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County Borough of Gloucester



**Annual Report of The Medical Officer of Health
and Principal School Medical Officer, 1967.**

Acknowledgements . . .

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County Borough of Gloucester



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

CITY AND PORT OF GLOUCESTER

FOR THE YEAR 1967

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1967

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”.

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1966-67

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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, J.P.
Mrs. V. G. Lawson
Mrs. M. E. Armitage
Mr. W. J. Matthews

1967-68

HEALTH COMMITTEE

Chairman :

Alderman G. A. H. Matthews,
M.B.E.

Deputy Chairman :

Councillor A. Ross

Members :

The Mayor (*ex-officio*)
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Councillor Mrs. D. M. Mathers
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NATIONAL HEALTH SERVICE SUB-COMMITTEE

All the members of the Health Committee, with the following co-opted members :—

Dr. G. C. Mathers
Dr. J. Campbell
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, J.P.
Mrs. V. G. Lawson
Mrs. M. E. Armitage

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* By arrangement with the South Western Regional Hospital Board.

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S. GRIMSHAW, Senior Meat Inspector.

A. E. LEWIS, D. F. M. LODGE, J. R. PARTIS, C. C. SHERGOLD, M. C. SMITH, D. M. WISE, District Public Health Inspectors.

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

D. BROOKS, J. A. GILLARD, Student Public Health Inspectors.

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MRS. R. M. HILL, School Nurse (Part-time.)
MRS. G. M. WILLIAMS, Student Health Visitor.

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G. ROBERTSON, Dispensing Technician.
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J. F. KELSALL, B.A. (HONS.), DIP.PSYCH., A.B.P.S.S., Educational Psychologist.
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G. A. JAMES, Deputy Chief Ambulance Officer.
MISS M. H. NORCOTT, Home Help Organiser.
MISS G. M. NEAL, Assistant Home Help Organiser.
MISS G. GAPPER, L.I.S.W., Social Welfare Officer for the Blind.
J. MOORE, Social Welfare Officer for the Blind.

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MRS. D. M. LITTLE, C. PUCKEY, M. C. TOOMBS, Supervisors, Prospect Works.
MISS E. M. MACSWINEY, Welfare Officer, Physically Handicapped (Part-
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MRS. D. M. BRADSHAW, Occupational Therapist, Physically Handicapped.
A. S. COOK, Rodent Officer.
G. F. JOHNSON, Disinfecting Officer.

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D. R. WILLIAMS, Senior Administrative Assistant.
A. J. PERRETT, A. M. TIMSON, Administrative Assistants.
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Secretarial Staff: MRS. M. F. PARSONS (Secretary to the Medical Officer of
Health), MRS. K. MOORE, MISS V. SILVEY, MISS B. TIMBRELL.

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.
Village Hall, Hempsted.
Longlevens Clinic, Church Road.
St. Aldate Church Hall,
Reservoir Road.
St. Stephen's Church Hall,
Linden Road.
St. Hilda's Church Hall,
Redwell Road, Matson.
Podsmead Church Centre,
Shelley Avenue.
Church Hall, Larkhay Road,
Hucclecote.
St. George's Church Hall,
Grange Road.
St. Michael's Church Hall,
Seventh Avenue.
11 Barton Street.
Tyndale Church Hall,
Stratton Road.
Church Hall, Coney Hill Road.
Methodist Church Hall,
Lonsdale Road

Tuesdays, 2 p.m.
First Tuesday in month, 2 p.m.
Tuesdays, 2 p.m.
Tuesdays, 2 p.m.
Wednesdays, 2 p.m.
Wednesdays, 2 p.m.
Alternate Wednesdays, 2 p.m.
Thursdays, 2 p.m.
Alternate Wednesdays and
Thursdays, 2 p.m.
Alternate Thursdays, 2 p.m.
Thursdays, 2 p.m.
Fridays, 2 p.m.
Fridays, 2 p.m.
Fridays, 2 p.m.
Fridays, 2 p.m.

Chiropody Clinic

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

By appointment.

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).
Adult 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.

Not from the mouth of any Medical Officer of Health could ever issue the verse "When I am dead, I hope it may be said,

His sins were scarlet but his reports were read."

For although the Medical Officers of Health have imposed on them the statutory obligation to write annual reports and to give them a fairly wide circulation to a great many public and voluntary bodies, it is only those serious fellows at the Ministry who feel the slightest tinge of moral obligation to read them.

Shareholders

Indeed, nowadays, one is hesitant to commit anything to paper at all. On the one hand we are measured against the unmet (and perhaps unmeetable) demands on the Health and Welfare services: on the other hand, we are stretched on the procrustean bed of profit and loss. For constantly nowadays, the running of local government is compared to commercial and business enterprise (always they avoid the term "enterprise" when referring to publicly-owned bodies). Oft times and increasingly, it goes farther and we hear the expression that local government is "big business" which it palpably isn't and cannot be. It cannot adopt the unaccountably crude codes of big business and it is accountable to the public in so numerous a fashion (not merely in finance, and as to its ends, but also to its means) and so pervasive a fashion (whether to citizens, clients, electors and groups or associations of the same) that had big business men to submit to the same interplay it would set them squeaking and gibbering around their polished board room tables.

Even the Maud Committee (which itself ranks as a sizeable confidence trick played upon the people and its representatives) has been led up the garden of lyrical hogwash on this account.

One could, of course, summarise the year as to a shareholders' meeting.

How, with the new G.P.'s charter and improved purchasing systems and better modulated hours of work, your profits in the Health Centre, in consequence of the Pharmacy, have sharply risen into very healthy spheres. This will, perhaps, make the Council more and more anxious to replace the present execrable structure by something more helpful and healthy for the six doctors whose surgeries are there and the 16,000 patients whose doctors are there.

How the Prospect Works (the Sheltered Workshop for physically and mentally handicapped persons) is increasing in workers and equipment, in scope and in contracts. How the Adult Training Centre is constantly increasing its earnings; how, as a consequence of combining supervisory staffs, the salaries bill of the District Nursing and domiciliary services drops by some £3,000 p.a. How the unit costs of the Ambulance Service fall. How the close association which your medical officers have with the hospital

service, more especially in clinical work, with in-patients and out-patients, is not only valuable in the professional sense but has also distinct financial advantage to the local authority.

If I explained these to you as such, it will not give any inkling of the real trial balance, the balance of full life as against restricted existence, the well-fare as against woe-fare, so far as the citizens of the City are concerned. For example, health centres are not only the outward and visible signs of feasible, reasonable general practice but are now very U, the very "in" thing and we should hasten to join the league whilst it is still so. We might even get back one day to the old Peckham Health Centre idea, which wasn't really a Health Centre according to the Act. It was bigger than that. Something to do with the Community. About it having well being.

Then again, though the Prospect Works will require subsidies from the rates, there is, looking at it, on a less parochial scale, a true saving of national expenditure. These workers no longer need payments from Social Security funds, they are once again producers, adding to national wealth. More than this, they regain their former independence and their former purpose in life. I would refer you to the report of the Manager on this very point. I would go further. It may well be that a loss per annum of less than £3,000 would mean that the Sheltered Workshop is not performing its true function.

Because to achieve this you will have to adopt practices quite alien to the purpose of these establishments and to the idea of welfare. In order to reduce the subsidy from the rates you could, like a few of the sheltered workshops, lower the hourly rate: you would have then to pay the workers a weekly wage lower even than the Social Security benefit previously received and, by doing so, you would be adding them to the low income group which, as I remark later, constitute the poverty problem of our age. You could ensure that none but the highly productive would ever work there and your workshop would be sheltered in name only. It would never become what, in essence such places should be, a co-operative of the handicapped worker.

If the Sheltered Workshop ever breaks even in the financial sense it will probably not be doing its job. Its capital investment compared with outside industry is low, but its total usage of capital goods is low also. Because of physical and mental handicap, the percentage efficiency of most workers is lowered — people talk in terms of 20-minute hours and a ceiling of 80% efficiency — and as a consequence the supervision needed is relatively greater. The contracts taken up have to be carefully selected, using not the criterion of profitability but that of feasibility; whether production is possible at all, given the handicaps one has in the Works at any particular moment.

Ultimately, the decision is the Council's. You obtain from the Ministry of Labour, in addition to a 75% grant on your actual outlay, approximately half the wages of each worker, the sum total of the capitation grants being subject to a ceiling of 75% of the total loss on running the works. From the practical point of view, one would think that, as soon as we stepped appreciably below the maximum grant by reason of decreased loss on account of increased sales and profits, we should (subject to the availability of work) fall back on further workers of less ability whose output and per capita earnings would be below average and somewhat below the level of wage recovery even when the Ministry grants were included. The decision the

Council took when it set up a sheltered workshop was to bear 25% of the loss (the Ministry of Labour, as I say, bearing up to 75% maximum). The decision now must be as to the loss they are prepared to bear in absolute terms. If too low, you are in business in one sense but out of business in another, for the business of the Health Committee is welfare.

Much the same may be said (but does not now need to be said) of the Adult Training Centre.

If the local authority is big business, it is a curious big business ; it seems that all the services which spend money and lose money are in its hands and all other services, which make money are in receptive hands elsewhere (indeed, in many fields where the local authority runs services, the law does not permit it to make money even were it able to do so). What business would run, at its own cost, a service like the Ambulance Service for the benefit of an outside financially autonomous body like the hospital authority ? What business would employ its servants to save money for the said outside financially autonomous body as does the local authority ? Why run a sheltered workshop to save money for the Ministry of Social Security ? Why have District Nurses and Home Helps in order to ? Why run a Health Centre ? One could go on unceasingly.

Is it to be wondered at that local government officers in general and Medical Officers of Health in particular, fight so hard to squeeze money from the local purse ? Is it to be wondered that they become unrepentant, coney-catching rogues ?

Or perhaps they know it doesn't matter because everything finally comes out of the same purse of the national community. The important thing surely is when we talk about the City we talk about the Community and whenever we talk about Public Health we talk about people and whether they are part of the list of this G.P. or that, or out-patients of this hospital or that or just that little bit over the administrative border doesn't matter a tinker's cuss.

Services is what Local Government is about. What we don't do in the realm of Social Services is often more important than what we do — who and where are the unimmunized and unprotected, who at risk, where is the early TB or early cancer, etc ? What are the hidden health needs of the Community ? Services is what Local Government is about and the really hard job is to find out those who aren't getting the services they need, whether these be rate-rebates, home help, housing, district nursing, chiropody, residential care, householders' rights, tenants' rights, consumers' rights. At the one end of the scale one has a service like the Ambulance Service, where the needs are overmet and there is an over-supply in that in all authorities the service is abused by individuals avidly pursuing what they feel to be their rights, regardless of the fact that the rest of the week they'll use public transport or their own vehicles for their own private pursuits. At the other end of the scale we can possibly put the Home Help Service where the needs of the Community are so great that we can only begin to meet them. Then there are preventative services like immunization or cervical cytology or mass miniature radiography, the need for which can be very accurately plotted but the demand for which, owing to public apathy, is skeletal.

Sales

Sales in the social context are needs turned inside out (all the new managerial techniques don't get one over this difficulty, the difficulty of searching and finding needs ; in fact, this may well deter one from doing so). Although nobody will gainsay the value of all the new techniques in administration and management, there is a danger that one might seek so endlessly for irrelevant data that decision is paralysed or that we become so hag-ridden by management techniques and erstwhile consultants that essential initiative is damped down. Operational research and cost effectiveness may make the same available money go further but too often in the social welfare context it means, in real terms, less money to do more. Cost benefit in health and welfare may prove this to be a false relation, firstly because it is the well people, in a majority, who always count the cost, and the sick people, who are always in the minority, who need the benefit. In any case, in modern society, it is always the Community who pays, somehow, somewhere.

It is for this reason that I, on behalf of the social welfare group of officers took to Committee the Scheme for Good Neighbours. No department will ever have a sufficiency of paid workers. What is needed are persons recruited from within the Community itself, acting as hands and eyes and ears for restricted areas of, say, a couple of streets on behalf of departments, people who identify themselves with and implicate themselves in the workings of departments and the services and functions of those departments.

Public Image

One would think that this would depend on how we deliver the goods. Sadly this is not so and all the prestigious projects of industry and commerce and their preoccupation with packaging and window dressing proves it. We work at present in shabby offices and we can offer the public only poor facilities in reception, waiting or interview. Happily the close of the year saw the commencement of the building of the new City Health Department and Central Clinic where all this will be rectified.

Far too often the services of local authorities (I am talking of County Boroughs) are denigrated because they operate from shabby offices and dingy corners and sections of the public are ingenuous enough to believe that the services are of the same quality. There are, of course, other sections of the public which roundly criticise any attempt of the local council to improve matters. So may I reply in advance to the epistles which will certainly appear in the local press about 12 months hence referring to our palatial premises by saying that the lofty and airy building which is now in the process of erection overlooking the one open space in the central area is of an excellence to match the excellent services the City enjoys from all its departments. These epistles will induce in me no feelings of guilt for it would be a foolish M.O.H., and a hypocritical one, who did not practise what he preached and who showed no preference for the healthy and appreciation of the pleasant. And should it ever be suggested that we have got our priorities wrong, then my reply would be that all the other deserving projects have been in the Health Committee's capital programme for one year or more — the Council is, in fact, already committed to carrying these out.

The Face of the City

Great changes are occurring which will alter the not always pre-existing face of the City. Most of the changes are for the better. On the other hand, necessary changes are not always possible changes in an industrial city and the landscape remains pretty well fouled up. However, there is much to be done. In last year's annual report it was mentioned that the Chief Public Health Inspector and myself were very troubled by the great gaps in the City caused by slum clearance. Clearance continues and will, over the next five years, produce more areas which are unsightly and prey to all forms of nuisance — statutory nuisances, amenity nuisances and simply blooming nuisances. In the name of Health, I think we must interpose a plea for more breathing spaces and play areas. We have not a high slum problem and we have not a phenomenally high smoke problem but we have a very high concentration of houses in some of the central areas and we have a great deal of respiratory disease (you will recall that it is not for nothing that chronic bronchitis, this most crippling of conditions, is referred to as the English Disease). As well as the continuing slum clearance programme we have made our start on improvement areas and extensions of this will follow.

However, improvement areas refer only to the improvement of houses. We shall, I feel certain, wish to advise the Council to consider steps to re-structure the environment. What the public needs are areas of recreation and this really implies, in our City, areas of re-creation. In some — mainly those designated as improvement areas — these can be of a permanent nature but in others — namely areas where demolition has taken place because the sites are earmarked for other eventual purposes (highways, schools, housing projects) — the transmogrification would be temporary. Transmogrification is, I am sure, the word; for instead of succumbing to a grey decay and conglomerated filth of a neighbourhood they could be given topsoil and turf and a few seats, or they could be converted, with the aid of the youngsters of Glosaid, into adventure playgrounds for the young. It would cost a little money but already these sites cost the Health Committee a fair amount of money in clearing them and in fencing them and clearing them and fencing them *ad nauseam* over the period of three, four, five or more years they are in the possession of the Committee. Here one is tempted to wax lyrical on dreams of islets of reverie for the aged and for the lover, spots of greenery — or to those of a more practical frame of mind, patches where footloose kids will find room to kick and skip without being bowled over by cars or bawled at by irate householders.

Come to that, if the Council is too short of finances to help to launch such projects, is there not scope here for a local voluntary force dedicated, perhaps on a neighbourhood basis to converting those open spaces (foisted upon them by our villainous selves) into a sort of large community back garden.

The organisation and the availability of Health Services are very much the concern of the present-day M.O.H., as they were to his predecessors, such as Professor Matthew Hay, one time Medical Officer of Health for the City of Aberdeen, who as far back as 1917 was reported thus: "He said that the longer his connection with public health work continued, the more he had become persuaded of the need for radical changes in providing for the

care and health of the people. He held strongly to the view that just as the provision of education for many years had been regarded as the duty of the State, a burden that should be borne by the community for the immediate good of the individual, and no less for the ultimate benefit of the community itself, so also should the care of the health of the people, whether by preventative measures or by the treatment of sickness, be an obligation resting on the State to be adequately and wholly undertaken by the State. He held strongly to the view that the cost of treatment of sickness should be borne entirely by the community, whether wholly from Imperial sources or partly from such sources and partly from local rating sources"

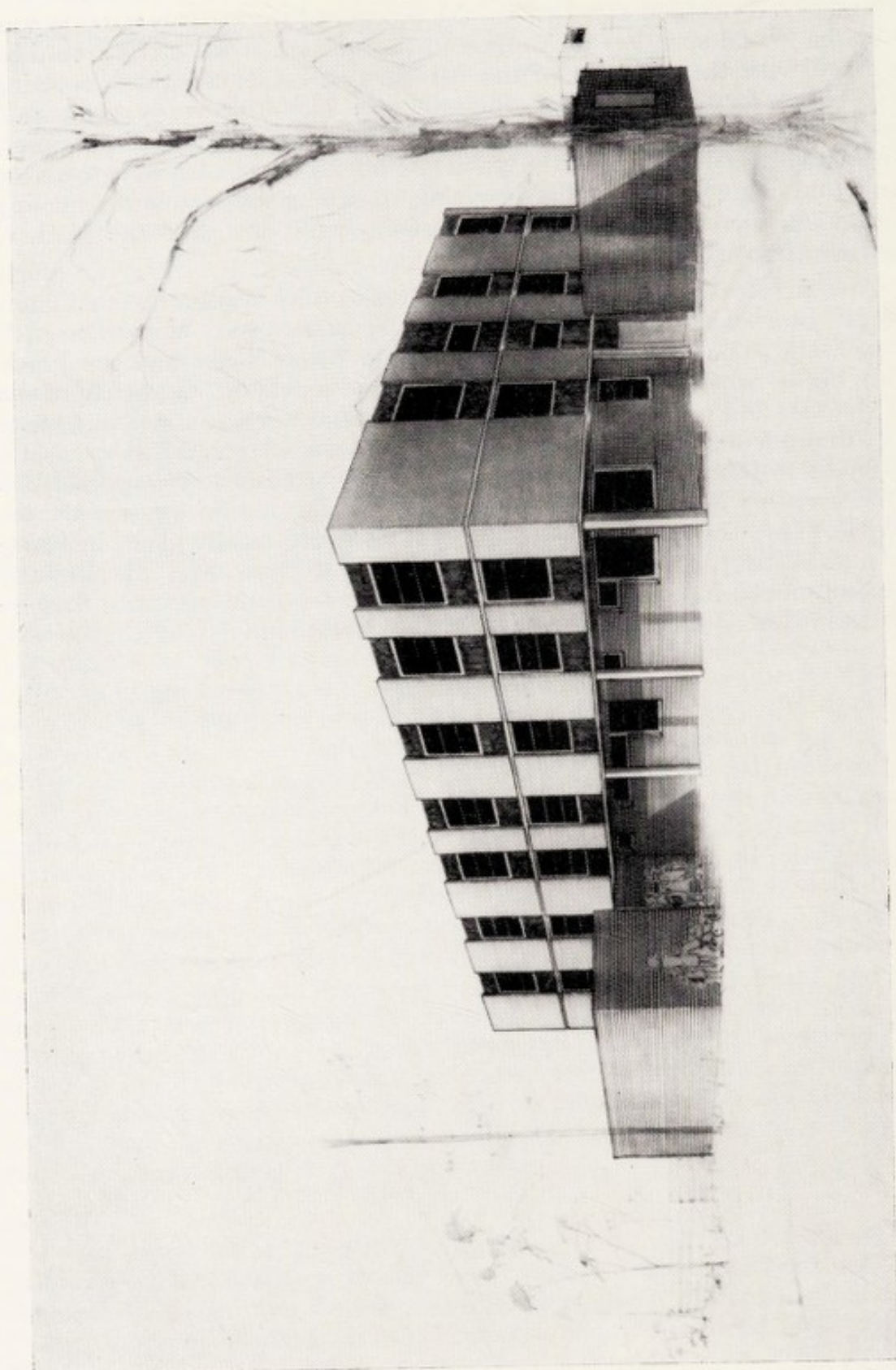
Sadly we enter the 20th anniversary of the inception of the National Health Service. It is still not a national service ; it is still a tripartite service. It is still not a Health service. And the 20th anniversary year will be no *Annus Mirabilis*. Assumption B of the Beveridge Report with provisional acceptance in 1943 was that after the cessation of war there would be a "national service for the prevention and cure of disease". Prevention : Beveridge based his costings on the primacy of prevention. The preventative services didn't happen : can't happen because the hospitals swallow 61% of N.H.S. expenditure and out of the 39 remaining per cent comes everything else that happens in the Community — general practitioners, dentists, opticians, local health authorities, etc. It is altogether probable that the free (partially free ?) service we now enjoy will finish in the near future. Will we then have one service above the salt and one below it, just as we had previously ? Will we, in our time, see again people buying spectacles over the counter at Woolworths and will we again dose ourselves with the nostrums of our forefathers ? The argument that people are better off now never seems to have any application. Families who can't afford to pay must suffer a means test before they acquire treatment (all this business of paying and obtaining a refund is irrelevant to the financial needs of the family). Even the moderately better off family still has to test its own means against the degree of sickness before it pays and has to ask whether it can afford to defer other expenditure until the refund. We are all fully aware of what will happen. People will defer treatment and the M.O.H. will begin to trace the resurgence of disease and the indices of ill health amongst the poor will begin to rise. Every doctor working in the Community knows the answer. Our health education hasn't convinced people about health and pre-symptomatic diagnosis and early treatment. Certainly not with those who have to count the cost. Nor in any large measure amongst those who "can afford to pay". Once introduce payment, with or without a retrospective means test and prospective refund, then in families throughout Gloucester we will have the breadwinners measuring the degree of sickness against the degree of commitments in domestic finance.

Envoi

One could fill a good-sized volume with the grave defects of the voluntary system based on charity (one could also write another to applaud the dedicated voluntary workers, slaving within those systems). One could be very modern and satirical about charitable societies founded donkeys' years ago ; quaint and outmoded trusts redolent of faded lace, waifs and red flannel. One would think of the long-superseded Britain exposed in the dusty reports of Chadwick, Engels, Mayhew and Booth.

There are, of course, no poor nowadays in our affluent consumer society. If there were, the present-day M.O.H. would be very concerned, just as his forebears have been concerned about Poverty in the Community. He would be concerned that Britain, the pioneer of the welfare state, is now one of the lowest spenders on welfare in the western world ; he would be concerned with the statistics of the Ministry of Social Security reporting that $\frac{1}{2}$ million families, $1\frac{1}{4}$ million children, plus 85,000 old age pensioners are living at or below the poverty level and some figures give 1 in 7 of our population living at a level below the poverty line. The same people are very often found living in sub-standard housing, obtaining sub-standard schooling and have inadequate leisure and lack of holidays, etc. etc., and the M.O.H. would also be very concerned about this.

Now in Gloucester, there are several trusts which minister to the "non-existent" poor and deprived. The Health Department have most to do with two of them (The Free Hospital and George Peters Trust and the Fluck Fund), but let what I say go for all. Thank God for them. On behalf of the poor families and of deprived families, of deserted wives and widows, there come from our department long strings of requests which add up even in a single year to thousands of pounds. We may not seem to be appreciative but we certainly are and this is our way of showing it. So also are the recipients of cash and kind, and the letters from them, mostly good, independent-minded people hitting a hard patch, attest to this. May the funds of these "outmoded relics of the past" prove bottomless, and may their flags — doubtless made of old lace and red flannel — continue to fly.



Impression of new Health Department and Central Clinic, Montpellier.

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.

105 mothers expecting illegitimate babies were referred to the Association, compared with 100 in 1966. The Health Committee gave financial assistance to 25 mothers whilst in the Mother and Baby Homes, this being an increase of 5 over the previous year and indeed the highest number since 1963. Several of these mothers were able to contribute varying amounts towards maintenance fees in the Homes, either by their Insurances, or with help from their parents or the putative fathers.

Altogether there were 143 new cases referred for help, an increase of 21. Apart from the new cases there were 14 families supervised on a voluntary basis. These are visited regularly and are offered both practical assistance and supportive case-work in the hope that they may remain united.

Over the year there has been no noticeable change in the ages of the mothers except for the very worrying number of eight, 15 year olds as compared with two last year. One has had to leave school because of her expected baby.

With the anticipated raising of the school leaving age one will have to recognise that school girl pregnancies are going to increase considerably and that this no doubt will present many new and difficult problems. Her education is bound to suffer and perhaps her whole career jeopardized. She is still dependent both financially and emotionally on her parents. Frequently the putative father is also very young. Perhaps he is still at school, attending further education or training, looking for employment, or just settling in to his first job.

Many illegitimate pregnancies are the result of ordinary boy and girl friendships, which have got out of control and the young people either cannot get married because of their ages, or do not want to marry, perhaps because of economic reasons, or because they realize that there is an insufficient depth of feeling between them. Sometimes there is an element of panic and a marriage is rushed into, with very little thought and understanding. Occasionally parents pressurize their children into marriage even though so young, feeling that this is the only, or the best solution to the present situation, unable or refusing to see that the future may well end in a greater disaster.

A very young mother and father do present a different and difficult problem not only to themselves and to their families, but to all who are concerned directly with them and indeed to our whole community.

Statistical information will be found on page 67.

Dental Service for Expectant and Nursing Mothers and Young Children

Report by the Principal Dental Officer.

The continued upward trend of conservative treatment for mothers under this scheme is gratifying, although in 1967 it was at the expense of school treatment. The first of the accompanying tables illustrates that this improvement began with the commencement of regular inspections at the ante-natal sessions held weekly at the Charles Cookson Clinic. The hope expressed last year that the young mothers benefiting from this would bring their toddlers to Ivy House for early dental treatment appears to have been realized. The second table illustrates this very well. However there are still too many little children attending for the first time because they are in pain or have a swollen face — 152 emergency cases were dealt with in 1967, six more than the previous year.

The "grape vine" seems to have been operating in that many more expectant mothers have presented themselves with toothache and asking for a general anaesthetic, still referring to it as "gas". Most of these receive their emergency treatment at the special fortnightly session when the consultant anaesthetist, Dr. L. V. Martin, is in attendance.

One unusual but interesting feature was the successful undertaking of orthodontic treatment — the straightening or regulating of crooked teeth — for a young mother. This is but one illustration of the whole change of concept that even the general public have of dentistry.

The appointment of a health visitor to be responsible for health education is a very welcome one, and a close liaison on dental matters is to be anticipated. Student nurses are instructed in dental health, and its propagation, during the ante-natal sessions. This should be another valuable way of spreading much-needed instruction.

A glance back into the past is interesting and encouraging. Dental treatment for mothers was instituted in 1921, only one year after the inception of the school dental service. In the Annual Report of the Medical Officer of Health for 1927, Mr. Launcelot Machin writes — "During the year 1927, 35 mothers presented themselves for treatment. The majority of the patients had very bad teeth indeed. General anaesthetics were administered on eleven occasions by the Assistant Medical Officer of Health, and a great many teeth had to be extracted.

The big point in the work is to clear up septic conditions and render the patients brighter and fitter."

In the 1930 report Mr. Machin comments that "twenty-six mothers received treatment and the work was much as usual. The majority of cases presented disease of the gum as well as decay of the teeth and "extraction" often proved the only satisfactory course . . .

A few 'toddlers' get 'seen to' from time to time. In all 14 received attention during the year 1930."

Statistical information will be found on page 65.

Section 23—Domiciliary Midwifery.

Report by the Superintendent, Gloucester District Nursing Society.

With the opening of the General Practitioner Maternity Unit, the number of home deliveries decreased, although the number of patients attended by the Domiciliary Midwives is on the increase. The amount of nursing done by the midwives in relation to early hospital discharges remains about the same.

Recruitment of domiciliary midwives is a national problem and is still very poor ; this does not help with the midwife staffing of the General Practitioner Unit. The housing accommodation that can be offered to midwives in the City is still very limited.

Wherever possible, it is the practice to attach a midwife to a group of medical practitioners who have beds in the General Practitioner Unit and, apart from a few teething troubles, this appears to be working quite well. Most of the patients seem to enjoy going into the Unit.

The training of Pupil Midwives continues but, with the lowering of the domiciliary birth rate, there is a problem in finding the required six cases each.

Statistical information will be found on page 67.

Section 24—Health Visiting.

Report by the Superintendent Nursing Officer.

The year 1967 in which the city boundaries were extended, provided a greater volume and variety of work for the Health Visiting staff.

The arrangements for providing this service worked smoothly and well and this year we took our first venture into the realms of General Practitioner attachment, a successful venture we would like to see extended in the near future.

The greatest expansion has taken place in the field of Health Education. Much more time has been given to group teaching and we are grateful for the response and co-operation of many of our schoolteachers in assisting us to develop this important aspect of our work.

The increasing demands for relaxation and parentcraft classes has meant extra clinics in the Charles Cookson Centre, which is already more than fully utilized for the ante-natal care and co-ordination of staff (both Hospital and Domiciliary) who work so closely and well in ensuring the maximum care and attention are available for expectant mothers.

We have had an increase in the number of students to be catered for and every facility is afforded them.

A successful, but particularly heavy year of work for the Health Visitor who in spite of extra work and heavy case loads has met every demand made upon her.

Section 25—Home Nursing.

Report by the Superintendent, Gloucester District Nursing Society.

The Service continues to function smoothly and very little difficulty has been experienced in the recruitment of staff.

The boundary extension during the year brought extra work but this is well covered by the increase by one in the nursing staff.

The Chiropody Service for Housebound Patients continues to operate and is, in common with most services, steadily increasing.

The number of patients receiving baths at home has now increased to 186 each week and the time has come to consider the employment of two more Bath Attendants.

Statistical information will be found on page 69.

Section 27—Ambulance Service.

Report by the Chief Ambulance Officer.

In common with other Ambulance Services the year 1967 proved a very busy one for the City Ambulance Service. Every effort is made to co-ordinate patients' journeys in the most economical way that Hospital clinics will allow. In this respect, the zoning of out-patients' appointments as reported last year, is beginning to show effect in the saving of mileage and patients' travelling time.

The use of British Railways for the transport of patients is not an economical proposition and more long distance journeys by road are being made. All Ambulance Officers are confronted with the problem that long distance journeys by road entails prolonged absence of staff and vehicles.

In April the numbers of the staff was increased by the employment, for the first time, of two female Driver Attendants and I am pleased to report that both ladies have proved completely satisfactory and are a credit to the Service.

Requests continue to be received for talks on the Ambulance Service and for visits to the Ambulance Station, I am particularly pleased that the Student Nurses of the City Hospitals and the District Nursing Society now visit the Ambulance Station as part of their training.

The Hospital Car Service continues to operate a most efficient service, often at very short notice, for which I am most grateful. This service is particularly useful in the conveyance of patients who spend considerable time at the Hospitals when attending for appointments.

Mrs. Northfield of Tuffley Avenue continues to be the only escort available to the Service for long distance road and rail journeys, she is always ready to undertake the most arduous of journeys both cheerfully and efficiently.

I would end this report with a reference to the Ambulance Service staff. I take considerable pride in saying this is a happy Service. The staff have great pride in their work. Our patients are always our first consideration, a fact reflected by the letters of appreciation that are received.

I would like to take this opportunity of thanking the Health Committee for their continued interest in the Ambulance Service, which is much appreciated by all members of the staff.

ACCIDENT CALLS 1967/8

TOTALS

CALLS 2,478 PATIENTS 2,621

Home Accidents

Apr. May June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar.

Road Accidents

Apr. May June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar.

Road Accidents

Mondays 67
Tuesdays 59
Wednesdays 69
Thursdays 81
Fridays 107
Saturdays 72
Sundays 46

Total 501

Home Accidents

Mondays 65
Tuesdays 72
Wednesdays 76
Thursdays 74
Fridays 66
Saturdays 88
Sundays 62

Total 503

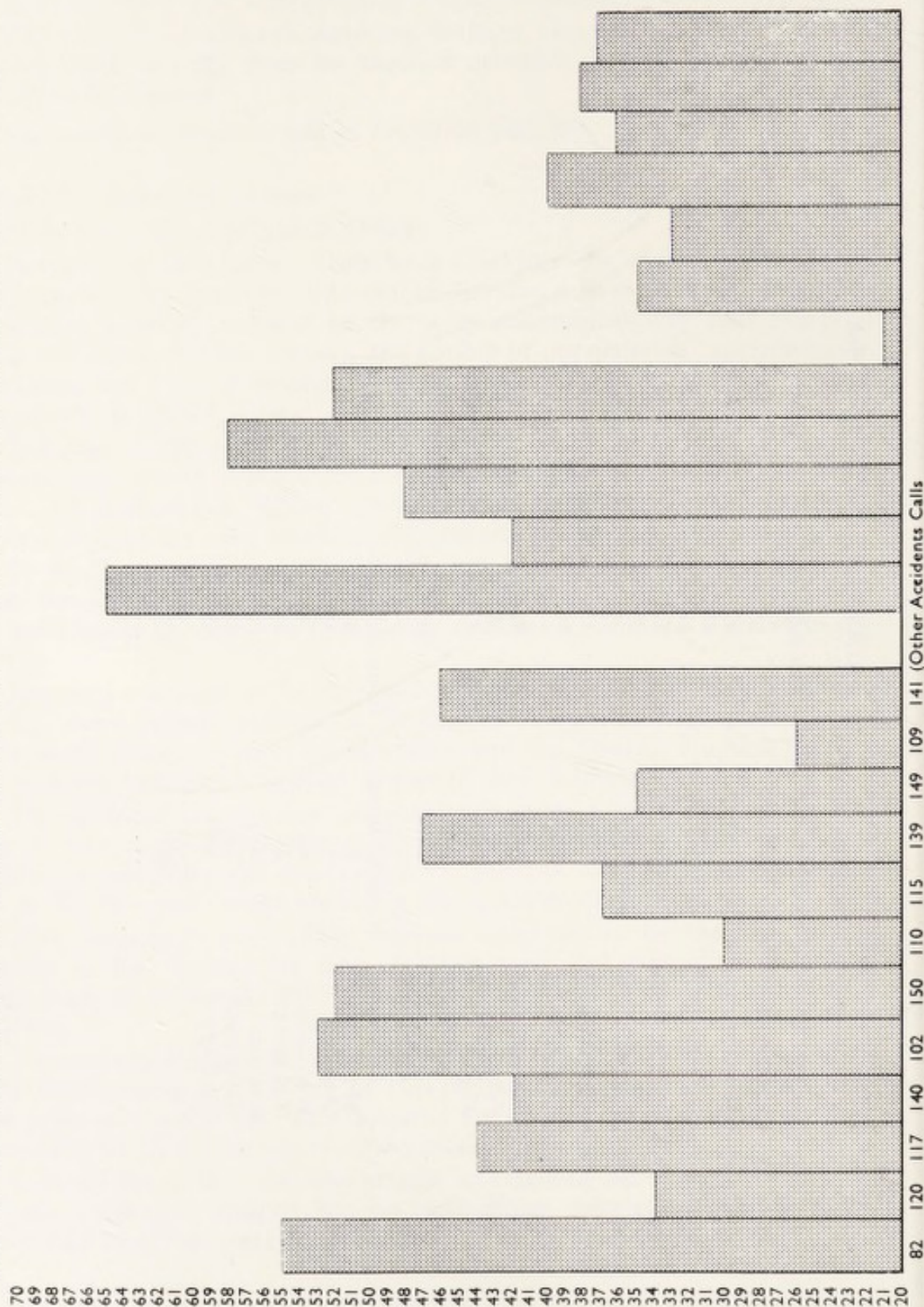
Others 1,474

Peak Hours

(Road Accidents)
0800—0900 37
1200—1300 42
1300—1400 30
1600—1700 44
1700—1800 53
1800—1900 28
1900—2000 30

Lowest No.

0400—0500 2





Control Room, Ambulance Station.

Section 29—Home Help Service.

Report by the Home Help Organiser.

Once again, I have to report an increase in the number of requests for assistance but, in addition to the normal increase, the additional cases coming in with the boundary extension in April had to be catered for. Only eleven Home Helps were transferred from the County and the balance had to be made up from new recruits to the service. Theoretically, this is all right but recruitment remains a real problem, particularly for cases in the outlying parts of the City.

An analysis of the persons receiving help during the year shows increases in the number of full time cases and in cases needing more help. Each year, as winter approaches, the demand for Home Helps to light fires assumes almost impossible proportions and the time is bound to come when some of these requests will have to be refused.

During the year, Home Helps working in excess of 30 hours per week were issued with gabardine raincoats and these are very much appreciated by the Home Helps concerned.

MENTAL HEALTH ACT, 1959

Report by the Psychiatric Social Worker.

On re-reading the final paragraph of last year's remarks, I see that they struck a rather pessimistic note, anticipating difficulties ahead in trying to maintain and even expand our services.

This referred to the situation expected to arise when the City increased in population and area when the boundary was extended in April.

In common with all other departments, our caseload rose sharply and has continued to do so.

A glance at the statistics, compiled by Mr. Perrett, will show that the number of referrals has increased by roughly 50% and the total caseload by almost 100%.

This is not entirely due to geographical expansion, of course, but is in part a national increase brought about by the planned Community Care programme.

This is a very gratifying situation except for one important fact. The staff has not increased in proportion to the work and the cases have only been covered by their extra efforts. This has been to a large extent by "out-of-office-hours" visiting, for which there is no financial recompense and when "time off in lieu" is an impossibility.

I should like here to thank my colleagues, full-time and part-time, for the uncomplaining way in which they have undertaken this extra burden.

One of the activities which we have had to drop as a result has been the Patients' Social Club. This was unfortunate but unavoidable.

The Club was inaugurated in January 1967 and was well received and supported by patients and staff alike, and also by students in the department at that time.

Activities, including whist drives, films, a theatre party and dances were held fortnightly until the beginning of Summer and were well attended.

We hope, perhaps by recruiting voluntary helpers, to re-start the Club next year, if at all possible.

Another venture is having a more optimistic outcome. This is the plan to provide a hostel for female patients who are sufficiently recovered to be able to go back to work but who need to establish confidence in their ability to live independent lives.

A house has been acquired and the members of Glosaid are taking on the job of decorating and painting the interior. We are most grateful to them for their help and enthusiasm. It is hoped to have the project in operation early in 1968.

There has been a staff change since the last Annual Report. Mrs. Kellam left to take up an appointment in Northampton and we were fortunate to have Mrs. Morant, appointed in her place, immediately available.

Students from the Certificate of Social Work Course at Bristol College of Commerce have once again been with us for their practical casework experience. Mr. Folland has taken on the role of Supervisor, also, this year.

This contact with the College is valuable for the Department, keeping us in touch with current practice and ideas in Social Work, providing a stimulus to all involved.

Looking to the future, there are many projects which one would like to explore, if conditions permit.

One in particular was highlighted by the subject of this year's Annual N.A.M.H. Conference on adolescence. This was given the title "Young Minds at Risk" and demonstrated how few provisions there are at the moment. An informal advice service perhaps, and active liaison with schools for the handicapped would go some way toward helping with the problem.

Envisaged too, are further attachments to G.P. practices which have proved to be very worthwhile undertakings.

These, however, along with other ideas will have to await some increase in staffing, otherwise our enthusiasms outpace our capacities and disappointment for both staff and others involved is the result.

Junior Training Centre, Longford.

Report by Headmaster.

EDUCATIONAL POINTS.

The educational programme has continued broadly on the lines indicated in previous reports, and has been extended as shown below.

The older boys continued their association with the Woodwork and Gardening activities of the Senior E.S.N. Department, and the two most senior boys travelled home independently after completing a full working day (9 a.m. to 5 p.m.) each Thursday.

The weekly swimming session included the complete age range of the Department (viz. 3 - 15). Two boys were awarded length certificates and two received width certificates. During the summer weekly numbers rose to over 40 out of a possible 46. The average winter attendance was 28.

An experiment was undertaken to assess the effectiveness of a language development programme devised for the 8 - 16 years group and with the assistance of Mr. Kelsall, Educational Psychologist, the necessary tests were administered and a four month programme completed and recorded. Analysis of the results indicated that the language development programme greatly improved language ability but did not, as had been hypothesised, improve intellectual functioning.

Three camps were run during the summer and autumn. After an experimental one-night camp, a more ambitious camp was set up on a farm near Cirencester. Twenty young children, aged 5 - 8 years, spent one night under canvas in groups of five; three adults were in attendance for each group. This venture, involving a wide variety of completely new experiences, gave a strong impulse to general development and particularly to language development. The third camp, covering the full school week, was held on a farm on the Dorset coast, and included thirteen boys and girls in the 8-16 age range. Four staff and five sixth form boys and girls from Cirencester School accompanied the children. The children took part in all aspects of running the camp, and some helped with the hay crop and other jobs around

the farm. Prolonged fine weather enabled the children to take full advantage of the beach and sea. The value of camping as an important educational activity for severely subnormal children was clearly established. In particular, staff and parents have testified to marked development in the children's self-confidence and independence.

PARENTS

The Headmaster and teachers interviewed many parents, and several group meetings were held. The parents enthusiastically supported Swimming and Camping activities.

STAFF.

Miss Surridge resigned as Assistant Teacher as she is to be married.

VISITING STAFF.

Dr. Brady, Deputy Medical Officer of Health, and Mr. Kelsall, Educational Psychologist, continued to visit regularly. Mr. Greenwood, Peripatetic Teacher of the Deaf, spent an hour a week in the Department. Miss F. Gray, Speech Therapist, attended for one day a week.

STAFF VISITS AND COURSES.

Occasional staff visits to schools and hospitals were made. Two teachers attended an Easter course at Culham College on "Aspects of Mental Health."

VISITORS.

Visitors continued to be legion ; ranged from students to professors and included a number of foreign officials.

Senior Training Centre.

The number of trainees attending the Centre increased to 48 from a total of 41 the previous year. Young people leaving the Centre were as follows :

- 2 Males into full-time employment.
- 1 Female transferred to sheltered employment.
- 1 Female attending an industrial rehabilitation course.
- 1 Death.

With the boundary extension three young people were transferred from the Cheltenham Training Centre. One other person from this new area is also attending the Centre on a part-time basis.

Sub-contract work is being done for six firms but of these only one is in the City.

Work included bottle labelling, packing nuts and bolts, making cardboard cartons and boxes, packing breathalyser kits, packing pins and making paper clips.

Further work is provided in the Laundry Unit which deals with 1,000 items per month. The Duplicating Unit is supplied with work by the Health Department and from outside the Corporation. A new project in the form of a punching and binding service is being developed.

In the past six months, an experiment in self-reliance has been attempted. This took the form of 18 young people using public transport to and from the Centre. It has proved a great success for the people involved. Credit must be given to the parents, the Junior Training Centre and Longford School where basic training was given.

Leisure time activities have been encouraged at the weekly Club Night and in addition a period of between $\frac{1}{2}$ hr. and 1 hr. per day in the Centre has been allocated for games, etc. Football, cricket, netball, darts, table tennis and bingo are all played. Two activities introduced this winter which are proving equally popular and successful with both sexes are badminton and leather work.

The number of trainees is increasing each year and I feel the working area must be increased, otherwise development will be restricted for the young people in the Centre.

Report by Michael Taylor, Social Worker to the Gloucestershire Council on Alcoholism and Drug Dependence.

The Centre has now been established at offices of the Health Department at 11 Barton Street for four years. At the end of the year 586 cases from the City and County had been dealt with. All of these have been seen personally, and in many cases, because of the need to gain a close insight of family environment and the difficulties their alcoholism produce, intensive visiting has been required.

My statistics reveal that for every alcoholic, at least five other people are affected by the addiction, often making life for the family almost unbearable and causing break-up of the family unit. This means that some 3,000 to 4,000 people are actively involved: the tragedy is that the sufferers are usually wives and young children.

Referrals have in the main come from General Practitioners and Social Work agencies, but quite a number of requests for assistance have come direct from the alcoholic himself. This is usually a good sign: it is realised that they have reached an impasse and intend to do something about it.

The alcoholic is invariably an expert in attempting to conceal the facts about his drinking habits from his doctor, and will go to any lengths to achieve this. It is essential to obtain the closest possible co-operation with the general practitioner if any real progress is to be made, and this co-operation has been fostered throughout the year.

Accommodation for single men following hospital treatment remains a great problem. It is most essential to keep in close contact after discharge from hospital, and the work of the Council would be greatly facilitated if there were more lodgings, rehabilitation hostels, etc.

It is interesting to note that there has been a number of enquiries during the year by young people who have felt that their present drinking habits could lead to addiction. These enquiries have obviously been sparked off by persistent publicity and education which we feel forms a most important feature of our work. Literature and advice for young people is always available.

A number of visits to Hospital Alcoholic Units have been arranged during the year for Social Work students from Gloucester, Bristol and Oxford, in order that they may gain an insight into what has been done and what can be done. I am most grateful for the great degree of co-operation I have received from the Consultants in Charge of these units.

Talks have been given to various organisations during the year (Women's Institutes, Youth Clubs, etc.) but the number has been limited due to the urgency of new cases coming in and requiring attention.

In mid 1967, the Executive Committee of the Association decided to formally add Drug Addiction to its activities. Cases had been referred for some time prior to this, and had been dealt with, but the Committee felt that this branch of the work should have official recognition.

In the fourteen cases that came to our attention, considerable success resulted. Some needed hospital in-patient treatment and some were adequately dealt with as out-patients. Anxiety on the part of parents was relieved when young cases were referred for specialist treatment ; in some cases they were unaware of the situation when the facts were brought to their notice.

I am again most appreciative of the recognition and help given by the Health Committee, the Medical Officer of Health and his staff and the various Social Worker agencies. All this has been invaluable.

SECTION B—INFECTIOUS DISEASES
Number of Notifications of Infectious Diseases, 1953-1967

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Scarlet Fever ..	65	68	55	50	28	46	77	21	4	8	8	26	25	25	20
Whooping Cough ..	130	238	74	124	129	179	61	48	12	17	60	34	43	67	41
Acute Poliomyelitis :—															
Paralytic ..	2	—	9	—	5	—	—	—	1	1	—	—	—	—	—
Non Paralytic ..	3	—	4	—	1	—	2	—	—	—	—	—	—	—	—
Measles ..	735	814	632	527	879	349	964	203	803	454	627	141	852	174	231
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	10	6	3	6	1	11	17	3	1	4	7	3	3	6	1
Meningococcal Infections ..	1	—	—	1	4	2	2	1	—	1	—	1	—	—	—
Acute Pneumonia ..	67	27	58	32	29	29	24	11	18	16	35	23	30	11	7
Smallpox ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis :—															
Infective ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-Infectious ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-typhoid ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ..	6	12	6	5	5	4	3	4	2	3	1	4	2	3	5
Food Poisoning ..	4	12	3	1	3	3	2	7	13	1	1	1	1	2	7
Tuberculosis :—															
Respiratory ..	91	67	60	79	55	58	38	49	25	21	28	24	25	18	15
Meninges and C.N.S. ..	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—
Other ..	11	4	9	9	6	7	7	5	5	2	1	7	5	8	2
Puerperal Pyrexia ..	30	22	18	20	26	34	34	32	27	27	35	22	39	44	50
Ophthalmia Neonatorum ..	2	1	4	—	3	—	—	—	2	—	—	—	5	1	1
Anthrax ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Report by the Chest Physician.

14 new cases of tuberculosis notified in the City of Gloucester during 1967 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
—	1	5	2	6	—	14

Of these 14 cases 5 were referred by general practitioners, 3 by other hospital departments, 2 from Mass Radiography, 3 contacts and 1 routine X-ray.

A sizeable proportion of the new cases of tuberculosis in Gloucester City in 1966 were immigrants, though not of any one special nationality. In 1967 only one immigrant was notified, a child who was diagnosed with tuberculosis and was a contact of her brother who was a Red case in February, 1966 (this case was coded Green six months after notification).

We felt somewhat disturbed from the health point of view about the crowded conditions in which the Pakistani community often lived, and therefore an intensive campaign was undertaken by the Health Visitors to persuade adults and children to come along for tuberculin testing with a view to B.C.G. vaccination of the negatives to give them protection. The response was disappointing. 302 were called, 100 appeared, 46 were positive, 40 were negative and vaccinated and 14 were tested but did not return for inspection.

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

RED, infectious	..	..	..	..	15
GREEN, non-infectious	..	..	..	..	306

The non-respiratory cases on the register at 31st January, 1967 reflects 23 men, 29 women and 1 child.

CONTACT EXAMINATIONS.

Contact examinations arising out of 14 City cases notified in 1967. Of these, 1 was a case in Gloucester Prison, and 3 more involved no further contact action, being themselves contacts. They are, therefore, not included in establishing the averages given here :—

Average number of contacts per case :	listed	6.3
	seen	4.5

ADULTS.

Number called : 42 Number attended : 24 = 57%.

1 case was notified as a result of these investigations, a woman of 51, a contact of her husband. One woman was already an in-patient in Over Hospital.

CHILDREN.

Of 21 children called, 3 were tuberculin positive and were kept under observation at the Clinic. The remaining 18 were healthy, and are analysed as follows :—

Tuberculin +ve, previously B.C.G.'d as contacts, and rechecked	3
Tuberculin —ve, successfully B.C.G. vaccinated	12
„ awaiting B.C.G.	3

Venereal Diseases.

1. Number of new cases, all conditions, Gloucester City residents, 1962-1967, treated at the Gloucester Clinic, Gloucestershire Royal Hospital, Southgate Street, Gloucester.

1962	..	101
1963	..	160
1964	..	159
1965	..	162
1966	..	172
1967	..	230

2. Analysis of new cases seen during year :—

Syphilis, primary and secondary	..	..	..	..	1
Syphilis, other	..	..	..	..	3
Gonorrhoea	..	..	..	..	83
Other venereal conditions	..	..	..	..	144

SECTION C

NATIONAL ASSISTANCE ACT, 1948

Blind Persons.

Report by the Social Welfare Officers for the Blind.

At the end of the statistical year under review the number of registered blind persons in the City was 170, an increase of one over the previous year. There were 21 new cases and 18 transferred to us from other areas. There were 30 deaths and eight persons moved to other areas. 40 persons suffered from physical or mental handicaps in addition to blindness. There were two registered blind children ; a girl of four attending Oak Bank School and a boy of six at the Elmbridge Infant School.

19 persons were engaged in the following full-time occupations : two shorthand typists, one physiotherapist, one social worker for the blind, one local authority clerk, four telephonists, nine factory workers including one viewer-inspector, and one security officer. There is a music teacher and organist employed as a Home Worker under the Bristol scheme. All these persons are registered under the 1944 Disabled Persons Act. In addition to those in remunerative employment there are, of course, housewives and handicraft workers.

18 persons were in residential accommodation as follows : local authority homes — six ; in private homes — four ; one person in a chronic sick hospital and six in hospitals for the mentally ill ; one young man was at a hospital for the mentally sub-normal and one man was at the Swansea Home for the Blind.

Approximately 1,500 welfare visits were paid during the year. Some form of advice, instruction or assistance was given on practically every occasion. Mobility was taught in suitable cases and newly-blind housewives were taught to make intelligent use of the aids and gadgets provided for their safety. There was a greater demand for instruction in Braille and one new reader became a member of the National Library for the Blind. A considerable number of lessons was given in Braille. Unfortunately, instruction was hampered by the shortage of instruction books which had been ordered repeatedly over a period of two years.

Elderly persons, many of whom have been on the Register for many years, continued to need a great deal of time and attention. As in recent years voluntary visitors did a great deal to alleviate loneliness.

During the year, there was a number of social activities, including outings, parties, jumble sales, etc. The Cotswold Tape Recording Society continued to provide a monthly edition of "Cotswold Roundabout". A domiciliary play-back service was also introduced early in the year. This is greatly appreciated. From time to time we compile a little news tape for exchange in other areas, including Exeter.

Throughout the year occupational classes were held several times each week. Unfortunately, the class held at Palmers Hall on Wednesdays has become somewhat over-crowded. In November, a handicraft class was

started at the Clinic, Longlevens. Unfortunately, numbers dropped off, principally because of the amount of travelling involved.

The cost of materials used for handicrafts continues to rise. In recent years several approaches have been made to the Board of Trade with a view to getting purchase tax removed from materials purchased for Blind Occupational Therapy. The only material reduced in price since the War is chair cane. The probable reason for this is that cane seating has gone out of fashion, although it is a most absorbing and fascinating craft. A number of finished articles are sold privately. We are grateful for the use of the Women's Institute stall in the Eastgate Market for two Tuesdays in each month. Takings on this stall during 1967 amounted to between £60 and £70. At our Annual Bazaar, held on November 4th, we took just over £97, £30 more than we have ever taken at a bazaar. This is surprising because it was an extremely wet day. There was obviously great competition between stall-holders.

The 1967 Handicraft Outing was combined with a visit to the Bristol Show for Blind Gardeners. The Show was held at the Horfield Barracks this year and was officially opened by His Grace the Duke of Beaufort. Several of our exhibitors won prizes in the Handicraft section and one lady was highly commended for her Victoria sponge in the Domestic Science section. 72 blind persons and helpers attended the Handicraft Christmas party at the Cadena Cafe on December 13th. Entertainment was provided by a group of friends and each blind guest was given a present of £1. Each voluntary helper received a box of chocolates or biscuits. The cost of the party and of the outing to Bristol was met from the Handicraft Account. The Christmas Savings Club paid out 1/6d. on every £ saved.

A number of people in the City use Talking Book machines. Several new applicants have now been issued with the new type of machine with cassettes small enough to slip through a letter-box. It is hoped that all the large cassettes now in use will be replaced within the next four years.

Thanks to the "Wireless for the Blind" Christmas day Appeal, no blind person in the City was without a radio. Our Voluntary Society for the Blind continue to act as agents for the R.N.I.B. in the distribution of these sets.

It has been gratifying to note that a blind person, a woman of 26, has been accepted for Guide Dog training. She will enter the Leamington Training Centre as soon as a suitable dog becomes available. Although this young lady is an excellent housewife and good with handicrafts and Braille, she has never been able to go out alone.

I acknowledge with gratitude the valuable assistance given by voluntary helpers, some of whom have been with me for over twenty years. I am also grateful to the Gloucester Rotary Club for supplying white walking sticks, to Toc H for help of all kinds, to the W.R.V.S. for clothing, etc., and, of course, to our Voluntary Association for the Blind for the organisation of many social functions.

During the year the Gloucester (City) Voluntary Association for the Blind undertook to arrange the annual holiday for a number of our blind persons and we are very grateful to them for this. Plans are under way for

the setting up of a Blind Liaison Committee, comprising members of the Voluntary Association, blind persons and representatives of the Corporation. It is felt that such a Committee will be of inestimable help particularly when the new Blind Centre at Rikenel is opened.

The Partially Sighted.

On December 31st, 1967, the number of partially sighted persons in the City was 36 — an increase of four over the previous year. The total number included two from the new City area. There is a girl of 17 attending the Adult Training Centre, a boy of 14 at the Exhall Grange Grammar School section and two boys, both aged nine, at the Exeter School for the Partially Sighted. These children are visited during school holidays and it is marvellous to see the progress they have made during the term.

Five persons are in full-time employment.

Although several partially sighted persons come along to group activities for the blind and give voluntary help, there seems to be no need for specially designed activities for partially sighted people. As with the blind, each person is treated as an individual, with individual needs and problems.

Physically Handicapped.

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

The City Boundary Extension on 1st April and the sudden illness of our Handicraft Instructor early in December have made this a difficult year. With the Boundary Extension, 37 physically handicapped were added to our Register and all were visited within three weeks of receiving the list.

The total number of NEW CASES added to the Register was 71 and is classified as :—

Amputations	1
Arthritis or Rheumatism	24
Diseases of the Digestive, Genito-Urinary System, Heart, Circulatory or Respir- atory System	13
Injuries of body, Injuries or Diseases of Limbs or Spine	7
Organic Nervous Diseases	23
Other Diseases not specified above	1

Six of the above cases were under 22 years old.

FINANCIAL GRANTS were made to nine persons totalling £41 13s. The Bristol Red Cross Society Welfare Fund paid out £26 6s. 4d. to disabled men while the balance was disbursements to disabled women. Items covered by these grants were an electricity bill, coal, clothing and bedding.

HANDICRAFT INSTRUCTION has been very satisfactory and increased numbers have attended the workshop while those unsuitable for the workshop have been visited in their homes. Although Sales are necessary to dispose of the greater proportion of goods made the Workshop has had a growing number of special orders and in addition we get a steady supply of cane-seated chairs for repair. There were three major Sales — at the 7 M.U.

Quedgeley Craft Exhibition, the Red Cross Annual Meeting and at Messrs. Fisher & Fisher.

At the end of September the Workshop had their annual Visit of Interest and toured the Bond-Worth Carpet Factory at Stourport-on-Severn where they were made most welcome and saw every process. The outward journey in the morning was by Ludlow and the Cleve Hills and they thoroughly appreciated the scenery and view from Cleehill.

Unfortunately early in December the Handicraft Instructor was suddenly taken ill and some re-organisation has been necessary.

THE HOLIDAY FOR THE DISABLED in September was again at Westward Ho ! Holiday Centre and one of the most pleasant we have ever had. A swimming pool has now been made in the camp grounds close to the sun lounge. One of the disabled men had a swim but its great advantage was that the disabled had something to watch from the warmth and shelter of the sun lounge. The party consisted of 14 disabled men, 20 disabled women plus three wives of disabled men who needed rest. Eighteen Red Cross Helpers accompanied the party.

Small parties were taken both to the SPECIAL CATHEDRAL SERVICE for the disabled on 1st October, and to the SPECIAL EVENING OPENING AT THE BON MARCHE just before Christmas, thanks to special ambulance transport being authorized for both occasions.

THE GOOD COMPANIONS CLUB still fills a great social need and meets each Monday and has 38 members. They had a Day Outing to Weston in June followed by an afternoon Outing in July consisting of a drive through the Southern Malvern Hills and then tea with Mrs. Poole at the Rudford Village Hall. The Christmas Party was held on 11th December, entertainment being provided by the Longlevens W.I. Drama Group.

Throughout the year there has been a steady demand for ADAPTATIONS TO HOMES, APPLIANCES and AIDS. The Adaptations range from providing ramps for wheelchairs, outside handrails, to extensive ground-floor alterations for a young ex-soldier who is now paralysed following a road accident. Appliances and Aids included Oxford Hoists, Zimmer Walking Frames, Handrails in bath and toilet, Bath Seats, Seat Aids in toilet and Stocking Aids.

Shortage of TRANSPORT has now become a serious problem both for the Good Companions Club and the Workshop. The Handicraft Instructor has a list of people who could come to the Workshop were transport available. Apart from the benefit to the morale of the disabled and relief to relatives which days at the Workshop give, it also places a greater burden on the Instructor if these people have to be visited at home in addition to those who are unsuitable for the Workshop. The same applies to the Club, the shortage applying both to the wheelchair cases and those able to travel by Hospital Car. It is sometimes hard to decide who shall be brought in but we do give preference to the young disabled, especially where expectation of life is poor.

AT CHRISTMAS 92 Food Parcels were sent to the Homebound Disabled and presents supplied by our Branch Headquarters were given to 11 Sick Children and also to children where illness of the parents caused financial hardship.



A section of Prospect Works.

SECTION D.

MEDICAL EXAMINATIONS OF CORPORATION EMPLOYEES

Department						
Airport ..	..	..	..	..	..	2
Architects ..	..	..	..	..	..	8
Children ..	..	..	..	..	..	7
Education ..	..	..	..	..	..	54
Entrants to Training College				..	..	75
Engineers ..	..	..	..	..	..	39
Fire ..	..	..	..	..	..	8
Health ..	..	..	..	..	..	18
Housing ..	..	..	..	..	..	2
Library ..	..	..	..	..	..	11
Taxation..	..	..	..	..	..	1
Cemetery ..	..	..	..	..	..	3
Parks ..	..	..	..	..	..	2
Baths ..	..	..	..	..	..	1
Other authorities		..	..	..	..	5
Town Clerks ..	..	..	..	..	..	6
Treasury ..	..	..	..	..	..	15
Water Board ..	..	..	..	..	..	44
Welfare ..	..	..	..	..	..	3
Weights and Measures			..	..	..	2

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.

- (1) (a) The water supply in the area has been satisfactory in chemical and bacteriological quality.
- (b) Discolouration of the supply due to corrosion of distribution mains and to elevation of deposited manganese have been incidents of contamination. The former is rectified by the normal process of flushing ; it is believed that a solution to the latter problem has been achieved in production, the effect of which will be felt in distribution in due course.
- (2) (a) Bacteriological examinations are made of the raw and final waters from all sources which supply the City.
A summary of the examinations is as follows :

Source	No.	RAW WATER		No.	FINAL WATER	
		Satisfactory	Unsatisfactory or doubtful		Satisfactory	Unsatisfactory or doubtful
Newent	13	12	1	14	14	—
Ketford	13	12	1	16	16	—
Witcombe	27	5	22	21	20	1
Tewkesbury	188	—	188	1,313	1,292	21

Additionally, 168 bacteriological samples were taken from consumers' premises within the City and of these only eight proved to be of doubtful quality, these being cleared on re-examination. Chemical analyses have been submitted to you as routine.

- (b) No plumbo-solvent action is attached to the various City supplies but, in view of a renewed interest by the Ministry of Health, this aspect is now under renewed investigation.

The number of dwelling houses supplied from public water mains is 21,856, all direct to the houses. The population supplied is 88,050.

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 have been provided for the greater part of the existing City area. Investigations are still 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 will be necessary to carry out extensions to these works in the future.

Sanitary Conditions of the Area.

Report by the Chief Public Health Inspector.

On 1st April, 1967, we became responsible for an additional area under the Gloucester Order, 1966. In practical terms, it meant an additional slaughterhouse and additional milk pasteurising came within the City area. It also meant that we had some problems which we thought of as being rural in nature and have not been within the orbit of the City Public Health Administration for many years. For instance, cesspools and the need for emptying of these receptacles. The Gloucester Rural District Council has a cesspool-emptying scheme in which cesspools are emptied free of charge twice a year. Under the terms of the Gloucester Order it was necessary for the Authority to undertake a similar scheme. In co-operation with the Health Department of the Gloucester Rural District Council, the existing contract for the area added to the City was taken over.

Even without the addition of the slaughterhouse added from the boundary extension there was an increase in the number of meat inspection units calculated on the number of animals slaughtered. The added slaughterhouse increased the number of animals slaughtered and inspected by approximately 10%.

It must be stated that the Government is regularly bringing out regulations to increase the hygienic standards of slaughterhouses. It is pleasing that, in spite of cost involved, we enjoy good relationships with the slaughterhouse occupiers and that they do make every effort to raise their standards.

It will be seen from the statistical section that only one small Clearance Order was confirmed. This does not indicate that our annual programme was halted — it was due to the fact that areas dealt with during 1967 had not been confirmed by the end of the year.

I was disappointed that the small pilot Compulsory Improvement Area made such slow progress during the year and I cannot report that improvements have been made but I hope that this will soon be rectified.

New legislation is expected upon the matter of Compulsory and Voluntary Improvement of dwellings. It is understood that the Government wishes a greater emphasis to be placed on the improving of the older stocks of housing in the future. It is hoped that the new legislation will be more effective both from a Local Authority and owner point of view.

Although the number of privately rented accommodation is decreasing, this in itself brings problems in the field of housing. I refer particularly to houses let in multiple occupation. Private rental houses for one family are practically impossible to obtain and the people concerned not qualifying for Council housing, they have no alternative but to rent rooms on moving into the district. Steps have been taken to introduce a Registration Scheme in the City and, to start with, the Scheme will apply to the Westgate and Barton wards. These premises will be inspected with particular reference to numbers of occupants, amenities available for the use of occupants and fire risk.

In the year, which had a good hot summer, we did receive many complaints of offensive smell from the premises of J. Williamson and Sons (Gloucester) Ltd. This culminated in the Council authorising the service of an Enforcement Notice, as a condition in the Planning Consent was considered not to have been fulfilled, in that smell was still being emitted from the factory. The firm appealed against the Notice and this meant a Public Enquiry had to be held. The result of the Enquiry has not been received at the time of writing. Meanwhile, the premises are being visited frequently as a measure of control.

The District Public Health Inspectors are responsible for the Food and Drug sampling that is carried out on their respective districts, but I have made one Senior District Public Health Inspector responsible for the co-ordination of this aspect of the work. I am pleased to say there has been an increased number of Food and Drugs samples taken over the year. It has been my policy for many years that sampling should be systematic and, wherever possible, the products of local manufacturers should be sampled. It will be seen from the statistical section that 164 Food and Drug samples, excluding milk, were taken and that only three were unsatisfactory, all three being concerned with sausages. A prosecution was instituted in one case only, because of the grave deficiency of meat in this particular case. Since the repeal of the war-time Orders appertaining to meat products there has not been a fixed legal standard for meat products, although Public Analysts have been prepared to be witnesses in cases where the meat contents have been below a certain standard. The Government has now brought in legislation to fix meat content standards but it does not become operative for some considerable time. This might mean difficulties in the interim period.

Nine prosecutions were instituted during the year, five relating to foreign bodies in food, two relating to food with mould and two relating to sausages.

We do, of course, receive many more complaints during the course of a year relating to food. A thorough investigation is always instituted and a representative of the manufacturers, or in the case of imported food, the importers, invited to the office. When all the facts are evaluated, it is often found that improvements can be suggested and that to prosecute does not serve any useful purpose. In these cases I am loth to recommend prosecution when I am satisfied that it is not a case of sheer negligence or carelessness.

Turning to the subject of clean air, very little trouble was caused by industry. One metal chimney, which had been the source of troublesome emissions of acid smuts, was given a thermal cladding and no further complaints of this nuisance have been received.

The main cause of complaints was smoke from the burning of waste material, including motor car bodies and, it seems inevitable, the quota of garden bonfires. The former could usually be remedied by informal action or, in two cases, with the aid of Town and Country Planning procedures. The only cure for the latter would seem to be a wider use of composting techniques and a collection service for material which cannot be composted; this, of course, would mean more staff and vehicles and under present economic conditions is very much in the realm of wishful thinking.

In the case of proposed new chimneys, it is pleasing to record that in most cases the Department was asked for a recommended height before

plans were submitted. The height of the proposed chimney to serve the new hospital caused some perturbation to the Planning Department, particularly when the recommended height was increased as a result of wind tunnel tests made at the National Physical Laboratory. Unfortunately, the conflict between the requirements for environmental and visual amenities will not be resolved until a sulphur-free fuel is available at an economic cost; until then, high chimneys remain the only practical answer to pollution problems.

20 complaints of noise nuisance were investigated. These ranged from industrial noises to noise from discotheques, ice-cream chimes and the neighbour's television. In most cases an improvement was brought about by informal action.

In the case of the Discotheque, the main complaint arose from the noise created by patrons when they left the premises. In such instances, as in those of noise from neighbours, it is so much a question of personal standards of behaviour that it is really outside the scope of practical action under Public Health Laws.

Other projects calling for investigation, tests and advice at the planning stage were dealt with. Among these were proposals for a speedway track, an indoor rifle range, skittle alleys and a concert hall.

The proposed speedway resulted in considerable local controversy and widespread publicity and after holding a Public Enquiry the Minister of Housing and Local Government reversed the Council's decision to give planning permission.

This was an interesting case as it was predicted from theoretical calculations that the level of noise produced would be high enough to cause a nuisance to a nearby hospital and residential estate. The predicted decibel levels were, in fact, slightly lower than those obtained from simulated speedway meetings organised on the site, but showed clearly the value of applying acoustic theory to obtain data on which reasonable advice can be based.

In 1966, when a Public Health Inspector left the Department, it was decided not to appoint in his place until the boundary extension had been settled, although, due to the increasing pressure of meat inspection, it was decided to appoint an Authorised Meat Inspector in that year.

When the boundary extension was settled, we were given authority to have two additional Public Health Inspectors on the establishment. This meant that, since 1st April, 1967, three Public Health Inspectors have been appointed. Two of these appointments were Mr. J. R. Partis and Mr. M. C. Smith, and the third Mr. C. Shergold, was the senior student who qualified during the year. Mr. J. Gillard was appointed a Student Public Health Inspector in the place of Mr. C. Shergold.

These changes gave me the opportunity to re-organise the working of the Inspectors and I am hoping that the new organisation will give more efficient working of the section.

We now have a full establishment except for one deferred post. With the ever-increasing amount of meat inspection and the increasing spate of legislation I am hoping that there will be an opportunity to fill this post.

The following is a summary of the inspections made during the year 1967.

Public Health Acts

Dwelling Houses in Complaint	787
Work in Progress	53
Drain Tests	128
Dirty and Verminous Premises	26
Insect Infestations	66
Caravan Sites	53
Caravans	31
Schools	3
Hairdressers	96
Cinemas, Fairs, etc.	3
Public Conveniences	331
Offensive Trades	82
Offensive Accumulations	14
Stables and Piggeries	29
Refuse Tips	5
Revisits	1,111
Swimming Pools	19
Cess Pools	3
Day Nurseries	2

Housing Acts

Clearance Areas (No. of individual premises inspected) ..	104
Improvement Areas (" " " ") ..	27
Individual Unfit Houses	20
Basement Dwellings	2
Rent Act Inspections	2
Overcrowding	10
Houses let in Multiple Occupation	17
Revisits	271

Food and Drugs Act

Complaints re Food	90
Visits re above	23
Bakehouses	42
Butchers	102
Canteens, Clubs, etc.	72
Cafes, Restaurants	88
Fishmongers	26
Fried Fish Shops	32
General Shops	430
Sweetshops, Tobacconists	36
Dairies	60
Milk Distributors	17
Ice Cream Manufacturers	36
Ice Cream Vendors	13
Preparation and Storage	53
Wholesalers	117
Public Houses	91
Vehicles—Food	32
Vehicles—Ice Cream	3

Food and Drugs Act—contd.

Vehicles—Milk	4
Merchandise Marks Act	19
Slaughterhouses	3,932
Food Poisoning Enquiries	18
Food Stalls	498
Revisits	283
Samples—Bacteriological	374
Samples—Biological	—
Samples—Food and Drugs Formal	191
Samples—Food and Drugs Informal	21
Samples—Water	39
Samples—Fertilisers Feeds Act Formal	18
Samples—Fertilisers Feeds Act Informal	13
Samples—Others	14
Samples—Pesticides	172

Clean Air Act

Inspections—Dwelling Houses	3
Inspections—Commercial Premises	2
Inspections—Factories	10
Inspections—Others	11
Smoke Observations ($\frac{1}{2}$ hours)	12
Revisits	455

Factories Act

Factories—Power	21
Factories—Non-Power	1
Outworkers	—
Revisits	3

Port Health

Vessels—Foreign Going	161
Vessels—Coastwise	26
Rodent Control	110
Revisits	360

Offices, Shops and Railway Premises Act

GENERAL INSPECTIONS	
Offices	199
Retail Shops	298
Wholesale/warehouses	28
Catering establishments, canteens	42
Fuel storage depots	4
Other visits, revisits	638

Miscellaneous

Rodent Control—Dwelling Houses	16
Rodent Control—Business Premises	18
Rodent Control—Others	18
Revisits	3
Pet Animals	2
Pet Animals Revisits	3
Animal Boarding Establishments	1

Miscellaneous—contd.

Animal Boarding Establishments Revisits	..	..	..	—
Rag Flock Act	..	..	..	—
Rag Flock Act Revisits	..	..	..	—
Noise Nuisance	..	..	..	48
Noise Nuisance Revisits	..	..	..	76
Infectious Disease Enquiries	..	..	..	12
Infectious Disease Enquiries Revisits	..	..	..	40
Others	..	..	..	1,765

The following is a summary of the notices served and complied with during 1967 together with outstanding notices complied with :—

INFORMAL		<i>Served</i>	<i>Complied with</i>
Public Health Act	.. ..	128	147
Food and Drugs Act	.. ..	151	112
Factories—Power	.. ..	1	4
Non-Power	.. ..	1	2
Offices, Shops and Railway Premises Act	.. ..	276	431
STATUTORY			
Public Health Act	.. ..	17	12
Corporation Act	.. ..	56	62
Housing Acts	.. ..	2	2

HOUSING 1967

The following Clearance Order was confirmed during 1967 :

<i>Title of Order</i>	<i>Clearance Area Nos.</i>	<i>No. of houses in Order</i>
Westgate Street C.O.	.. .. 175	2

In the following table the number of occupants displaced does not necessarily relate to the houses shown as demolished.

Table of demolitions and displacement of Occupants.

	Number of Houses	Displaced	
		Persons	Families
Houses Demolished			
IN CLEARANCE AREAS			
Houses unfit for human habitation ..	65	60	16
Houses in or adjoining Clearance Areas	1		
NOT IN CLEARANCE AREAS			
As a result of formal or informal action under Sec. 16 or Sec. 17 (1) Housing Act 1957	1		
Local Authority houses certified unfit by the Medical Officer of Health..	5	22	10
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 ..	1	—	—

Unfit Houses made Fit and Houses in which Defects were Remedied

(i)	After informal action by Local Authority	..	..	..	139
(ii)	After formal action under :				
	(a) Public Health Acts	..	..	..	12
	(b) Housing Act	..	..	..	1



Clearance Area

Verminous Premises

Number of houses disinfested	..	..	..	..	..	106
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	..	..	..	..	..	82

Offices, Shops and Railway Premises Act, 1963

1. REGISTRATIONS AND GENERAL INSPECTIONS.

<i>Class of premises</i>	<i>Registered during the year</i>	<i>On Register at the end of the year</i>	<i>Premises receiving one or more inspections during the year</i>
Offices	61	330	199
Retail Shops	61	529	298
Wholesalers, Warehouses	10	64	28
Catering Establishments	15	85	42
Fuel Storage Depots ..	1	5	4
Totals ..	148	1,013	571

Number of visits of all kinds to registered premises 1,209.

2. NUMBERS EMPLOYED.

<i>Class of Workplace</i>	<i>Number of persons employed</i>
Offices	3,732
Retail Shops	4,111
Wholesalers' Warehouses	1,019
Catering Establishments	927
Canteens	77
Fuel Storage Depots ..	21
TOTAL MALES	4,361
TOTAL FEMALES	5,526
GRAND TOTAL	9,887

3. EXEMPTIONS.

No applications were received.

4. PROSECUTIONS.

Nil.

1. REGISTRATIONS AND INSPECTIONS.

A large increase in the number of premises newly registered, mainly due to the extension of the City boundary, was partly offset by the number of premises removed from the register, resulting in a net addition of 56 premises.

Since the Act came into force 1,243 premises have been registered, and 230 have either given up business or, becoming a family business are no longer required to be registered.

In the absence of national figures one can only speculate whether this rather high percentage of changes is due to local redevelopment or has any deeper significance in relation to present economic conditions.

2. GENERAL OPERATION OF THE ACT.

As shown in the table below, the number of contraventions found during the year is still surprisingly high, but many of them are of a minor nature

such as thermometers being lost and not replaced, the more serious ones such as fencing of machinery and safety precautions generally being quite low in proportion to the number of premises inspected.

The increased number of contraventions remedied shows a steady rate of improvement in working conditions in registered premises.

<i>Contraventions relating to</i>	<i>Found during the year</i>	<i>Remedied during the year</i>
Sanitary Conveniences	27	41
Washing facilities	53	126
Cleanliness	53	82
Overcrowding	4	8
Temperature	9	11
Provision of thermometers ..	83	112
Ventilation	19	20
Lighting	27	31
Drinking water	2	3
Accommodation for clothing ..	11	10
Seating	4	12
Fencing of machinery	4	5
Safety of floors, passages etc. ..	36	63
First Aid equipment	60	143
Display of abstract of the Act ..	161	101

No major problems were encountered, although plans deposited for a proposed coin-operated self service launderette and dry cleaners presented some difficulty with regard to the ventilation, as no control could be exercised under the Building Regulations and the premises would not be required to be registered under the Act, despite the fact that the dangers from fumes from the dry cleaning process are well known.

3. ACCIDENTS.

21 accidents were notified during the year, six fewer than last year. Of these the majority were due to handling goods (nine) and falls of persons (six), and the injuries caused were minor ones.

The most serious one was caused by the fuel cylinder of a propane powered fork lift truck catching fire while being disconnected. No definite cause for this could be found, and it was assumed that it was due to the proximity of the cylinder to the hot exhaust pipe, and it was recommended that if such accidents were occurring in significant numbers nationally the makers be asked to reconsider the design of the machine.

4. PROSECUTIONS.

No prosecutions were undertaken. Committee approval for legal action was obtained in one case where among other matters the only means of access to the upper floor was an ordinary ladder, but a reconstruction of the premises was put in hand, and it was not considered necessary to take further action.

In another case concerning the provision of sanitary accommodation the Committee deferred taking proceedings on receiving a written undertaking to carry out the necessary work, and its subsequent completion.

Rodent Control

	Type of Property	
	Non-Agricultural	Agricultural
Total number of properties (including nearby premises) inspected following notification	539	1
Number infested by :—		
Rats 	253	—
Mice 	257	1
Total number of properties inspected for rats or mice for reasons other than notification . .	4,500	10
Number infested by :—		
Rats 	335	3
Mice 	305	—

No. of Sewer Manholes treated 1,685.

No. of Properties in District :—	30,732	—	Non. Agriculture.
	24	—	Agricultural.

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	23	1	1	—
Factories not included above in which Section 7 is enforced by the Local Authority	365	21	1	—
Other premises in which Section 7 is enforced by the Local Authority (not including out-workers' premises)	—	—	—	—
TOTAL	388	22	2	—

Cases in which Defects were found.

Particulars	Number of cases in which Defects were found				Number of cases in which Prosecutions were Instituted
	Found	Re- medied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ..	1	1	—	—	—
(b) unsuitable or defective	1	1	—	1	—
(c) not separate for the sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
TOTAL ..	2	2	—	1	—

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	—	—	—	—	—

SECTION F
INSPECTION AND SUPERVISION OF FOOD

<i>Type of Premises</i>	<i>Number</i>
<i>Registered or Licensed Food Premises</i>	
Dairies	3
Distributors of Milk	112
Untreated Milk—Dealer's Licences	3
Pasteuriser's Licences	3
Dealer's (Pre-packed Milk) Licences	134
Ice-Cream—Manufacturers, Hot Mix	4
Ice-Cream—Manufacturers, Soft Mix	3
Ice-Cream Vendors	253
Preserved Meat	29
Slaughterhouses	4

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	3	3	3	3
Ice Cream Manufacturers				
Hot Mix	4	4	3	3
Soft Mix	3	3	3	3
Bakehouses	15	14	15	15
Butchers' Shops	52	48	52	52
Cafes, Restaurants, Clubs and Canteens	174	172	174	173
Wet and Fried Fish Shops	30	29	30	29
General Food Shops including Supermarkets	211	204	197	195
Greengrocers	40	39	34	34
Public Houses including premises with Catering Establishments and Off Licences	130	128	129	129
Wholesale Premises	28	28	23	23
Food Factories	9	9	9	9
Sweets & Tobacco	61	61	33	33

The Milk (Special Designations) Regulations, 1963

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

Designation	Taken	Meth. Blue			Phosphatase		T.B.		Turbidity		Br. Abort.	
		Sat.	Unsat.	Void	Sat.	Unsat.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Pasteurised	162	160	—	2	160	—	—	—	—	—	—	—
Sterilised	13	—	—	—	—	—	—	—	—	13	—	—
Untreated	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	175	160	—	2	160	—	—	—	—	13	—	—

MILK SUPPLIES—BRUCELLA ABORTUS

No samples were taken as no untreated milk is sold within the City.



Clean Milk
(Photograph by courtesy Gloucester Model Dairy)

THE LIQUID EGG (PASTEURISATION) REGULATIONS.

- | | |
|---|-----|
| (1) Number of egg pasteurisation plants in the city | Nil |
| (2) Number of samples of liquid egg submitted to the Alpha-Amylase test | Nil |

Difficulty was experienced for the Gloucester Laboratory of the Public Health Laboratory Service to examine the small number of samples which this Authority would obtain in the course of a year. Arrangements have now been made with the Bristol Laboratory of the Public Health Laboratory Service and in future samples will be submitted to the Bristol Laboratory Poultry Inspection.

There are no poultry processing premises within the City.

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
Milk ..	47	27	20	—	—
Other Foods	164	161	—	3	—
TOTAL	211	188	20	3	—

Details of the three unsatisfactory formal samples.

1. Pork Sausages 58 per cent of meat and hence 10.3 per cent deficient in meat. A warning letter was sent in this case.
2. Pork Sausages 49 per cent of meat and hence 24.8 deficient in meat. Also contained undeclared preservative equivalent to 50 parts per million of sulphur dioxide. A successful prosecution was taken in this case.
3. Beef Sausages Contained sulphur dioxide equivalent to 220 parts per million which was not declared. A warning letter was sent in this case.

Ice Cream

The number of samples taken for bacteriological testing by the Public Health Laboratory Service during the year was as follows :—

Number Taken	Grade I	Grade II	Grade III	Grade IV	Void
139	76	38	18	5	2

In addition 14 samples of Ice Cream were taken for Plate Count and these were all satisfactory. 14 Water Ices were taken for pH Valuation and all were satisfactory.

Other sampling :

Fertiliser and Feeding Stuffs

Formal	18
Informal	13

Of these 31 samples examined 13 were Feeding Stuffs and 18 Fertilisers.

Water Sampling of swimming baths and other pools

Bacteriological	33
-------------------------	----

Other Water Sampling

Chemical sampling	6
---------------------------	---

These six samples relate to wells and water seeping into buildings. In the case of the samples from wells the water was found not to be up to the standard for a potable water and advice was given in these cases.

In the cases relating to seepage of water the sampling was carried out to determine the source of the seepage so that remedial action could be carried out.

Bacteriological sampling :

32 samples of churn rinses, cream and butter milk were taken for bacteriological examination.

8 samples of food were submitted for bacteriological examination to determine any contamination. These foods included skimmed milk, lobster, a pork pie and lemon curd.

4 samples of food were submitted to the Public Analyst for examination.

They included a tin of salmon which was examined for glass. Samples of skimmed milk, margarine and lemon curd which were alleged to have been implicated in an outbreak of vomiting in children. They were examined for general properties and metallic contamination and no unusual features were noted. The Analyst was satisfied that the three foods were not implicated.

Gas Chromatography and National Pesticide Scheme.

City Survey	170
National Survey	2

I give below by kind permission of E. G. Whittle, Esq., B.Sc., F.R.I.C., a copy of his report on this aspect of the work.

As last year, a survey of fruits and vegetables was made for organo-chlorine insecticide residues, but also included was a search for organo-phosphorus residues in crops sampled May to September.

A total of 172 samples was taken, including two in the National Pesticide Scheme. The table shows the samples and number examined :—

Sample	No.	Sample	No.
Apple	14	Onion	1
Apple Beverage ..	3	Orange	4
Apricot	1	Parsnip	1
Bilberry	1	Pea	2
Broad Bean	2	Peach	8
Cabbage	1	Pear	8
Canned Veg/Fruit ..	9	Pineapple	1
Carrot	1	Plum	1
Cauliflower	1	Potato	5
Celery	1	Quick Frozen foodstuffs	1
Cherry	2	Radishes	1
Coffee	9	Raisin	8
Cucumber	1	Rhubarb	1
Currant	4	Rice	1
Damson	1	Runner Bean	1
Date	1	Spring Green	1
Gooseberry	1	Spring Onion	1
Grape	1	Sprout	1
Grapefruit	8	Strawberry	4
Green Pepper	2	Sultana	5
Leek	1	Swede	2
Lemon	1	Tangerine	1
Lettuce	12	Tea	9
Marrow	1	Tomato	10
Milk	1	Watercress	2
Mushroom	12		
		TOTAL ..	172

Noteworthy samples were as follows :—

Apricot.

A South African sample contained 0.21 ppm DDT.

Cherry.

An Organo-phosphorus systemic insecticide, demeton S methyl, commonly known as metasystox was found in an Italian sample at a level of 2.4 ppm. Since this consignment was probably transported by sea, and bearing in mind the marketing delay, the sample probably possessed a much higher residue at harvest, because in general organo-phosphorus insecticides are rapidly metabolised.

Green Pepper.

A Ugandan sample contained 0.068 ppm DDT.

Gooseberry.

One sample contained 0.94 ppm DDT.

Lettuce.

A Dutch sample contained 5.95 ppm —BHC and 0.20 ppm DDT.

Mushroom.

A sample contained 1.19 ppm DDT and another 0.36 ppm —BHC. Two samples contained both pesticides, one having 0.35 ppm DDT with 0.20 ppm —BHC and the other having 0.20 ppm DDT with 0.13 ppm —BHC.

Raisin.

One sample contained 0.15 ppm —BHC.

Tomato.

A Canary Island sample contained 0.21 ppm DDT.

Carcases Inspected and Condemned during the year 1967

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected ..	23,452	2,015	1,294	96,230	70,428
<i>All Diseases except Tuberculosis .. and Cysticercus Bovis.</i>					
Whole carcases condemned ..	4	5	11	146	73
Carcases of which some part or organ was condemned ..	8,507	495	7	8,299	8,703
Percentage of the number in- spected affected with disease other than Tuberculosis or Cysticercus Bovis	32.02%	24.3%	1.4%	8.7%	12.4%
<i>Tuberculosis Only</i>					
Whole carcases condemned ..	—	—	—	—	1
Carcases of which some part or organ was condemned ..	4	—	—	—	654
Percentage of the number in- spected with Tuberculosis ..	0.16%	—	—	—	0.9%
<i>Cysticercus Bovis Only</i>					
Whole carcases condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned ..	3	—	—	—	—
Percentage of the number in- spected affected with Cysticercus Bovis	0.012%	—	—	—	—

Total number of carcases killed and inspected 193,419

Weight of meat condemned at slaughterhouses
within the City 96 tons, 9 cwt.,
3 qtrs., 13 lbs.

Slaughterhouses

Number of Licensed Slaughterhouses in the
City 4
Number of visits to Slaughterhouses for
inspection of carcases 3,932

Food Poisoning

Total number of outbreaks	..	..	..	2
Number of cases	..	..	..	7
Causative Agent	One case — Salmonella Typhimurium One case — cause unknown.			

Prosecutions.

1. Foreign Body in Madeira Cake	..	..	..	Fine £10
2. Piece of metal in a Cornish Pasty	..	..	..	Fine £10.
3. Mould in Sausage Roll	..	..	..	Fine £5
4. Pork Sausages deficient in meat	..	..	..	Fine £5
5. Undeclared preservatives in sausages	..	..	..	Fine £1
6. Mouldy Pasty	..	..	..	Fine £10
7. Rusty nail in a steak pie	..	..	..	Fine £5
8. Piece of rubber hose in a loaf of bread	..	..	..	Fine £10
9. Cockroach in a malt loaf	..	..	..	Fine £20

In all, 28 cases were dealt with of foreign bodies in foods. In five cases prosecutions were instituted as shown above.

Condemnation of Food

Total amount of food condemned in the City other than meat condemned at slaughterhouses: 15 tons, 7 cwt., 15 lbs.

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. D. W. G. Brady	Deputy Port Medical Officer	1.1.67	M.B., Ch.B., 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	161	47,508	2	159	—
Coastwise	3,591	401,387	—	26	—
TOTAL	3,752	448,895	2	185	—

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

TABLE C

Passenger Traffic	Number of Passengers inward — Nil
	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	24	24

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	30	—	—	—
Foreign	157	—	—	—
TOTAL	187	—	—	—

SECTION H

STATISTICS

General Statistics

Estimated area of City	.. .. .	8,314 acres
Registrar General's Estimated Mid-year Home Population	..	89,620
Area Comparability Factors—Births	.. .. .	0.97
Deaths	.. .. .	1.02
Rateable Value, 1st April, 1967	.. .. .	£3,335,845
Estimated sum represented by Penny Rate—1967/68		
Before Rebates	.. .. .	£14,121
After Rebates	.. .. .	£14,086

Note.—A revised estimate of the mid-year population has been provided by the Registrar General. This figure has been used to calculate birth and death rates for 1967. This will account in part for the rather large fall in these rates.

Vital Statistics, 1958 - 1967

Live Births

Year	Legitimate		Illegitimate		Total	Rate per 1,000 estimated resident population	
	Male	Female	Male	Female		Gloucester	England and Wales
1967	728	738	90	87	1,643	18.3	17.2
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

Stillbirths

Year	Male	Female	Total	Rate per 1,000 live and still births	
				Gloucester	England & Wales
1967	9	17	26	15.8	14.8
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

Deaths

Year	Male	Female	Total	Death rate per 1,000 estimated resident population	
				Gloucester	England & Wales
1967	427	441	868	9.7	11.2
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

Causes of Death, 1966

Causes of Death	Sex	AGE					Total
		0-24	25-44	45-64	65-74	75+	
Respiratory Tuberculosis ..	M	—	1	2	—	—	3
	F	—	—	—	—	—	—
Cancer—All forms	M	2	1	29	39	28	99
	F	4	—	30	18	22	74
Heart and circulatory diseases	M	—	4	53	56	46	159
	F	—	4	17	29	102	152
All other causes	M	17	7	46	40	56	166
	F	26	7	16	47	119	215
Total Deaths	M	19	13	130	135	130	427
	F	30	11	63	94	243	441
		49	24	193	229	373	868

Maternal Mortality

Year	Deaths caused by Pregnancy Childbirth or Abortion	Rate per 1,000 live and still births	
		Gloucester	England & Wales
1967	—	—	—
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

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	Illegitimate	Total			
1967	30	5	35	20.5	28.2	21.3
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

Causes of death of infants under one year of age

Congenital Malformations	10
Gastritis, enteritis and diarrhoea	1
Pneumonia	4
Accidents	6
Other defined or ill-defined diseases	14
	—
	35
	—

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	6
Pneumonia	2
Accidents	1
Other defined or ill-defined diseases	13
	—
	22
	—

The neo-natal death rate was, therefore, 13.4 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 ..	9	4	2	8
2 lb. 4 oz.—3 lb. 4 oz.	6	—	3	2
3 lb. 5 oz.—4 lb. 6 oz.	25	3	2	4
4 lb. 7 oz.—4 lb. 15 oz.	37	1	1	4
5 lb.—5 lb. 8 oz. ..	68	2	1	2
Total	145	10	9	20

The total number of premature live births notified show an incidence of 8.81% of all live births. 76.9% of all stillbirths were notified premature. The overall incidence of prematurity among the total live and stillborn infants was 8.7%.

Incidence of Cancer Deaths

Year	Deaths from Cancer	Percentage of total deaths registered	Death rate per 1,000 population	Age Distribution					
				0-44		45-64		65 plus	
				Male	Female	Male	Female	Male	Female
1967	173	19.9	1.9	3	4	29	30	67	40
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
Total	3,120	—	---	104	128	674	550	858	806

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	
1967	15	4	43	6	—	20	7	41	37	99	74	173
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
Total	109	74	289	46	4	140	51	372	322	774	633	1407

Care of Mothers and Young Children Clinic Services

1. ANTE-NATAL AND POST-NATAL CLINICS

Number of women in attendance—Ante-Natal examination ..	2,227
Post-Natal examination ..	195
Number of sessions held by—Medical Officers	—
Midwives	98
General Medical Practitioners ..	23
Hospital Medical Staff	200
Total	321

2. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Number of women who attended during the year :	
(a) Institutional booked	283
(b) Domiciliary booked	134
Total	417
Total number of attendances during the year	2,086

3. CHILD WELFARE CENTRES

Number of children who attended during the year :	
(a) born in 1967	1,363
(b) born in 1966	1,016
(c) born 1962-1965	627
Total	3,006
Number of sessions held by (a) Medical Officers	350
(b) Health Visitors	100
(c) General Medical Practitioners	103
Total	553
Number of children referred elsewhere	4
Number of children on "at risk" register at end of year ..	350

Dental Service for Expectant and Nursing Mothers and Young Children

1. *Attendances and Treatment.*

<i>Number of visits for treatment during year :</i>	<i>Children 0 - 4</i>	<i>Expectant and Nursing Mothers</i>
First visit	206	361
Subsequent visits	171	621

Number of additional courses of treatment other than the first course commenced during year	6	6
---	---	---

Treatment provided during the year.

Number of fillings	119	424
Teeth filled	103	399
Teeth extracted	273	469
General anaesthetics given	180	112
Emergency visits by Patients	152	36
Patients X-Rayed	2	19
Patients treated by Scaling and /or removal of stains from the teeth (Prophylaxis)	39	181
Teeth otherwise conserved	75	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	11
Number of Courses of Treatment completed during the year	73	201

2. PROSTHETICS.

Patients supplied with F.U. or F.L. (First time)	17
Patients supplied with other dentures	47
Number of dentures supplied	78

3. ANAESTHETICS.

General Anaesthetics administered by Dental Officers	131
---	-----

4. INSPECTIONS.

Number of Patients given first inspections during year	111	555
Number of these who required treatment	58	469
Number who were offered treatment	55	414

5. SESSIONS.

Number of Dental Officer sessions devoted to Maternity and Child Welfare Patients :	
For Treatment	266
For Health Education	10

Summary—1961-1967.

(a) Mothers.

Year	Attendances	Patients Inspected	Treated	Fillings	Extractions	General Anaesthetic
1961	311	138	59	46	156	—
1962	524	246	128	26	258	7
1963*	1,252	513	278	164	490	61
1964	1,404	578	353	163	410	68
1965	1,180	526	306	163	494	82
1966	1,324	545	319	231	455	108
1967	1,537	555	361	424	469	112

* First full year of inspections at the Charles Cookson Clinic.

(b) Children (under 5 years).

Year	Attendances	Fillings	Silver Nitrate	Extractions	General Anaesthetic
1961	190	—	12	285	170
1962	191	3	4	266	165
1963	179	3	9	192	134
1964	279	26	28	243	176
1965	330	78	31	253	164
1966	289	83	38	293	167
1967	377	119	56	273	180

Distribution of Welfare Foods

Number of items sold during the year :

National Dried Milk	..	..	..	..	..	..	11,522
Cod Liver Oil	..	..	..	..	..	..	2,073
A and D Vitamin tablets	..	..	..	..	..	..	4,213
Orange Juice	..	..	..	..	..	..	27,260
Ribena	..	..	..	..	..	..	3,707
Rose Hip Syrup	..	..	..	..	..	..	3,829
Carella Syrup	..	..	..	..	..	..	1,218
Ostermilk No. 2	..	..	..	..	..	..	6,630
Cow and Gate Milk	..	..	..	..	..	..	*1,225
Trufood	..	..	..	..	..	..	†173

*Sales commenced April, 1967.

†Sales commenced October, 1967.

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.

	1965	1966	1967
14 years	1	1	1
15 „	5	2	8
16 „	5	6	12
17 „	13	9	10
18 „	12	18	17
19 „	15	9	16
20 „	8	8	14
21—25 years	16	30	16
Over 25 years	24	12	9
Age not known	3	5	2
Total	102	100	105

2. Analysis of new cases.

	1965	1966	1967
Illegitimacy	102	100	105
Family and other problems	28	11	18
Applications to adopt ..	7	11	20
Total	137	122	143

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

	1965	1966	1967
No. of applications made	18	20	25
Number of mothers who went to Homes and paid own fees	—	—	—
Number of babies for whom fostering was arranged prior to adoption .. .. .	..	..	7

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	387
Doctor not booked	1
Number of cases delivered in hospitals and other institutions, but discharged and attended by domiciliary midwives before the tenth day	675

2. Number of visits by domiciliary midwives :—

Midwifery	7,201
Ante-Natal	5,732
Post-Natal	117
Early discharges	4,318

HEALTH VISITING SERVICE

1. Visiting	Number of	
	Cases	Visits
Children born in 1967	1,679	7,098
Children born in 1966	499	4,480
Children born 1962 - 1965	1,380	9,593
Persons aged 65 or over	414	1,202
Mentally disordered persons, at the special request of a general practitioner or hospital ..	11	17
Other mentally disordered persons	29	80
Persons discharged from hospital (excluding maternity or from mental hospitals) at the special request of a general practitioner or hospital	4	12
Other persons discharged from hospital (excluding maternity or from mental hospitals)	11	46
Tuberculous households	132	287
Other Infectious diseases	154	182
Expectant mothers	626	779
Post-Natal	2	16
School Health follow-up	326	728
Others	512	1,734
Unsuccessful	1,094	3,621
Total	6,873	29,875
2. Clinics etc.		
Vaccination and Immunisation Clinics		218
B.C.G. and Heaf Testing Clinics		43
School Health Inspections		257
School Minor Ailments Clinics		15
Cleanliness Inspections at Schools		321
Hospital Out-Patient Clinics		100
Health Education Talks (excluding Mothercraft and Relaxation Classes)		105
Other Clinics		1,528
Total		2,587

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	..	..	..	..	110
Aged 65 years and over	..	..	..	..	1,008
Others	..	..	..	..	591
Total					1,709

2. Number of visits made :—

Aged under 5 years	..	..	..	..	963
Aged 65 years and over	..	..	..	..	35,627
Others	..	..	..	..	13,288
					49,878

VACCINATION AND IMMUNISATION

1. Against Smallpox

				<i>Vaccinated</i>	<i>Revaccinated</i>
Under 3 months of age	..	..	..	—	—
3—6 months	..	..	..	—	—
6—9 months	..	..	..	—	—
9—12 months	..	..	..	24	—
1 year	..	..	..	384	—
2—4 years	..	..	..	151	8
5—15 years	..	..	..	167	358
15 years and over	..	..	..	—	—

2. Against Tuberculosis

				<i>Contact Scheme</i>	<i>School Children Scheme</i>
Number skin tested	—	99
Number found positive	—	14
Number found negative	—	72
Number vaccinated	—	68
					253

Vaccination of Persons under Age 16

Table 1. Completed Primary Courses.

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1967	1966	1965	1964	1960-1963		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	649	672	74	17	29	5	1,446
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	1	3	1	1	173	—	179
5. Diphtheria	—	—	—	—	—	—	—
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	1	—	—	—	—	1
8. Salk	—	—	—	—	—	—	—
9. Sabin	255	849	141	58	151	3	1,457
10. Diphtheria Lines 1, 2, 3, 4, 5	650	675	75	18	202	5	1,625
11. Whooping Cough Lines 1, 2, 3, 6	649	672	74	17	29	5	1,446
12. Tetanus Lines 1, 2, 4, 7	650	676	75	18	202	5	1,626
13. Polio Lines 1, 8, 9	255	849	141	58	151	3	1,457

Table 2. Reinforcing Doses.

1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	314	506	25	76	—	921
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	—	2	3	1,052	—	1,057
5. Diphtheria	—	—	1	—	4	—	5
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	—	—	—
8. Salk	—	—	—	—	2	—	2
9. Sabin	—	—	—	—	1,137	—	1,137
10. Diphtheria Lines 1, 2, 3, 4, 5	—	314	509	28	1,132	—	1,983
11. Whooping Cough Lines 1, 2, 3, 6	—	314	506	25	76	—	921
12. Tetanus Lines 1, 2, 4, 7	—	314	508	28	1,128	—	1,978
13. Polio Lines 1, 8, 9	—	—	—	—	1,139	—	1,139

3. Immunisation against Poliomyelitis—aged over 16

Number of persons completing course

Aged 16—20	..	..	..	..	..	4
Aged 21—30	..	..	..	..	..	9
Others	..	..	..	..	..	7
Total	..	..	..	..	..	20

AMBULANCE SERVICE

	SECTION 27				NON-SECTION 27			
	STRETCHER		SITTING		STRETCHER		SITTING	
	<i>Cases</i>	<i>Miles</i>	<i>Cases</i>	<i>Miles</i>	<i>Cases</i>	<i>Miles</i>	<i>Cases</i>	<i>Miles</i>
Accident and Emergency ..	2,999	21,748	736	6,163	—	—	—	—
Other ..	6,185	40,238	19,139	78,770	22	560	276	2,823
Rail ..	4	462	130	16,369	—	—	48	5,278
Hospital Car Service	—	—	3,054	31,630	—	—	6,945	34,082
Ambulance Bus	—	—	297	574	—	—	2,202	2,539
Hydraulic Lift Vehicles ..	—	—	8,540	29,357	—	—	5,045	10,561
Van Mileage ..	—	—	—	—	—	—	—	4,943
Out-Patients Carried = 27,769.								

	<i>Cases</i>	<i>Miles</i>
Total Mileage —		
Ambulances	62,546	Amb. Service .. 45,441
Sitting Case Vehicles ..	87,756	H.C. Service .. 9,999
Hydraulic Lift Vehicles ..	39,918	Agency .. 24,225
Bus	3,113	
Van	4,943	
	<u>198,276</u>	<u>79,287</u>
		<u>287,478</u>
TOTAL CASES CARRIED	45,441	

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a)	Number of recuperative holidays granted	38
	Number of recuperative holidays provided by voluntary agencies, where national and local schemes are not applicable	123
(b)	Number of persons in receipt of free milk at the end of the year	6
(c)	Chiropody Service—Number of new cases	347
	Number of treatments given	3,570
	Number of patients on register at end of year	1,131
	Number of Chiropodist sessions	608

MASS RADIOGRAPHY SERVICE

Number examined during year :—

Male	3,496
Female	1,676
Total	5,172

Analysis of Tuberculosis.

Active Tuberculosis — Close Clinical Supervision				
Male	Age 45/59	..	..	1
Female	Age under 15	..	..	1
	Age 35/44	..	..	1
Under observation — Occasional Out-patient Supervision				
Male	Age 45/59	..	..	1
Tuberculosis — healed				
Male	Age 25/34	..	..	2
	Age 35/44	..	..	1
	Age 45/59	..	..	2
Female	Age 25/34	..	..	1

<i>Non-Tuberculous Cases.</i>	<i>Male</i>	<i>Female</i>
Bronchial Carcinoma	6	3
Benign Tumours	1	—
Sarcoidosis	—	2
Acquired Cardiac Lesion	9	6
Pneumoconiosis	5	2
Bronchiectasis	2	2
Bacterial and Virus Infections of the Lungs	8	2
Pleural Effusion and Empyema	1	—
Bronchitis and Emphysema	6	—
<i>Other Abnormalities.</i>		
Abnormality of Bony Thorax	1	—
Foreign bodies	1	—
Pleural Thickening	5	1
Pulmonary Oesinophilia	—	1

CERVICAL CYTOLOGY CLINIC REPORT

1st January, 1967 to 31st December, 1967.

Appointments sent	1,671
Women attending for cervical cytology	1,296
Failed appointments	375

Findings obtained from cervical smear.

Definite Malignancy	8
Papanicolaou Grade III — requiring urgent follow-up	7
Papanicolaou Grade I and II	1,281
Inflammation — organism not specified	137
Trichomonal infection	19
Monilial infection	6

Findings obtained from physical examination.

Cervical erosion	..	..	..	..	120
Cervical polyp	..	..	..	..	51
Masses in breast	..	..	..	..	6
Fibroids	..	..	..	..	8
Cystocele	..	..	..	..	14
Stress incontinence	..	..	..	..	16
Pelvic cyst	..	..	..	..	6
Uterine prolapse	..	..	..	..	11
Urethral caruncle	..	..	..	..	2
Fixed retroversion	..	..	..	..	3
Cervicitis	..	..	..	..	2

All findings were reported to general practitioners concerned.

HOME HELP SERVICE

Number of cases provided with help during the year.

1. Aged 65 or over—	..	..	..	..	..	593
2. Aged under 65 on first visit:						
(a) Chronic sick and tuberculous	..	..	..	..	..	23
(b) Mentally disordered	..	..	..	..	..	9
(c) Maternity	..	..	..	..	..	43
(d) Others	..	..	..	..	..	60
3. Total number of cases	..	..	..	..	..	728

MENTAL HEALTH SERVICE

1. STAFF.

- 1 Head Social Worker A.A.P.S.W.
- 1 Social Worker C.S.W.
- 1 Social Worker S.R.N.
- 3 Part-time Mental Welfare Officers.
(including one holding the Certificate of Recognition of the Council for Training in Social Work).

Health Visitors undertake the supervision of subnormal children under 11 years of age.

2. NEW REFERRALS DURING THE YEAR

Source	Under age 16		Age 16 and over		Totals
	M.	F.	M.	F.	
(a) <i>Mentally Ill.</i>					
1. General Practitioners	—	—	17	72	89
2. Hospitals	—	1	11	22	34
3. Local Education Authority	—	—	—	—	—
4. Police and Courts	—	—	6	4	10
5. Other Sources	13	6	24	29	72
TOTALS	13	7	58	127	205

(b) *Mentally subnormal.*

1. General Practitioners	—	—	—	—	—
2. Hospitals ..	—	—	6	3	9
3. Local Education Authority ..	1	—	1	—	2
4. Police and Courts	—	—	1	—	1
5. Other Sources	3	3	3	5	14
TOTALS ..	4	3	11	8	26

(c) *Other Children under care of the P.S.W.*

	M.	F.	Totals
1. School M.O's	3	—	3
2. Child Guidance Clinic	25	12	37
3. General Hospital O.P. Clinics	—	2	2
4. General Practitioners	—	1	1
TOTALS	28	15	43

3. PATIENTS UNDER LOCAL AUTHORITY CARE AT END OF YEAR.

	<i>Under age 16</i>		<i>Age 16 and over</i>		<i>Totals</i>
	M.	F.	M.	F.	
(a) Mentally ill.	4	—	103	146	253
(b) Mentally subnormal	16	15	65	45	141
TOTALS ..	20	15	168	191	394

4. TRAINING CENTRES.

Number of trainees at end of the year.

	M.	F.	Totals
(a) Junior Training Centre (under age 16)			
Subnormal	3	1	4
Severely subnormal	12	10	22
Nursery class	5	2	7
Diagnostic unit	9	5	14
TOTALS	29	18	47
(b) Senior Training Centre (age 16 and over)			
Subnormal	8	7	15
Severely subnormal	18	13	31
TOTALS	26	20	46

5. ADMISSIONS BY M.W.O's TO PSYCHIATRIC HOSPITALS.

		1966			1967		
		M.	F.	Total	M.	F.	Total
(a)	Informal	13	19	32	12	17	29
(b)	Observation (S.25) ..	8	12	20	8	14	22
(c)	Treatment (S.26) ..	2	3	5	4	2	6
(d)	Emergency (S.29) ..	24	19	43	12	20	32
TOTALS ..		47	53	100	36	53	89
(e)	Patients examined but not admitted ..	22	20	42	10	11	21

In 1967 35% of all the admissions by the Mental Welfare Officers were under Section 29 (Emergency) as compared with 43% the previous year.

Informal admissions amounted to 32% of all admissions by the Mental Welfare Officers, the same as in 1966.

6. ADMISSIONS TO HOSPITALS FOR THE MENTALLY SUBNORMAL.

Hospital	Short-term	Informal	Court Orders	Totals
Stoke Park Hospital ..	2	6	—	8
Hortham and Brentry Hospitals	3	—	1	4
TOTALS	5	6	1	12

During the year a number of young subnormals were admitted to Over Hospital for short-term care.

At the end of the year there were eight patients waiting for admission to hospital for long-term care, one of these being in urgent need of hospital care.

7. RESIDENTIAL ACCOMMODATION.

At the end of the year three patients were being maintained in residential accommodation (other than hospital), one at The Home Farm Trust, Frocester, one at St. Teresa's Hostel, Farnham, Surrey and one at Merrowdown, Cheltenham (Gloucestershire County Council Hostel).

8. GUARDIANSHIP.

At 31st December, 1966, there was one female subnormal under the Guardianship of the Local Health Authority. She was discharged in November, 1967.

Two men were placed under Guardianship during the year, one being subsequently admitted to hospital under a Court Order. This left one man under Guardianship at the end of 1967.

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.

				<i>Premises</i>	<i>Places</i>
(a)	Factory premises	..	..	—	—
(b)	Other premises	..	..	5	73
(c)	Daily minders	..	..	6	155

3. NURSING HOMES.

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

3 61

4. OLD PEOPLE'S HOMES.

Registrations under the National Assistance
Act, 1948

7 94

SECTION I

SCHOOL HEALTH SERVICE

EDUCATION COMMITTEE

1966-67

Chairman :

Alderman Mrs. M. L. Edwards

Vice-Chairman :

Councillor C. Collins

Members :

Councillor A. G. Neal (Mayor)

Alderman W. J. Smith

Alderman G. A. H. Matthews,
M.B.E.

Alderman K. A. H. Hyett

Councillor Mrs. F. E. Fitch

Councillor Mrs. F. S. Creese

Councillor A. Ross

Councillor F. H. Gibbs

Councillor W. D. Paterson

Councillor P. W. Robinson

Councillor M. G. Dalling

Councillor Mrs. L. A. Reeves

Councillor D. J. Roberts

Rev. Canon K. F. Evans-Prosser

Rev. Canon M. J. Roche

Rev. T. J. Lander

Mr. L. A. Buttling, B.Com.

Mr. H. J. Skinner

Mr. S. Smith

Mr. F. Stephenson

1967-68

Chairman :

Alderman A. G. Neal (Ex-Mayor)

Vice-Chairman:

Councillor P. W. Robinson

Members :

Alderman K. A. H. Hyett (Sheriff)

Alderman G. A. H. Matthews,
M.B.E.

Alderman V. T. G. Bennett

Councillor F. H. Gibbs

Councillor M. G. Dalling

Councillor Mrs. L. A. Reeves

Councillor D. J. Roberts

Councillor Miss M. Colwell

Councillor L. White

Councillor R. Dwyer

Councillor J. A. Johnson

Councillor Mrs. N. M. Leighfield

Councillor Mrs. D. M. Mathers

Rev. Canon K. F. Evans-Prosser

Rev. Canon M. J. Roche

Rev. T. J. Lander

Mr. F. Stephenson

Mr. L. A. Buttling, B.Com.

Mr. H. J. Skinner

Mr. C. Collins

S T A F F

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

DENNIS W. G. BRADY, M.B., CH.B., D.P.H., Deputy Medical Officer of Health, 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.

MARY JAMES, L.R.C.P. (Edin.), L.R.C.S. (Edin.), L.R.F.P. & S. (Glas.), Assistant Medical Officer of Health and School Medical Officer.

L. V. MARTIN, M.B., B.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., N. TIBBITTS, School Dental Officers (Part-time).

MRS. D. HAWKER, Dental Auxiliary.

MISS A. E. JENNINGS, Dental Auxiliary.

MRS. R. TAYLOR, Dental Hygienist (Part-time).

MISS M. RAMSAY, MISS J. M. STEVENSON, Dental Surgery Assistants.

MRS. M. L. BRICE, S.E.N., MRS. J. KIRKBY, MRS. E. H. QUIRK, R.M.N., MRS. R. ROBINS, MRS. I. WOOLLES, 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. BLOORE, MRS. M. CRAIG, MRS. D. G. GORDON-WILSON, MISS E. M. B. JAMES, MISS C. JONES, MISS J. MACNAMARA, MISS A. E. NEWMAN, MRS. R. O'GORMAN, MRS. N. PRIESTLEY, MRS. V. PUSEY, MISS R. S. ROUTLEDGE, MRS. E. A. SHORE-NYE, MRS. V. B. SMITH, MISS P. M. TAYLOR, MRS. I. M. WATHEN, MISS D. M. WOOD, Health Visitors/School Nurses.

MRS. R. M. HILL, School Nurse (Part-time).

J. F. KELSALL, B.A.(HONS.), DIP.PSYCH., A.B.P.S.S., Educational Psychologist.

MRS. S. P. CLARK, L.C.S.T., MISS F. GRAY, L.C.S.T., Speech Therapists.

MISS C. SOUTHERN, Audiometric Technician.

MRS. A. M. WILLIAMS, Physiotherapist (Part-time).

SCHOOL HEALTH SERVICES

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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, Alderman and Councillors
of the City of Gloucester.

I have the honour of presenting the Annual Report of the School Health Service for 1967.

Progress in the School Health Service and in the provision of special education has become so constant and so expected that it is useful at times to stop and to apprise ourselves of the recent improvements and of the excellent systems which have been built up over the years.

Of the Special School for Educationally Subnormal Children, I do not need to say much. It is a very well visited place and it is now well-known for its having, under the wing of the Headmaster, a department which in other places would be called the Junior Training Centre ; the premises are new, purpose built and well appointed and a credit to the City.

We all know that Oak Bank School has a long history beginning very many years ago as a school for the delicate. I think it would be true to say that there are always new developments in Oak Bank School. As the members of the Council know, by far the greatest number of children in the school fall within the category of physically handicapped (included perhaps in that term are those respiratory and cardiac cases who, in the past, would have been labelled under that very peculiar term "delicate"). It is hoped that the few maladjusted pupils who receive education in Oak Bank will shortly be transferred to the special Day Unit for the Maladjusted, which was temporarily deferred on account of lack of finance. During the year, there has been in Oak Bank the appointment of a full-time swimming instructress and an increase in the physiotherapy sessions.

There are now, in the City, two Units for the Partially Deaf in the primary and secondary age groups and these, of course, are very valuable acquisitions. However, starting even further back in the regions of early assessment, we now have employed a full-time audiometrician who has developed a very good link up with the Consultant E.N.T. Surgeon's Assessment Clinic. We are, of course, continuing to enjoy co-operation with the County as far as peripatetic teachers of the deaf are concerned.

The appointment by the Health Department of a Health Education Officer has meant that there is available for schools in the City a full, well devised and regulated health education programme. Although we have found during the year great difficulty in recruiting speech therapists, the Education Committee during the year increased the establishment of speech therapists. At the time of writing, we have a full establishment and are, at least, making some inroads into the waiting list for this very important part of the service. With a certain amount of cynicism about bits of gimmickry, we introduced during the year two sets of telebinocular apparatus for the comprehensive visual testing and one is now very gratified to find that these have found considerable favour amongst Head Teachers and Health Visitors alike, thus enabling accurate testing to be done very quickly and accurately in the limited confines available in most schools.

Concerning the Dental Services, we have on other pages of the Report, a full account by the Principal Dental Officer of the development of the Service.

For some years, the City has done selective medical inspections for the pupils in the intermediate age group and the school leaving group ; we have now been getting around to the principle that more full examinations are required for the school leavers, although we continue to obtain most of our basic information from a questionnaire completed by the parents and a general sort of interview with each pupil. Many of us would feel that the interview part is of integral importance and will become more so with each successive generation of leavers, there being evident amongst this group an increased desire for frank and outspoken discussion.

The building of the new central department and health clinic at Rikenel will mean that the School Clinic facilities will be, in about one year from now, improved out of all recognition and facilities such as the special clinics and treatment clinics, the foot care clinic, the nocturnal enuresis clinics and immunisation sessions, etc., will take place in surroundings more in keeping with their nature.

Report of the Principal School Dental Officer for the year 1967

It is no truism to say that all worthwhile things have small beginnings, and this is true of school dentistry both in the United Kingdom and in the City of Gloucester. In 1920 a school dental clinic was inaugurated in the condemned but reconditioned Mitre Inn in New Inn Lane, which premises also housed the Public Health Department. The dental officer in charge was Mr. Launcelot Machin, who had been the assistant dental officer at Cambridge, the Mecca of school dentistry. A man of vision he was instrumental in introducing treatment for mothers under the welfare scheme as early as September 1921 and for "toddlers" in 1925. Let Mr. Machin describe the Genesis of school dentistry in Gloucester in his own words. "The dental department of the Health Office was opened for treatment on the 3rd of June in the year 1920. The proper equipment had not arrived but it was possible to perform extractions and simple work for the relief of pain (with dental forceps borrowed from Over Hospital and certain equipment belonging to the School Dentist)". A reply from a mother to a dental treatment letter issued at a school dental inspection in 1923 read — "My child isn't to have his teeth pulled about nor vaccinated". Need one add that there was a smallpox scare in 1923.

In the first joint report by Dr. Bibby as the Medical Officer of Health for the City and Port, and as School Medical Officer in the year 1924 there is a brief report by Mr. Machin, who comments that all the Elementary schools had dental inspections during the year in the 5 to 11 years age-group, one group more than in the previous year. In the same report he says, "It is generally accepted that the food that most of us eat must be very carefully cleansed away from the teeth after every meal, and in this respect the teaching profession can render valuable assistance".

There seems to have been little opposition to the introduction of school dentistry, or if there was no record has survived in official documents. In the Medical Officer of Health's report for 1923 Mr. Machin says of the doctor's attitude towards treatment for mothers under the welfare scheme, "it was found that some of the medical men regarded the scheme as an inception of a kind of state dentistry with which they had no sympathy".

Also concerning the reaction of the mothers, "there is frequently a suspicion present in people's minds that the scheme is a 'charitable' concern". It is surprising that in Gloucester where there was such a violent reaction to vaccination and more recently in fluoridation that local authority dentistry was accepted so calmly.

The Public Health department moved to 19 Eastgate Street in 1927, in which year there was a Health Week and the opening meeting was held on Sunday evening after Church hours at the Hippodrome. The list of subjects dealt with by talks, films and demonstrations sounds somewhat macabre — T.B., V.D., 'Flu, teeth, pure milk, flies, rats, sunlight and safety first. The Old Corn Exchange was used for meetings during the week and approximately 1,250 children from the older age group in the elementary schools and scholars from the evening and technical schools saw two films 'The Gift of Life' and 'Your Teeth', the former on general health.

'Temporary quarters' — how often have we heard this expression in local government? Yes, in 1928 the dental clinic took up its temporary quarters in the Guildhall and stayed there until January 1931 when further temporary accommodation was taken in Belsize House. The sequence of co-habitation is significant — in the old Mitre Inn with the Medical Officer and the Public Health staff; at the Guildhall with the Town Clerk and his staff; and at the Education Office with the Education Officer and staff.

The period at the Guildhall was notable for the introduction of a policy to increase the rate of acceptance at the school clinic. In 1930 Mr. Machin states "last year experiment was made on slightly different lines. Whenever treatment was found at school inspection to be advisable a printed form was sent to the parent as usual, but with the additional statement that 'refusal' of treatment would now mean refusal for twelve months; that the child would be debarred from attending the dental clinic for that period of time.

Results were very good. Figures for 1930 show more acceptances of treatment than ever before. Some of the 'refusing' parents could not believe that they, in their turn, should be met with refusal, but the plan was carried out thoroughly, though it went 'against the grain' to appear callous.... Exceptions made were the cases specially recommended by the Medical Officers".

His comment in 1931 was briefer — "The plan of refusing treatment to 'casual' patients whose parents consistently decline the annual offer after school inspection has had good results in the rate of acceptance of that routine offer", but adds Mr. Machin "no school really improves for long without the sustained interest of the head teacher, but it is known that most of them think the refusing of treatment to 'delinquents' will help".

In presenting a survey of the first ten years of school dentistry in Gloucester the dental officer comments on the efforts made to educate children and parents. He says "During the ten years under survey there have been numerous 'talks' given to groups of parents, lectures (5 lantern) have been staged, countless pamphlets have been sent to children's homes and nurses and teachers have all tried to impress the importance of regular treatment".

The path of the health educator seldom runs smoothly and this is revealed in the efforts to promote dental health education in the next ten years. "In 1932 there was no improvement in the teeth of the entrants at the Infant schools owing", says Mr. Machin, "to the failure to obtain the special services of a nurse for Tooth-brush Drills in the schools. Some schools previously commended for clean teeth suffered from the influx of children from other parts of the city. Older girls had better teeth than the boys as they were obviously more regular and intelligent users of their toothbrush than the boys, the old slogan of 'clean teeth do not decay' should not be discarded. There are many indications that clean teeth are less likely to decay than dirty ones".

In 1934 Mr. Machin somewhat sadly states, "Dental 'lectures' have been discontinued. The children's ordinary teachers have most influence in regard to general cleanliness, and teeth cleaning in particular; and they are using this influence. Details about the anatomy and pathology of teeth prove to be undesirable. Lecturers who speak about the nerves in teeth create 'nerves' of a different sort in their little hearers, and diagrams of teeth and the 'horrors caused by dental neglect', especially when coloured, do not frighten children into wanting to obtain dental treatment but have the opposite effect. Indeed the same remark applies to many grown-ups. . . . especially the type of parent whom we wish to influence".

The picture is brighter in 1935 when Mr. Machin reports, "Early in the year the appointment of an assistant dental nurse was established. Her duties are confined to the morning sessions only and consist in the conducting of parties of small children from their respective schools to the clinic and back. . . . and last but not least, to hold tooth-brush classes among the waiting children whenever time permits.

In some parts of the world instructresses are being employed to go from school to school and give demonstrations and lessons concerning mouth hygiene. (In America they are called Dental Hygienists.)

Very few people know how to clean their teeth and we must consider the gums as well. . . . Amongst Gloucester children 'bad gums' are only seen among the lazy children".

We get an even different picture in 1937. Mr. Machin says "As children so often show poor teeth when they first come to school at ages 3, 4 and 5, there seems to be something radically wrong with the modern scientific foods that mothers and babies live on. . . .

Speaking of cleanliness there is reason to rejoice over the steps which are being taken now in our Infant and Junior schools. The modern nursery class is not considered complete without its daily toothbrush drill, and the sight of well-used brushes in the cloak-rooms is a cure for dental depression. School dentists suffer from the harm which well-meaning people are doing in teaching the children the structure of their teeth as they always apparently lay great stress on the 'nerve'."

There were no written reports from 1939 to 1945 owing to the war. The 1946 report continues this story of the fluctuating campaign for dental health. We read, "During the last few years I have noted a definite improvement in children's teeth. I would suggest that this is due to the healthy and

restricted diet they have been receiving. It is the low cost of the necessary rationed foodstuffs, the more correctly planned and wholesome meals they are having both at their homes and at the schools and the absence of sweets and sweetened foods to which I attach the greatest importance". He also raises again the problem of the wrong but good intentioned teaching of some people and concludes his remarks, "it is inevitable that any interested adult will try to frighten children into cleaning their teeth. They frighten the children only too well".

The dental treatment centre was housed in its temporary quarters at Belsize House for just over 15 years. Let Mr. Machin tell the story of the move to a more suitable establishment. "The dental treatment centre closed down at Belsize House at the end of the Summer term 1946 and re-opened at The Lawns, Brunswick Road in September.

We have always had to mend and make do for our clinics, but this move promises better. The children are appreciating their nice lofty waiting-room with its view of the street and all its interesting traffic. they had such a melancholy little waiting-room at Belsize House — not that they were always melancholy in it".

In addition to this spacious waiting room there was a conservation surgery, in which two dental chairs were eventually installed, an anaesthetics extraction room, and a small recovery room-cum-office.

The treatment of 'casuals' was mentioned again in 1950. Believing that "One hour of a dentist's time spent on children of Primary school age" was worth more than many spent on older children the interruptions due to emergency treatment were deplored. First the Royal Infirmary declined to treat 'casuals'. Then the influx of evacuees disrupted things. The last straw was in 1948 when the introduction of the National Health Service caused dental practitioners to push the 'casual' child back onto the clinic. However, Mr. Machin comments "I do hear now that some dentists are not so busy and I do not think there will be any cases of children suffering, for long, from toothache for want of professional treatment".

As the school population grew and the demand for dental treatment increased every effort was made to obtain further dental officers. Mr. Rex G. Boodle has given sessional assistance since 1936, Mr. James R. Cond since 1956 and Mr. Nigel Tibbitts since 1960. Mr. Michael J. Bartlett also gave similar service from 1951 to 1963. During recent years nine other dental surgeons have been similarly employed. But Mr. Machin's hope of a full-time dental officer was never fully realised, for in 1953 Miss Campbell commenced her duties in that capacity and in less than twelve months left to get married. It was not until 1962 that Mr. A. John Lane took up his duties as assistant dental officer and in recognition of his services and extra responsibilities has recently been promoted as Senior Dental Officer.

The good work of Mr. Machin, although not its results, came to an end in July 1954. Dr. Charles Cookson, the Medical Officer of Health, in paying tribute to Mr. Machin's thirty-four years of faithful service reminds us that dentistry is pre-eminently a personal service and hard to compare statistically with other services. He felt that Mr. Machin's success was due to his personal approach, which was quiet and unruffled, and that he had

a kind word for everyone. He adds that it was also inevitable that Miss E. A. Chambers, the senior dental attendant, who had been associated with the work for thirty-three years should retire at the same time.

Mr. Machin was succeeded by Mr. E. G. H. Lightfoot, who soon reported to the Education Committee that the dental clinic was now inadequate. His report was acted upon insofar as plans were drawn up for a new Clinic, but after four years of frustration with no sign of a new building he resigned to take the principal post at Brighton, where there was a modern dental clinic.

The writer of this report became the third principal dental officer in October 1958. Dr. C. Cookson comments in his report for the following year "Mr. J. P. Wilson has brought an enthusiasm and drive, especially to preventive work, which is refreshing". It was certainly refreshing to have such a co-operative and encouraging colleague as Medical Officer of Health, who in 1961 writes concerning the dental officer's report, "As his report tends to get lost at the very end of this report, I am putting it next to this introduction in order to emphasise its importance".

There is still no new clinic but when Ivy House, formerly occupied by a dental practice, became vacant the Education Committee took over the premises. So yet again temporary quarters were utilised, although much larger than any previous ones.

There are now four conservation surgeries, an anaesthetics surgery, a recovery room, two offices, a staff room and a dark room. In my 1965 report I commented "It may be a handicap to be in an old building but in many ways its atmosphere is more homely". Further alterations and extensions are planned in the near future, but one day a modern building may be erected to house this department. Let us hope that the right atmosphere will prevail even then.

Due to the encouragement of the Committee and the Medical Officers of Health it has been possible to make dental education the main emphasis over the last nine years. The use of ancillary personnel has been a great help in this respect, and most of the head teachers and their staffs have recognised the value of this teaching. In 1967 three schools took the initiative and ran their own projects, consulting us in several ways. Is it naive to claim that this work has borne its fruits in the smaller number of children requiring treatment each year?

In 1967 the major event was the absorption of new areas due to boundary changes. With 2,500 extra children to inspect and treat, and with the deferment of extra staff, it was not possible to visit all the schools, although a record number of children were inspected at school. Less treatment was carried out, except for orthodontic treatment, but under the welfare scheme there was an all round increase in treatment both for mothers and pre-school children. Whilst we are endeavouring to treat the unborn child, the toddlers and the earlier age groups at school, the older children are still welcome and the amount of work done for them has been maintained. Perfection may be a long way off but we have travelled a long way since the old Mitre Inn was first utilised in 1920.

STATISTICS

2. ATTENDANCES AND TREATMENT.

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
First Visit	2,176	1,489	413	4,078
Subsequent Visits ..	2,019	2,368	695	5,082
Total Visits	4,195	3,857	1,108	9,160
Additional courses of treatment commenced ..	29	57	20	106
Fillings in permanent teeth	942	2,602	945	4,489
Fillings in deciduous teeth	766	51	—	817
Permanent teeth filled ..	767	2,243	851	3,861
Deciduous teeth filled ..	701	49	—	750
Permanent teeth extracted	135	669	187	991
Deciduous teeth extracted	3,252	590	6	3,848
General anaesthetics ..	1,819	734	123	2,676
Number of Pupils X-rayed ..			166	
Prophylaxis			1,251	
Teeth otherwise conserved ..			1,269	
Number of teeth root filled			8	
Inlays			—	
Crowns			18	
Courses of treatment completed			2,584	

3. ORTHODONTICS.

Cases remaining from previous year ..	70
New cases commenced during year ..	61
Cases completed during year ..	30
Cases discontinued during year ..	2
No. of removable appliances fitted ..	71
No. of fixed appliances fitted ..	1
Pupils referred to Hospital Consultant ..	—

4. PROSTHETICS.

	5 to 9	10 to 14	15 and over	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time) ..	—	1	—	1
Pupils supplied with other dentures (first time) ..	1	20	7	28
Number of dentures supplied	1	22	8	31

5. ANAESTHETICS.

General anaesthetics administered by Dental Officers ..	1,442
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6. INSPECTIONS.

(a) First inspection at school. Number of Pupils ..	12,034
(b) First inspection at clinic. Number of Pupils ..	797
Number of (a) + (b) found to require treatment	7,837
Number of (a) + (b) offered treatment ..	5,798
(c) Pupils re-inspected at school or clinic ..	279
Number of (c) found to require treatment ..	186

7. SESSIONS

Sessions devoted to treatment	.. ..	1,420
Sessions devoted to inspection	.. ..	151
Sessions devoted to Dental Health Education		226

THE SCHOOL PSYCHOLOGICAL SERVICE

Report by the Educational Psychologist :—

The School Psychological Service is confronted with a familiar dilemma. The more freely its services are made available the more it is swamped with demands. The better one task is done the more likely others are to be presented to be tackled. The potential demand is unknown because it has never been satisfied. This difficulty has been made greater by the boundary extension which took place a third of the way through 1967 yet the added population accounted for no less than 10% of the year's work. Since this service began five years ago the number of schools has now risen from 46 to 55 and children from roughly 13,000 to 17,000.

One way of meeting this difficulty has been to see younger children rather than older and thus prevent small problems becoming large ones. Moreover children who have difficulties in development seem likely to continue to have them in some degree whatever help is given. They remain vulnerable. There is therefore much to be said for such children being identified as soon as possible so that an eye can be kept on them. Thus the school psychological service has some 8% to 10% of all children now at Junior Schools so identified. This 10% probably accounts for most of the vulnerable ones and as this body of children pass into Secondary Schools a watch can be kept on them. Likewise the sooner, at the Infant Stage, this 10% can be identified the better.

The pressure on this Service would ease considerably if richer provision existed for those in need. Thus the provision of a day unit for maladjusted children in the City which was approved of in principle by the Council eight years ago would help a great deal. In particular it would provide an encouraging atmosphere for the extremely shy non-speaking child and a tension-reducing environment for the very aggressive. It would provide one possible route back to school for the child who is refusing to go at all. We look forward to this unit coming into existence soon and notice that the Seebohm Report urges that maladjusted children should have more day provision.

Lastly a review of the year's work reveals an even greater number of boys requiring help. For every nine boys only two girls have emotional or educational problems severe enough to bring them to the notice of the School Psychological Service. This conundrum has as yet escaped solution.

STATISTICS

Population of Gloucester	..	..	..	..	..	..	89,620
School Population	..	..	..	..	..	..	17,123

Distribution of School Population

			<i>No. of Schools</i>	<i>No. on Rolls</i>
Primary Schools	..	..	37	9,880
Secondary Schools	..	..	15	6,970
Special Schools	..	..	2	273

Medical Inspections

1. Examination of Children for :
 - (a) Fitness for Employment 206
 - (b) Requiring Special Educational Provision 63
2. Examination of Candidates for Teachers' Training Colleges .. 75

B.C.G. Vaccination

1. School Children Scheme.

Number skin tested	..	..	..	..	980
Number found positive	..	..	..	..	125
Number found negative	..	..	..	..	855
Number vaccinated	..	..	..	..	855

Handicapped Children

LONGFORD SCHOOL. This is a Special School for educationally subnormal children. Longford provides 203 places, of which 152 are occupied by City children.

OAK BANK SCHOOL. The total attendance at the end of 1967 was 70 of whom 21 were from outside the City. The City cases are as follows :

- 2 Partially hearing.
- 50 Physically handicapped.
- 10 Delicate.
- 4 Maladjusted.
- 4 Epileptic.

There were 14 admissions from the City during the year.

HOME TEACHING. 3 children received home tuition because of their inability to attend any school. The causes of their disabilities were muscular dystrophy, haemophilia, congenital heart.

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 :

- 4 Partially sighted.
- 5 Partially hearing.
- 2 Physically handicapped.
- 12 Maladjusted.
- 16 E.S.N.
- 1 Speech

Medical Inspection of Pupils attending Maintained Primary and Secondary School (including Nursery and Special Schools)

1. TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical condition of pupils inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-Satisfactory		For defective vision (Excluding Squint)	For any other condition	Total Individual Pupils
1963 and later	85	85	—	—	4	7	11
1962	626	626	—	—	23	26	49
1961	809	809	—	—	21	35	56
1960	209	209	—	—	9	11	20
1959	268	268	—	—	9	17	26
1958	146	146	—	—	14	15	29
1957	174	174	—	—	13	9	22
1956	224	224	—	—	31	9	40
1955	173	173	—	—	50	5	55
1954	141	141	—	—	46	2	48
1953	469	469	—	—	55	5	60
1952 and earlier	792	792	—	—	57	4	61
TOTAL	4,116	4,116	—	—	332	145	477

2. OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	223
Number of Re-Inspections	..	..	..	..	1,397
Total	..	..	..	..	1,620

3. INFESTATION WITH VERMIN.

Total number of individual examinations of pupils by School Nurses	..	..	..	..	34,248
Total number of individual pupils found to be infested	..	..	..	..	864
Number of pupils in respect of whom Cleansing Notices were issued (Section 54 (2), Education Act, 1944)	..	..	..	..	66
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 an Audiometrician during the first year after entry. The School Medical Officer refers to local audiology clinic (Hospital E.N.T. Consultant) if considered necessary.

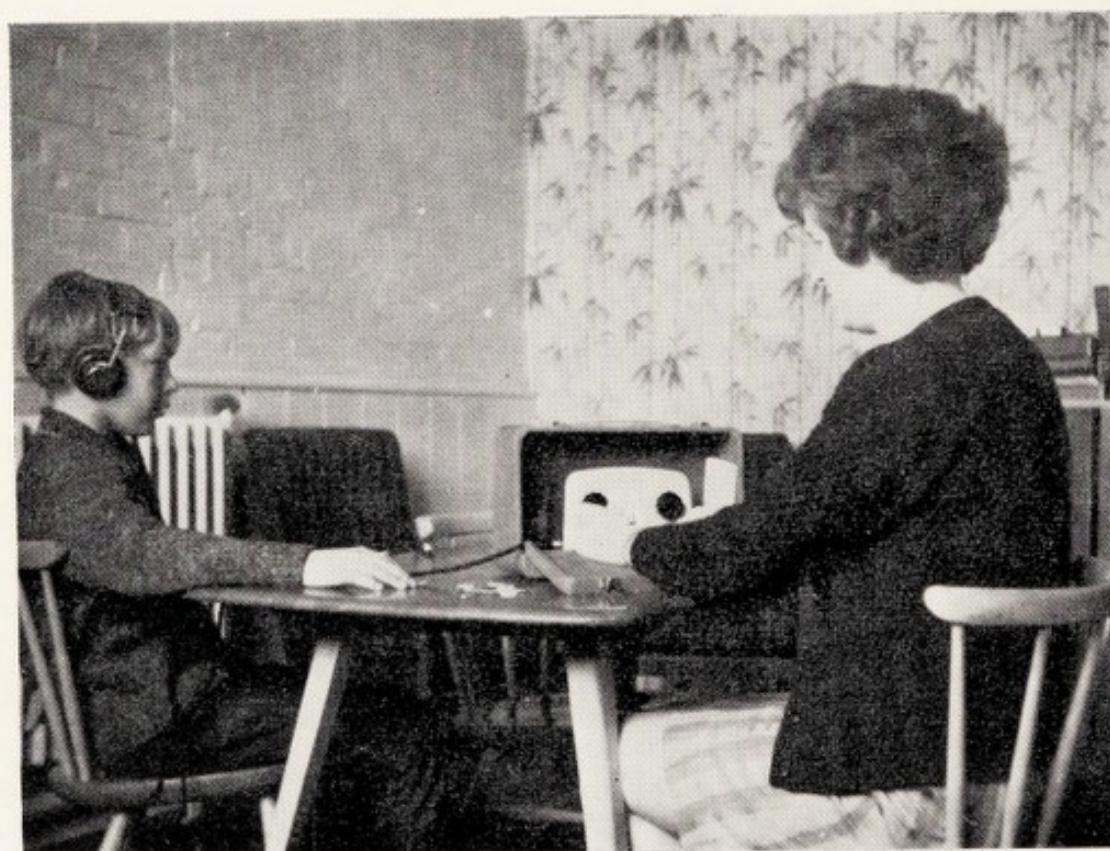
DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR.

DEFECT OR DISEASE		PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	Special Inspection
Skin	T	1	1	1	3	2
	O	55	15	16	86	26
Eyes— <i>a.</i> Vision	T	58	222	45	325	98
	O	423	315	159	897	287
<i>b.</i> Squint	T	—	—	—	—	—
	O	—	—	—	—	—
<i>c.</i> Other	T	2	5	—	7	—
	O	6	56	12	74	7
Ears— <i>a.</i> Hearing	T	26	6	12	44	36
	O	45	16	36	97	61
<i>b.</i> Otitis Media	T	1	—	—	1	1
	O	14	2	4	20	4
<i>c.</i> Other	T	—	—	—	—	—
	O	10	—	—	10	3
Nose and Throat	T	15	1	4	20	4
	O	175	17	29	221	58
Speech ..	T	4	1	1	6	6
	O	19	2	3	24	23
Lymphatic Glands	T	5	—	—	5	—
	O	70	3	11	84	14
Heart	T	—	5	1	6	2
	O	22	5	4	31	28
Lungs	T	—	—	—	—	1
	O	26	12	8	46	26
Developmental <i>a.</i> Hernia	T	—	—	—	—	3
	O	8	—	—	8	—
<i>b.</i> Other	T	—	—	—	—	—
	O	1	2	1	4	3
Orthopaedic <i>a.</i> Posture	T	6	—	3	9	3
	O	54	8	10	72	25
<i>b.</i> Feet	T	4	—	1	5	4
	O	27	30	5	62	22
<i>c.</i> Other	T	—	—	—	—	—
	O	1	2	—	3	5

DEFECTS FOUND BY INSPECTIONS—contd.

DEFECT OR DISEASE		PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	Special Inspection
Nervous System a. Epilepsy	T	—	—	—	—	—
	O	8	5	1	14	17
b. Other	T	—	—	—	—	—
	O	—	1	2	3	3
Psychological a. Development	T	12	1	4	17	7
	O	80	24	27	131	104
b. Stability	T	4	—	24	28	25
	O	87	10	39	136	66
Abdomen	T	—	—	1	1	—
	O	2	5	1	8	2
Other	T	—	—	—	—	1
	O	22	13	12	47	21

T=Tested
O=Observed.



Audiometric Testing.

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	—
Errors of refraction (including squint)	50
Number of pupils for whom spectacles were prescribed ..	71

(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	145
(iii) for other nose and throat conditions	7
Received other forms of treatment	5
Number of pupils in schools who are known to have been provided with hearing aids —	
(i) in 1967	4
(ii) in previous years	40

(c) Orthopaedic and Postural defects :

Pupils treated at clinics or out-patients departments ..	—
Pupils treated at school for postural defects	20

(d) Diseases of the Skin (excluding uncleanliness) :

Ringworm—Scalp	—
Body	—
Scabies	—
Impetigo	5
Other skin diseases	32

(e) Child Guidance Treatment :

Pupils treated at Child Guidance Clinics	102
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(f) Speech Therapy :

Pupils treated by Speech Therapist	77
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(g) Other treatment given :

Pupils with minor ailments	196
Pupils who received convalescent treatment under School Health Service arrangements	38
Pupils who received B.C.G. Vaccination	855
Accidents	76
Diabetes	3
Rheumatism	1
Enuresis	53

TOTAL	1,222
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1.	Dr. Didsbury	C. 407
2.	Mr. Morley Parry	A. 449 421
3.	Mr. Perry	A. 405

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