*Members* :
The Mayor (ex-officio)	Councillor A. G. Neal (Mayor)
Alderman W. J. Smith	Alderman W. J. Smith
Alderman G. A. H. Matthews, M.B.E.	Alderman G. A. H. Matthews, M.B.E.
Alderman K. A. H. Hyett	Alderman K. A. H. Hyett
Councillor Mrs. F. E. Fitch	Councillor Mrs. F. E. Fitch
Councillor V. S. Waters	Councillor Mrs. F. S. Creese
Councillor A. G. Neal	Councillor A. Ross
Councillor Mrs. F. S. Creese	Councillor F. H. Gibbs
Councillor B. Gale	Councillor W. D. Paterson
Councillor W. D. Paterson	Councillor P. W. Robinson
Councillor F. H. Gibbs	Councillor M. G. Dalling
Councillor W. Gannon	Councillor Mrs. L. A. Reeves
Councillor P. W. Robinson	Councillor D. J. Roberts
Councillor G. Williams	Rev. Canon K. F. Evans-Prosser
Rev. Canon K. F. Evans-Prosser	Rev. Canon M. J. Roche
Rev. Canon M. J. Roche	Rev. T. J. Lander
Rev. T. J. Lander	Mr. L. A. Buttling, B.Com.
Mr. L. A. Buttling, B.Com.	Mr. H. J. Skinner
Mr. F. Stephenson	Mr. S. Smith
Mr. S. Smith	Mr. F. Stephenson
Mr. H. J. Skinner	

STAFF

P. T. Regester, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health and Principal School Medical Officer.

M. Mary Guest Gray, B.SC., M.B., B.CH., D.P.H., Deputy Medical Officer of Health and Deputy Principal School Medical Officer.

Charles R. Oyler, M.R.C.S., L.R.C.P., Assistant Medical Officer of Health and School Medical Officer.

Pauline J. Begley, M.B., CH.B., M.R.C.S., L.R.C.P., D.OBST.R.C.O.G., D.C.H., Assistant Medical Officer of Health and School Medical Officer.

L. V. Martin, M.B., M.S., F.F.A., R.C.S., D.A., Anaesthetist, School Dental Clinic.

James P. Wilson, L.D.S., R.C.S., Principal School Dental Officer.
A. J. Lane, L.D.S., R.C.S., School Dental Officer.
D. G. Beard, B.D.S., R. G. Boodle, L.D.S., J. R. Cond, B.D.S., D. J. Edwards, B.D.S., A. Robinson, L.D.S., N. Tibbitts, School Dental Officers (Part time).
Mrs. D. Hawker, Dental Auxiliary.
Miss A. E. Jennings, Dental Auxiliary.
Mrs. M. L. Brice, S.E.N., Miss J. Crew-Smith, Miss J. M. Stevenson, Dental Surgery Assistants.
Mrs. E. H. Quirk, R.M.N., Miss P. Smallwood, Mrs. I. N. Wooles, Mrs. E. N. Shaw, S.R.N., Dental Surgery Assistants, (Part time).

Miss F. Collins, S.R.N., S.C.M., Q.N., H.V., A.H.E.O., Superintendent Nursing Officer.
Mrs. G. M. Atkinson, Miss A. J. Blcore, Mrs. J. M. M. Brooks, Mrs. D. G. Gordon-Wilson, Miss E. M. B. James, Miss C. Jones, Miss J. MacNamara, Mrs. A. M. Milton, Miss A. E. Newman, Mrs. R. O'Gorman, Miss R. S. Routledge, Mrs. E. A. Shore-Nye, Mrs. R. J. Tanner, Miss P. M. Taylor, Mrs. I. M. Wathen, Health Visitors / School Nurses.
Mrs. R. M. Hill, School Nurse (Part time).

J. F. Kelsall, B.A. (hons.), dip.psych., A.B.PS.S., Educational Psychologist.
Mrs. L. Archard, L.C.S.T., Speech Therapist. (Resigned 20th July, 1966).
Mrs. A. M. Williams, Physiotherapist (Part time).
Clerical Staff: T. E. Breckell, J. Gillard, Mrs. J. Harris, Mrs. D. Horton, Mrs. O. Norman, Miss V. Silvey, Shorthand typist.

SCHOOL HEALTH SERVICES

Health Department, Priory House, Greyfriars, Gloucester.
Telephone 24416

School Clinic, 15 Brunswick Road, Gloucester.
Telephone 20734.

School Dental Clinic, Ivy House, Barton Street, Gloucester.
Telephone 20436.

Child Guidance Clinic, Maitland House, Spa Road, Gloucester.
Telephone 26319.

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

I have the honour to present the Annual Report for the School Health Service for 1966.

One sometimes hears amongst some of my medical colleagues in other fields of work that the School Health Service is a Service which should be run down. In general, this sort of attitude comes from the medical backwoodsmen who, *inter alia*, are pro-private practice, contra national health services, recommend anti school meals, anti milk in the schools, etc. One finds this attitude very strange to understand as often the most vehement holders of such views are interested in taking part-time employment as industrial medical officers in the health schemes of industrial undertakings. The health needs and health hazards of a developing child in the highly social milieu and work routines of school would appear to most of us to have a considerable priority in a nation's health services. This is especially so when one realises that so much of the nation's economic and social future as well as the future health of the community resides in attaining maximum health for the school population. Add to this the fact that ours is an economic status seeking society, then one begins to realise the immense stresses that parents and the community put upon the school child. More and more must there be a partnership of education authorities and teachers and doctors to ensure not merely the full development of every child's latent abilities, but also the amelioration of all those factors which are to plant in the child the seeds of future psycho-social unrest and unhappiness whether this be due to a conflict between home and school or to fear of failure or to false attitudes to authority and discipline.

As well as advising the education authority the School Health Service should be an advisory service both for the teachers and to the parents. Perhaps it is almost revolutionary to say this, but it should be offering also an advisory service to the young people themselves, possibly throughout the secondary stages and certainly in the year before and the years immediately following leaving school.

The service itself is all the time becoming a more and more specialised one. There can be no doubt at all that a partnership between the local consultant paediatric service and the child welfare services and the school health services (their aims being naturally complementary) and the inauguration of a true child health service should be our ultimate aim.

Turning in yet another direction, I am perfectly certain that health education will not enter a final fruitful state until there is a healthy alliance of teachers, doctors and social workers (including of course youth workers who probably should come under the heading of both teachers and social workers) ; that final fruitful state being when health education is presented in all its aspects as part of an enlightened programme of social education, revealing to the child the shifting patterns of the society in which he or she lives and pointing to the place that, say, education, child care, health, wealth, and welfare, have in the good society.

The Report of the Principal School Dental Officer

During the past few years an endeavour to simplify dental health teaching has been made by using the symbol of the four leaf clover. Each leaf has represented one main facet—food, as diet and as a cleanser ; oral hygiene ; professional care ; fluoridation. The four leaves will now be used as the basis of this report, but in the reverse order. This will mean beginning with fluoridation, and the writer hopes that no one reading this will be so blinded by tears of rage or frustration to read no further. Unfortunately the opponents of this measure do tend to be emotionally affected by its mention, and those who accept it as reasonable feel frustrated when it is rejected, although they might be horrified to be called emotional. So despite this calculated risk, and in colloquial language—here goes.

Fluoridation.

Fluoridation of the water supply has been dealt with fairly thoroughly in previous reports and was effectively used as an example by Dr. P. T. Regester, the M.O.H. for Gloucester, in his pungent essay on 'The State of Preventive Medicine' in his report for 1965. Further evidence has increasingly proved the value of this measure from the dental point of view, but also it has been helpful in other ways. Osteo-porosis, brittle bones in the aged, is less likely to occur when fluoride is present in the water supply. If this fact had been discovered first and acted upon would there have been an outcry because it only helped the aged ? One of the fallacies concerning fluoridation is that only children benefit. In the first instance—yes, but 'the child is the father of man'. Even if few of us really grow-up, the effectiveness of the correct proportion of fluoride in the water supply lasts throughout life.

Does fluoridation continue to be effective when added mechanically, and how long ? As this measure was not introduced until 1945 no complete answer can be given. However, the findings recently published in Ontario concerning Brantford give a pointer. Brantford's level of fluoride was kept at 1.1 p.p.m. (i.e. parts per million) and the control cities were Sarnia with no fluoride and Stratford with a natural fluoride content of 1.6 p.p.m. Seventeen and a half years after its introduction there was essentially no difference in the caries reducing effect between Brantford and Stratford. The beneficial effect had extended into the eighteenth year of life with no cases of unsightly mottling of the teeth, and no cases of ill health attributable to the presence of fluoridation had been observed or reported either by the health authorities or by practising physicians in Brantford or Stratford.

Professional Care.

There are two main free sources of treatment for children—in general practice and through the local authority service. It has been suggested in some quarters that two parallel free-treatment services are unnecessary. This is a reasonable point of view. Yet in the areas where the local authority service is grossly understaffed or virtually non-existent the dental health of the children is deplorable. In Gloucester there is still enough dental disease to keep both sources fully occupied.

History was made in 1966 by the local authority school dental service. All the schools were examined in one year for the first time. The total number of fillings in any one year had never exceeded the five thousand

mark, but in 1966 over six thousand fillings were inserted. Also a record number of attendances for treatment were made. Out of every hundred children inspected at school thirty-eight were free from decay ; thirty-one accepted treatment at the clinic ; twenty-one elected to attend their 'own dentist' ; and ten did nothing about it, except in some cases when in pain. Clearly there is still room for both services in Gloucester especially when it is remembered that the local authority does much valuable dental health education.

Oral Hygiene.

In 1939 Isador Hirschfeld published a book entitled 'The toothbrush—Its uses and abuses', and I am greatly indebted to him for the following 'leaf'—a brief history of oral hygiene.

The primitive toothbrush was a stick frayed at one end, and sometimes sharpened at the other to be used as a toothpick. More interesting was the use of a crude sponge to clean the teeth and mouth. It has been suggested that the chimpanzee cleaning his teeth with a straw is the prototype for man. One is tempted to suggest that it may be 'the grasshopper sitting on the railway track, picking his teeth with a carpet tack', for Hans Sachs reports the very early use of toothpicks of wood, quill, silver and gold before and up to Roman times. Pliny tells us of metal articles used in the cleaning of the mouth in both Greece and China, and also mentions the porcupine quill. The well known Persian poet, Omar Khayam, extols his own golden toothpick. 'Strangely there have been no archeological findings in Egypt', says Hirschfeld, 'of toilet articles suggestive of use as tooth cleansing instruments'. In the Middle Ages we have Erasmus thinking that it was good form to pick one's teeth. More recently it has been 'thumbs down' against the public use of the toothpick.

Bristle brushes as we know them were probably first used about 230 years ago. Fauchard in 1728 condemned the use of toothbrushes made of horses hair as being too rough and having a destructive action on the teeth. In 1743 Bunon considered sponges and chewsticks superior to bristle brushes. He also suggested vertical toothbrushing as the only effective way. In the Massachusetts Sentinel on May 27th, 1789 there appeared an advertisement by Isaac Greenwood of Boston in which he offered 'brushes, dentifrices and tooth powder proper for teeth and gums'. His son John was George Washington's family dentist. Dr. Josiah Flagg, also of Boston, who was supposed to be the first American born dentist who practised dentistry exclusively, advertised this fact and the sale of dental cosmetics. Benjamin James in 1814, and Fuller, in 1830, both stress correct brushing methods. James advocated hard bristles which he said makes spongy gums bleed at first but later hardened them. Six years later Duval is against hard bristles. Dental floss is first mentioned about this time by Parmly. There is an interesting suggestion by Gariot in 1843 that bristles should be soft for women, who are regular users, and hard for men, who are spasmodic users. In 1832 Snell advocated the use of four special types of brushes, and Maury in 1841 goes even further suggesting eight different designs, some of which are considered the last word to-day.

Hirschfeld's summary is worth quoting in full. He says — 'It is intriguing to find that many dentists of more than a century ago were hardly

a minute behind us in modern thought, and that we have added comparatively little to the fundamental knowledge of oral hygiene already registered by them. Indeed, history makes us humble, especially in our field of endeavour, for in spite of our exalted opinion of modern oral hygiene, we come to the realization that we have made but slight progress in our knowledge concerning it during the past century'.

Recognizing the fact that little progress in oral hygiene had been made in the century prior to 1939 and that dental health is also a problem of public conscience we have endeavoured in Gloucester to make the most of post-war techniques and in the current year the dental auxiliaries have continued to do valuable work in this sphere.

Food.

The last leaf has now been reached and how better could the effect of food on teeth be illustrated than by the story of that remarkable group of islands in the South Atlantic, Tristan da Cunha. Owing to a volcanic eruption on the main island the inhabitants spent two years in England, returning to Tristan da Cunha in November, 1963. During their time in England it was possible to make a thorough examination of their teeth. The summary of a report by Holloway, James and Slack following this examination is given below.

This group of islands, named after the Portuguese navigator who discovered them in 1506, has only one inhabited island with a peak of over 6,000 ft. although only a few miles across. The present population is derived from eight men and seven women. All the men and two of the women were of European descent. Genetically it is a very heterogeneous group. Surgeon-Commander Rickard, in 1923, marvelled at the people's excellent teeth, despite a limited diet. He says that Mr. Rogers had had a set of dental instruments given him before he left Cape Town, but he remarked, 'Luckily I had no applicants for extractions ; it would probably have been painful for both parties'. By 1929 considerable publicity was being given abroad to the islanders' teeth, which were written up in newspapers as 'the best teeth in the world'. Travellers noticed the white and even rows revealed in Tristan smiles. In February, 1937 the Medical Officer reported that of the 156 islanders old enough to be included in the count, 131 had teeth free from decay. Long-bearded Sam Swain possessed a perfect set at the age of seventy-five. These and other reports provoked a Norwegian Scientific Expedition in 1937/38 which included Sognnaes, a dental investigator, who subsequently reported on their dental health in great detail. The next dental examination was made in 1952 by Gamblen, who together with King-Turner and Davis in 1956, and Wallis in 1958, reported a dramatic increase in dental disease, especially among children. In addition a study was made of their nutritional and dietary regimens. In January, 1962 Holloway, James and Slack, under the auspices of the Medical Research Council, carried out a detailed examination on the islanders temporarily resident in Great Britain. 219 out of the 255 over one year of age were examined. Only seven declined to co-operate, the others were either ill or away at work elsewhere. Sognnaes mentioned the fact that in 1938 no one under the age of twenty years had a carious first permanent molar, even on

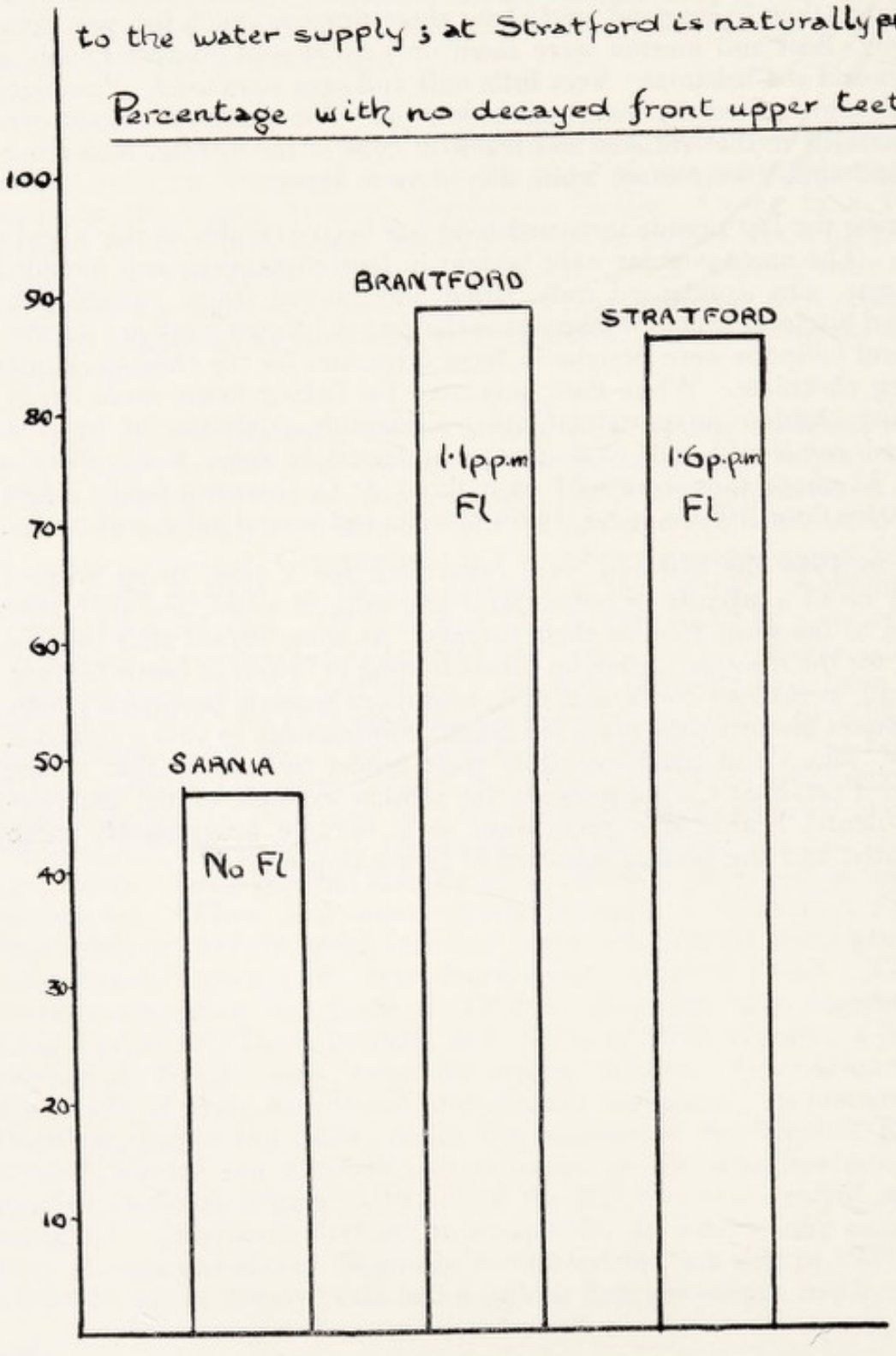
radiographic examination. In 1962 a different picture altogether presented itself for half of the first permanent molars were decayed in 64 people between the age of six and twenty years.

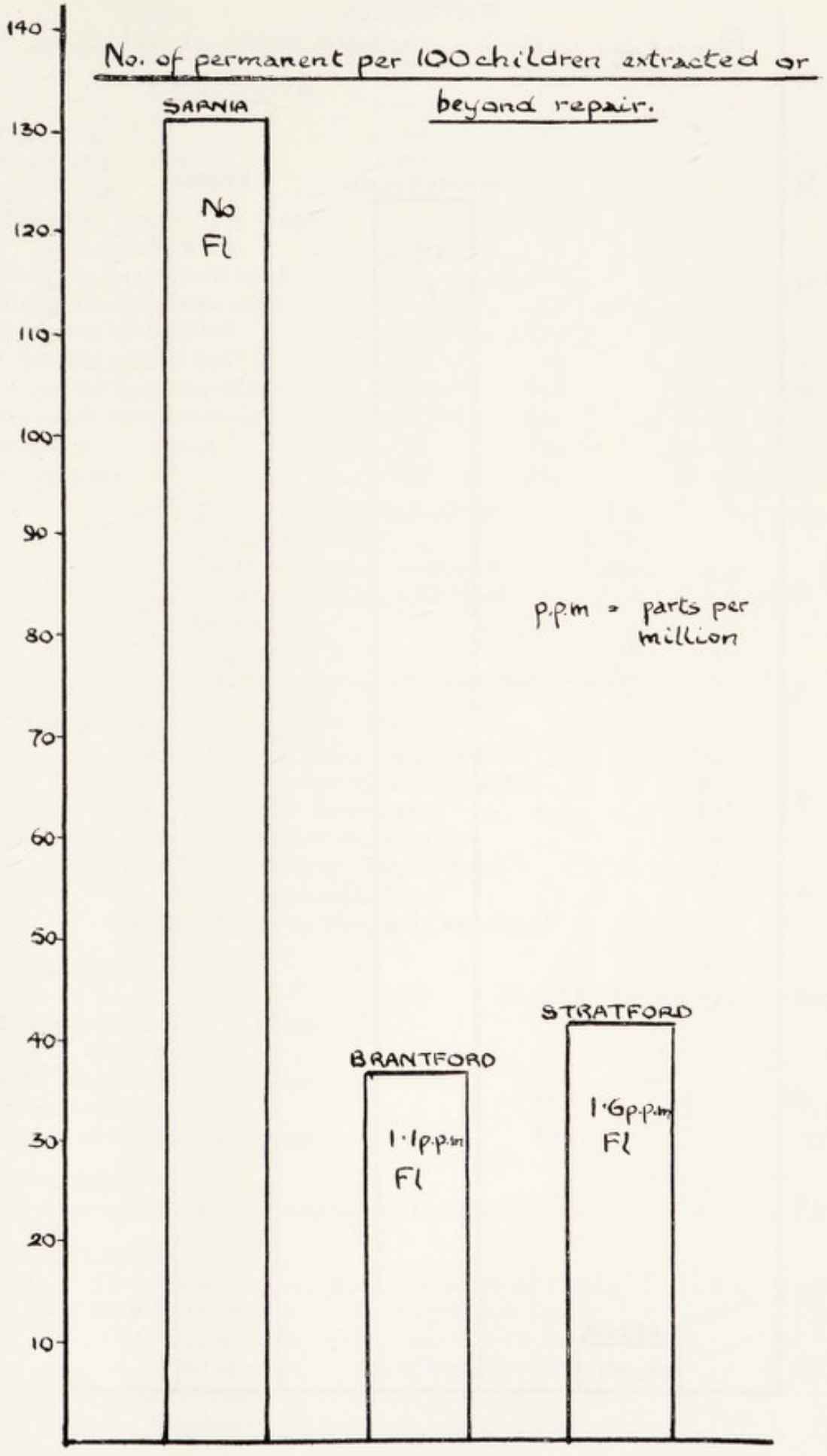
The diet of the islanders has always been a monotonous one consisting largely of potatoes and fish, relieved occasionally by other foodstuffs as these became available seasonally. They were perforce farmers more than fishermen, and potatoes were their staple food. Fish consumption was restricted during the winter months because rough seas often prevented the boats from being launched. In 1938 the average potato consumption was about four times higher than in England, and about three times as much fish was eaten per family. Beef and mutton were eaten only on special occasions such as birthdays and at Christmas. Very little milk and eggs were used. Pumpkins grew well and formed the main vegetable crop. The seasonable foods were young seabirds in the Autumn and seabirds' eggs in the Spring. Red crowberries and apples were eaten while they were in season.

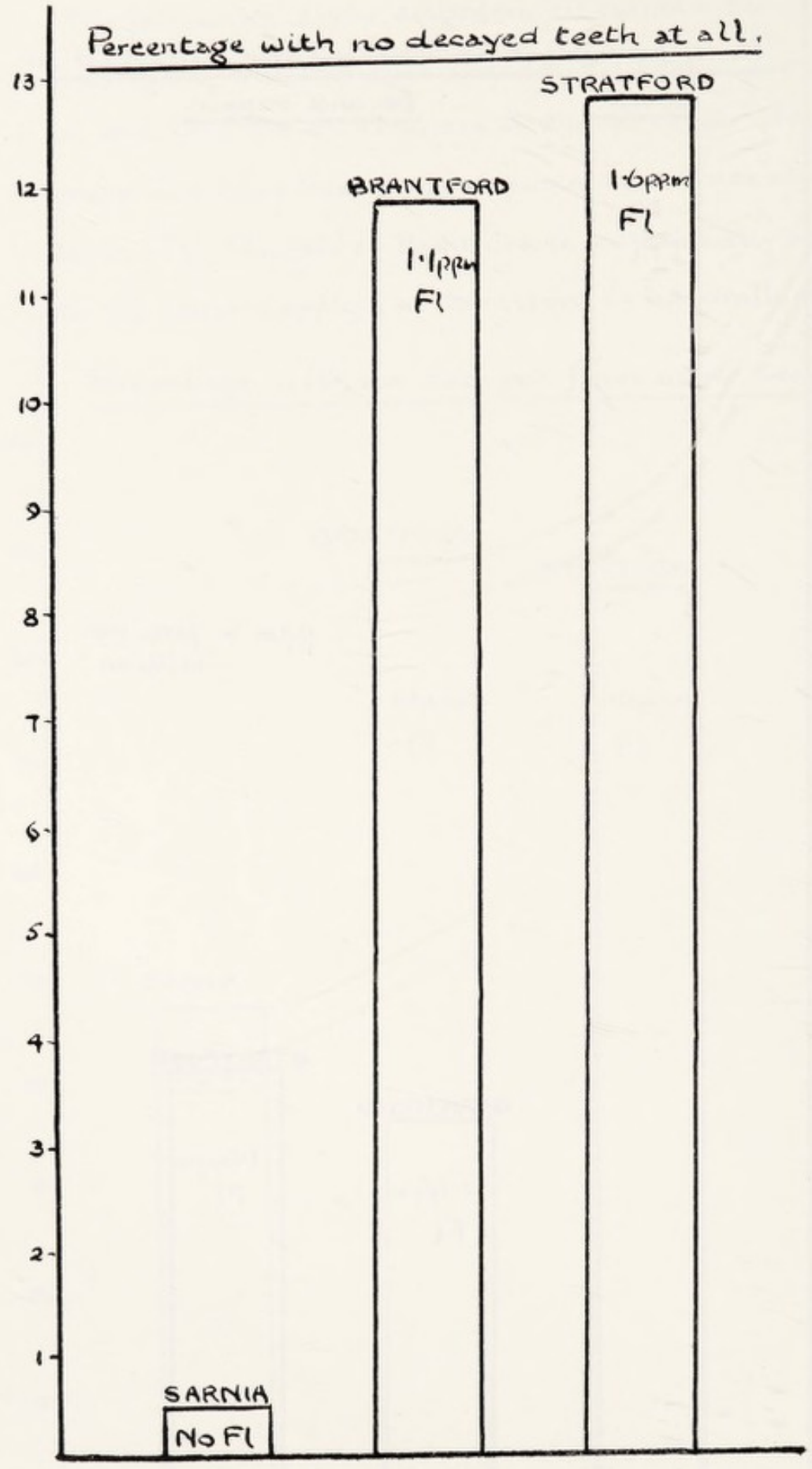
During the last decade imported food has been available at the island's canteen. The more popular were bought in larger quantities and included flour, sugar, jam, condensed milk, dried and canned fruits, canned fish, sweets and biscuits. Sugar intake was at the rate of 1 lb per week per person. Sweets and lollipops were bought in large quantities for the children, adults preferring chocolate. White flour was used for baking home-made bread, and young children in particular ate considerable quantities of biscuits. Sweetened condensed milk was always preferred to fresh milk, about a hundred 12 ounce cans were sold each day. At Christmas a family might order 100 lbs flour, 100 lbs sugar, 14 lbs biscuits and several pounds of sweets.

Up to 1944 the children were breast fed for a year, being weaned gradually on to a mixture of potato flour and milk or water, and then after a year on to the same food as their parents. At some period after this the mothers, for the most part, gave up breast feeding in favour of bottle feeding, on demand, sweetened condensed milk, and more recently proprietary baby foods. Sweet biscuits were often fed almost continuously to young children. Holloway, James and Slack conclude their report by stating that —'the history of Tristan da Cunha presents yet another example of the deterioration in dental health of a population as it became progressively more sophisticated and the general standard of living improved !'

The following three diagrams illustrate the findings of a study commenced in Ontario, Canada in 1945. All the children are in the 16-17 year old age group and have been in continuous residence since birth. The Fluoride at Brantford is mechanically added to the water supply; at Stratford is naturally present.




No. of permanent per 100 children extracted or beyond repair.
140
130
120
110
100
90
80
70
60
50
40
30
20
10
SARNIA
No Fl
BRANTFORD
1·1 p.p.m Fl
STRATFORD
1·6 p.p.m Fl
p.p.m = parts per million


Percentage with no decayed teeth at all.
13
12
11
10
9
8
7
6
5
4
3
2
1
STRATFORD
1·6ppm
Fl
BRANTFORD
1·1ppm
Fl
SARNIA
No Fl

STATISTICS

2. ATTENDANCES AND TREATMENT.

	Ages 5 *to* 9	*Ages* 10 *to* 14	*Ages* 15 *and over*	*Total*
First Visit	2,154	1,585	373	4,112
Subsequent Visits	2,308	2,488	732	5,528
Total Visits	4,462	4,073	1,105	9,640
Additional courses of treatment commenced	78	91	36	205
Fillings in permanent teeth	994	3,036	1,051	5,081
Fillings in deciduous teeth	981	52	—	1,033
Permanent teeth filled	768	2,550	893	4,211
Deciduous teeth filled	869	49	—	918
Permanent teeth extracted	156	693	230	1,079
Deciduous teeth extracted	3,427	691	4	4,122
General anaesthetics	1,897	796	136	2,829
Emergencies	730	298	75	1,103

Number of Pupils X-rayed	133
Prophylaxis	1,536
Teeth otherwise conserved	1,364
Number of teeth root filled	4
Inlays	—
Crowns	19
Courses of treatment completed	2,791

3. ORTHODONTICS.

Cases remaining from previous year	52
New cases commenced during year	40
Cases completed during year	19
Cases discontinued during year	3
No. of removable appliances fitted	43
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant	—

4. PROSTHETICS.

	5 *to* 9	10 *to* 14	15 *and over*	*Total*
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	1	17	12	30
Number of dentures supplied	1	19	12	32

5. ANAESTHETICS.

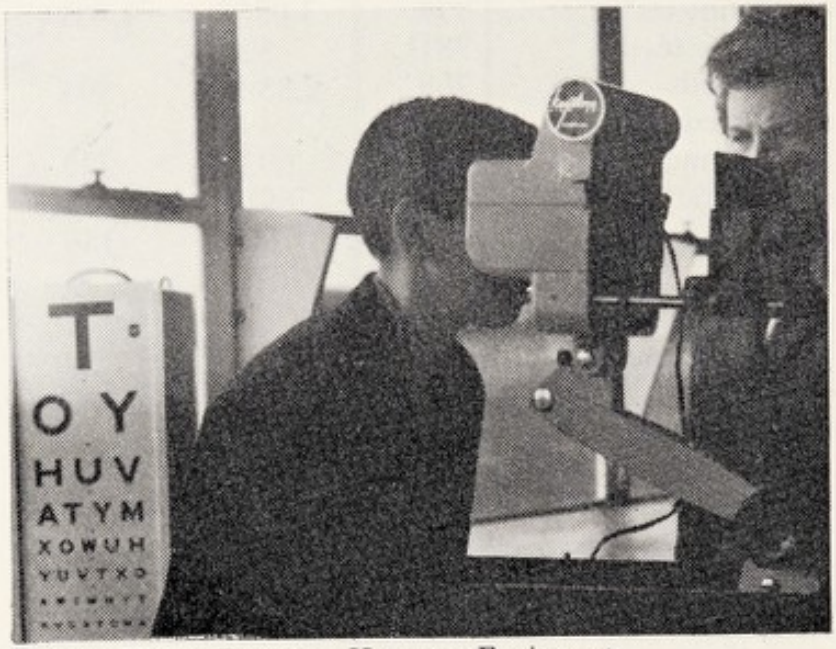
General anaesthetics administered by Dental Officers	1,218

6. INSPECTIONS.

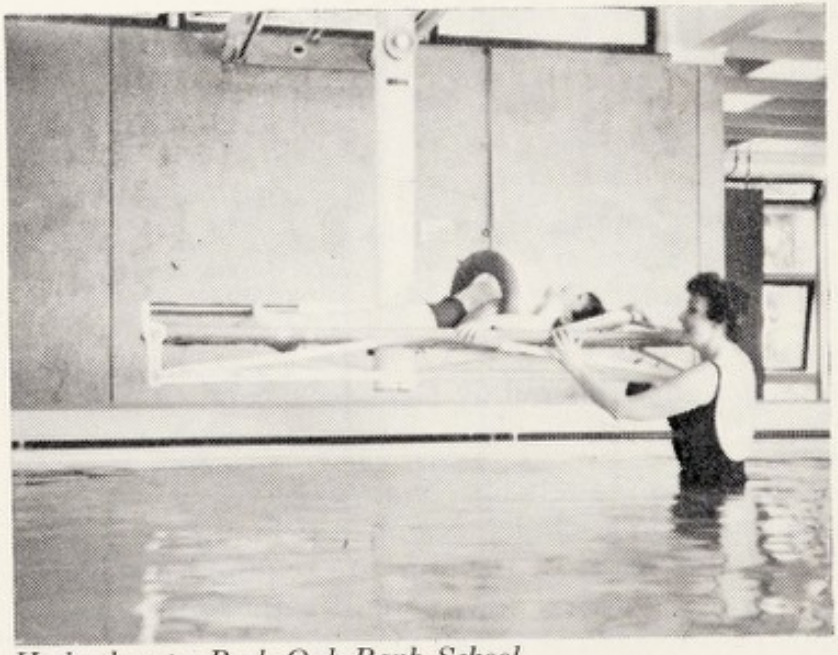
(a)	First inspection at school. Number of Pupils	11,645
(b)	First inspection at clinic. Number of Pupils	512
	Number of (a) + (b) found to require treatment	7,431
	Number of (a) + (b) offered treatment	5,670
(c)	Pupils re-inspected at school or clinic	255
	Number of (c) found to require treatment	155

7. SESSIONS

Sessions devoted to treatment..	1,508
Sessions devoted to inspection	128
Sessions devoted to Dental Health Education	256



Routine Vision Testing – Keystone Equipment.



Hydrotherapy Pool, Oak Bank School.

THE SCHOOL PSYCHOLOGICAL SERVICE

Report by the Educational Psychologist :

What does the School Psychologist do ? Everyone knows the functions of the teacher, the doctor or the minister, but not those of the educational psychologist. His profession is a mere sixty years old. He has taken an honours degree in psychology ; that is the scientific study of learning, of personality, of individual differences and of child development—all of which have been honourably taken over from the more ancient professions mentioned above. He has trained and practised as a teacher for some six years. He has taken a post-graduate course in the practice of educational psychology. In the school psychological service he brings all this to bear at various points in the educational process, e.g. assessment of the handicapped, pupil guidance at all stages, investigation of learning and behaviour difficulties, advising teachers and administrators. Obviously, the school psychologist works very closely with parents, teachers, doctors, administrators and social workers of all kinds. He promotes co-operation all round between adults and organisations and institutions who are concerned about particular children. He contributes his assessments, advice and experience.

In 1966, the City's School Psychological Service completed its fourth year of existence with a pattern of work very similar to previous years. Rather more parents were seen than previously, rather more children were seen below the age of seven. Both trends are welcome.

This was the year of the Plowden Report, and the arrival in a major Government Report of the school psychological service. It is interesting to see that Plowden confirms the four recommendations made by the school psychologist for the City in 1964 to combat school failure :—

1. Special consideration of the summer born (Chapter 10).
2. Nursery provision (Chapter 9).
3. Home-school communication (Chapter 4).
4. Pupil folders or records (Chapter 12).

In 1966, nearly two thirds of the children seen by the educational psychologist were failing at school. If these Plowden recommendations were implemented, the likelihood of failure would be diminished and the effects of failure mitigated.

This report records sadly year by year the un-met needs of the City's maladjusted children. No day school or class has yet been set up for them despite the wisdom of the City Council approving the principle—some seven years ago.

The School Psychological Service faces a period of considerable overwork and diminished usefulness as the bounds of the City widen and the staff of the service remains the same.

STATISTICS

Population of Gloucester	72,550
School Population	13,900

Distribution of School Population

	No. of Schools	*No. on Rolls*
Primary Schools	31	7,880
Secondary Schools	13	5,805
Special Schools	2	283

Medical Inspections

1.	Examination of Children for :	
	(a) Fitness for Employment	248
	(b) Requiring Special Educational Provision	62
2.	Examination of Candidates for Teachers' Training Colleges	56

B.C.G. Vaccination

1.	School Children Scheme.	
	Number skin tested	726
	Number found positive	112
	Number found negative	614
	Number vaccinated	611

Handicapped Children

LONGFORD SCHOOL. This is a Special School for educationally subnormal children. Longford provides 212 places, of which 158 are occupied by City children.

OAK BANK SCHOOL. The total attendance at the end of 1966 was 74 of whom 26 were from outside the City. The City cases are as follows :

1 Partially sighted.
2 Partially hearing.
35 Physically handicapped.
4 Delicate.
3 Maladjusted.
3 Epileptic.

There were 7 admissions from the City during the year.

HOME TEACHING. 2 children received home tuition because of their inability to attend any school. The causes of their disabilities were muscular dystrophy and maladjustment.

Home teaching continued also, throughout the year, in the Children's Wards of the Gloucestershire Royal Hospitals.

RESIDENTIAL SCHOOLS. In addition to the children shown above, numbers attending Residential Schools outside the City are as follows :

3 Partially sighted.
3 Deaf.
2 Partially hearing.
1 Physically handicapped.
12 Maladjusted.
15 E.S.N.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

1. Periodic Medical Inspections.

Age Groups inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical condition of pupils inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-Satisfactory		For defective vision	For any other condition	Total Pupils
1962 and later	84	84	—	—	2	1	3
1961	549	549	—	—	18	16	34
1960	740	740	—	—	48	24	72
1959	137	137	—	—	5	2	7
1958	173	173	—	—	8	13	21
1957	238	238	—	—	17	10	27
1956	224	224	—	—	18	16	34
1955	168	168	—	—	26	14	40
1954	139	139	—	—	41	2	43
1953	106	106	—	—	42	2	44
1952	411	411	—	—	45	1	46
1951 and earlier	701	701	—	—	54	4	58
Total	3,670	3,670	—	—	324	105	429

2. Other Inspections.

Number of Special Inspections	184
Number of Re-Inspections	805
Total	989

3. Infestation with Vermin.

Total number of individual examinations of pupils by School Nurses	29,707
Total number of individual pupils found to be infested	854
Number of pupils in respect of whom Cleansing Notices were issued (Section 54 (2), Education Act, 1944)	65
Number of pupils in respect of whom Cleansing Orders were issued (Section 54 (3), Education Act, 1944)	—

4. Screening Tests of Vision and Hearing.

The vision of all school entrants is tested by the Health Visitors during the first year entry, and is repeated once in Infants, once in Junior School and then each year in Senior Schools. Colour vision is also tested by Health Visitors during the third year age group at Junior School. Selected pupils undergo audiometric testing by a specialised Health Visitor during the first year after entry. The School Medical Officer refers to local audiology clinic (Hospital E.N.T. Consultant) if considered necessary.

5. (a) DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

1. *Periodic Inspections.*

Disease or defect	Entrants		Leavers		Others		Total	
	Requiring		Requiring		Requiring		Requiring	
	Obsv.	Treat.	Obsv.	Treat.	Obsv.	Treat.	Obsv.	Treat.
Skin	40	1	17	—	11	—	68	1
Eyes—Vision	280	75	336	185	102	47	718	307
Squint	9	5	—	—	—	—	9	5
Other	11	3	45	1	49	1	105	5
Ears—Hearing	28	6	1	1	—	12	29	19
Otitis Media	19	1	—	1	1	—	20	2
Other	1	2	5	—	7	—	13	2
Nose and Throat	125	1	23	—	33	3	181	4
Speech	22	2	3	—	1	1	26	3
Lymphatic glands	18	—	—	—	2	—	20	—
Heart	35	4	6	—	7	2	48	6
Lungs	21	—	8	—	11	—	40	—
Developmental—Hernia	5	—	—	—	—	—	5	—
Other	1	—	—	—	—	1	1	1
Orthopaedic—Posture	35	—	12	—	10	2	57	2
Feet	33	3	9	1	5	—	47	4
Other	11	—	1	—	—	—	12	—
Nervous system—Epilepsy	2	—	1	—	1	—	4	—
Other	—	—	—	—	—	—	—	—
Psychological—Developmental	76	11	28	—	25	5	129	16
Stability	55	3	9	3	44	24	108	30
Abdomen	1	2	1	—	4	—	6	2
Other	14	1	5	—	—	1	19	2

2. *Special Inspections.*

Disease or defect	Requiring observation	Requiring treatment
Skin	25	2
Eyes—Vision	224	102
Squint	4	1
Other	15	4
Ears—Hearing	22	13
Otitis Media	3	1
Other	4	2
Nose and throat	63	5
Speech	15	5
Lymphatic glands	8	—
Heart	29	2
Lungs	25	—
Developmental—Hernia	2	1
Other	6	—
Orthopaedic—Posture	26	1
Feet	11	2
Other	8	—
Nervous system—Epilepsy	11	—
Other	3	—
Psychological—Developmental	72	17
Stability	75	18
Abdomen	3	1
Other	15	4

6. TREATMENT OF PUPILS : (In all cases, figures shown refer to the number of children known to have been dealt with).

(a)	*Eye Diseases, Defective Vision and squint* :	
	External and other, excluding errors of refraction and squint	16
	Errors of refraction (including squint)	13
	Number of pupils for whom spectacles were prescribed	94
(b)	*Diseases and defects of ear, nose and throat* :	
	Received operative treatment —	
	(i) for diseases of the ear	14
	(ii) for adenoids and chronic tonsilitis	140
	(iii) for other nose and throat conditions	4
	Received other forms of treatment	4
	Number of pupils in schools who are known to have been provided with hearing aids —	
	(i) in 1966	3
	(ii) in previous years	22
(c)	Orthopaedic and Postural defects :	
	Pupils treated at clinics or out-patients departments	—
	Pupils treated at school for postural defects	17
(d)	Diseases of the Skin (excluding uncleanliness) :	
	Ringworm—Scalp	—
	Body	—
	Scabies	—
	Impetigo	9
	Other skin diseases	46
(e)	Child Guidance Treatment :	
	Pupils treated at Child Guidance Clinics	85
(f)	Speech Therapy :	
	Pupils treated by Speech Therapist	36
(g)	Other treatment given :	
	Pupils with minor ailments	193
	Pupils who received convalescent treatment under School Health Service arrangements	16
	Pupils who received B.C.G. Vaccination	611
	Accidents	80

Printed by
John Jennings (Gloucester) Ltd.
Brunswick Road, Gloucester