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# County Borough of Gloucester



Annual Report of The Medical Officer of Health  
and Principal School Medical Officer, 1970





# County Borough of Gloucester



## **ANNUAL REPORT**

OF THE

### **MEDICAL OFFICER OF HEALTH**

FOR THE

### **CITY AND PORT OF GLOUCESTER**

FOR THE YEAR 1970

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## **ANNUAL REPORT**

OF THE

### **PRINCIPAL SCHOOL MEDICAL**

### **OFFICER**


FOR THE YEAR 1970

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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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## COMMITTEES

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1969-70

### SOCIAL SERVICES COMMITTEE

*Chairman :*

Councillor L. C. White

*Vice-Chairman :*

Councillor Mrs. D. M. Mathers, J.P.

*Deputy Chairman :*

Councillor A. Ross

*Members :*

The Mayor (*ex-officio*)

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

Alderman R. E. H. Moulder  
Councillor Mrs. L. A. Reeves  
Councillor Mrs. N. Leighfield  
Councillor Miss F. L. E. Wilton  
Councillor P. W. J. Dewsnip  
Councillor J. R. Hancock  
Councillor D. J. Knight  
Councillor J. M. Allison  
Councillor J. E. Logue  
Councillor Mrs. M. G. P. Nurse  
Councillor N. P. Partridge

### NATIONAL HEALTH SERVICE SUB-COMMITTEE

All the members of the Social Services Committee, with the following co-opted members :

Dr. F. W. Millard  
Dr. K. Pritchard  
Mr. J. H. Tee, B.D.S., L.D.S.  
Mrs. K. Heal, S.R.N.  
Mrs. H. F. Etheridge  
Mrs. E. M. White  
Mrs. V. G. Lawson  
Mrs. P. W. G. Pickthorn  
Mrs. V. B. G. Leach  
Mrs. E. E. Chandler.

1970-71

### SOCIAL SERVICES COMMITTEE

*Chairman :*

Councillor L. C. White

*Vice-Chairman :*

Councillor A. Ross

*Members :*

The Mayor (*ex-officio*)

Alderman Miss F. L. E. Wilton  
(Deputy Mayor)  
Alderman G. A. H. Matthews,  
M.B.E.

Councillor J. Robb  
Councillor Mrs. L. A. Reeves  
Councillor Mrs. N. Leighfield  
Councillor Mrs. D. M. Mathers,  
J.P.  
Councillor P. W. J. Dewsnip  
Councillor J. R. Hancock  
Councillor J. E. Logue  
Councillor Mrs. M. G. P. Nurse  
Councillor N. P. Partridge  
Councillor R. C. Davies  
Councillor Mrs. D. D. Dwyer

### NATIONAL HEALTH SERVICE SUB-COMMITTEE

All the members of the Social Services Committee, with the following co-opted members :

Dr. K. Pritchard  
Mr. J. H. Tea, B.D.S., L.D.S.  
Mrs. K. Heal, S.R.N.  
Mrs. E. M. White  
Mrs. V. G. Lawson  
Mrs. P. W. G. Pickthorn  
Mrs. V. B. G. Leach  
Mr. R. E. H. Moulder



## STAFF

### Medical and Dental Staff

- P. T. REGESTER, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health, Principal School Medical Officer, Medical Officer, Over Hospital.  
PAULINE J. BEGLEY, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., D.OBST.R.C.O.G., D.C.H., Deputy Medical Officer of Health, Deputy Principal School Medical Officer.  
CHARLES R. OYLER, M.R.C.S., L.R.C.P., Senior Departmental Medical Officer, School Medical Officer.  
RONALD C. MCGREGOR, M.R.C.S., L.R.C.P., Departmental Medical Officer, School Medical Officer.
- 

- \*F. J. D. KNIGHTS, M.D., M.R.C.P., M.R.C.S., Chest Physician.  
\*R. H. ELLIS, M.D., M.R.C.P., M.R.C.S., Chest Physician.  
\*H. A. HAMILTON, M.B., B.CH., M.R.C.S., L.R.C.P., F.R.C.O.G., Consultant Obstetrician.  
\*G. A. LEWIS, M.B., CH.B., M.R.C.O.G., Consultant Obstetrician.  
L. V. MARTIN, M.B., B.S., F.F.A., R.C.S., D.A., Anaesthetist, Dental Service.

\*By arrangement with the South Western Regional Hospital Board.

---

- R. BELL, B.D.S. (Edin.), Principal Dental Officer.  
A. J. LANE, L.D.S., R.C.S., Senior Dental Officer.  
T. A. LOCK, L.D.S., Dental Officer.  
J. D. BOUSFIELD, B.D.S., J. R. COND., B.D.S., MRS. E. M. GLEES, D.M.D. (Bonn), MRS. I. M. LEACH, L.D.S., Dental Officers (Part time).  
MISS S. CARTWRIGHT, MISS V. S. EGERTON, Dental Auxiliaries.  
MRS. J. BUNCE, MRS. A. CAPEL, MISS J. CHESHIRE, MRS. E. FREEBURY, Dental Surgery Assistants.  
MRS. M. L. BRICE, S.E.N., MRS. M. HOWAT, MRS. E. H. QUIRK, R.M.N., Dental Surgery Assistants (Part time).

### Public Health Inspectorate

- R. I. WILLIAMS, D.P.A., M.A.P.H.I., Chief Public Health Inspector and Port Health Inspector.  
G. W. ALEXANDER, D.M.A., M.A.P.H.I., Deputy Chief Public Health Inspector and Assistant Port Health Inspector.  
E. A. BLUNDELL, R. C. UPHAM, R. E. WORKMAN, Senior District Public Health Inspectors.  
S. GRIMSHAW, Senior Meat Inspector.  
D. A. BROOKS, A. E. LEWIS, D. F. M. LODGE, J. R. PARTIS, C. C. SHERGOLD, M. C. SMITH, D. M. WISE, District Public Health Inspectors.  
J. R. HARRIS, J. KING, M. SHEPPARD, Authorised Meat Inspectors.  
J. A. GILLARD, Student Public Health Inspector.

### **Health Visiting**

MISS B. C. DAY, S.R.N., S.C.M., Q.N., H.V., Chief Nursing Officer.  
MISS A. J. BLOORE, S.R.N., S.C.M., Q.N., H.V., Principal Nursing Officer.  
MRS. D. G. GORDON-WILSON, MRS. E. P. GOULDING, MISS E. M. B. JAMES,  
MISS C. JONES, MISS E. JOSLIN, MISS A. E. NEWMAN, MRS. R. O'GORMAN,  
MISS P. OLIVER, MISS F. R. PHILLIPS, MRS. V. PUSEY, MRS. I. M.  
WATHEN, MRS. G. M. WILLIAMS, MISS D. M. WOOD, Health Visitors/  
School Nurses.  
MRS. N. PRIESTLEY, Clinic Superintendent, Charles Cookson Clinic.  
MRS. M. COWLARD, Clinic Sister, Charles Cookson Clinic.  
MRS. R. M. HILL, Clinic Nurse, Rikenel Clinic.  
MRS. O. M. BEVERIDGE, MRS. J. EVANS, MRS. J. GILES, MRS. J. MITCHELL,  
School Nurses.  
MRS. M. GORTON, Student Health Visitor.

### **Mental Health Service**

MISS J. HALL, S.R.N., Q.N., A.A.P.S.W., Principal Mental Health Officer.  
W. T. BAILEY, MRS. S. MORANT, N. THATCHER, Mental Welfare Officers.  
S. J. TUNSTALL, Head Teacher, Junior Training Centre (Part-time, by  
arrangement with the Education Committee).  
J. D. MORTON, Teacher in charge, Junior Training Centre.  
M. VICARY, Teacher, Junior Training Centre.  
MRS. S. J. PORTER, MRS. E. TUNSTALL, Assistant Supervisors, Junior Training  
Centre.  
MRS. M. F. BROWNING, MRS. P. M. PANTLING, Nursery Assistants, Junior  
Training Centre.  
E. G. TAYLOR, Supervisor, Adult Training Centre.  
MRS. M. F. FRANKLIN, Deputy Supervisor, Adult Training Centre.  
MRS. D. A. LAPINGTON, R. J. OVERTHROW, Assistant Supervisors, Adult  
Training Centre.  
I. J. BURGE, A. GRAHAM, P. S. LLOYD, R. NICHOL, MISS G. NORMAN, MRS. D.  
POWELL, Student Social Workers.

### **Health Centre**

D. SIBBALD, M.P.S., Pharmacist and Medical Supplies Officer.  
MRS. M. M. CARR, S.R.N., Q.N., Nurse.  
MRS. R. GARDNER, Pharmacy Technician.

### **Other**

E. G. WHITTLE, B.SC., F.R.I.C., Public Analyst.  
D. J. TAYLOR, B.SC., M.CHEM.A., F.R.I.C., Deputy Public Analyst.  
J. F. KELSALL, B.A. (HONS.), DIP.PSYCH., A.B.P.S.S., Educational Psychologist.  
MISS J. DAVIES, Speech Therapist.  
MRS. A. L. BRISTOW, MRS. S. A. GOODWIN, MRS. C. V. PEARCE, Speech  
Therapists (Part time).  
MRS. C. COOPER, Audiometric Technician.  
MRS. C. J. GREENWOOD, Physiotherapist (Part time).  
L. J. RUST, Chief Ambulance Officer.  
G. A. JAMES, Deputy Chief Ambulance Officer.  
MRS. M. E. CRAIG, Health Education Officer.



MICHAEL TAYLOR, Social Worker (Addictions).  
MISS M. H. NORCOTT, Home Help Organiser.  
MISS G. L. NEAL, Assistant Home Help Organiser.  
MRS. E. M. CLARKE, MISS G. GAPPER, L.I.S.W., Social Welfare Officers for the Blind.  
C. G. MILLS, Manager, Prospect Works.  
M. C. TOOMBS, Foreman, Prospect Works.  
MRS. D. M. LITTLE, C. PUCKEY, Supervisors, Prospect Works.  
MISS E. M. MACSWINEY, Welfare Officer, Physically Handicapped (Part time).  
MRS. S. BENNETT, MRS. D. M. BRADSHAW, Occupational Therapists, Physically Handicapped (Part Time).  
A. S. COOK, Rodent Officer.  
H. C. GRIBBLE, Disinfecting Officer.

### **Administrative and Clerical**

H. MEADOWS, M.R.S.H., Administrative Officer.  
D. R. WILLIAMS, Senior Administrative Assistant.  
A. J. PERRETT, A. M. TIMSON, Administrative Assistants.  
Clerical Staff: MISS D. ALLEN, T. E. BRECKELL, MRS. H. COMPTON, MISS G. E. COOPER, M. J. ELLISON, MISS J. EVANS, MRS. P. EVANS, MISS C. FELLOWS, MRS. I. GALLAGHER, MRS. A. M. HARRIS, MRS. M. E. HARRIS, MISS M. HOWE, MISS L. JONES, MRS. O. NORMAN, MRS. M. D. PEPPERELL, MRS. G. RUST, MRS. E. M. SIBBALD, MRS. K. SPARROW, J. THAYER, MRS. R. M. WILSON.  
Secretarial Staff: MRS. E. A. PENSTON (Secretary to the Medical Officer of Health), MISS L. HERNIMAN, MISS S. RICHARDS, MISS A. THOMAS, MISS B. TIMBRELL.



## HEALTH SERVICES

**Health Department and Central Clinic, Rikenel, Montpellier,  
Gloucester**

Telephone 29421

**Office Hours, 9 a.m. — 1 p.m. : 1.30 p.m.—5.30 p.m.**

**Mondays to Fridays**

Appointments may be made at the above address for :—

CERVICAL CYTOLOGY, CHIROPODY, MATERNITY HOSPITAL BEDS,  
RELAXATION CLASSES, TUBERCULOSIS IMMUNISATIONS, ETC.

*Clinics held at Rikenel :—*

Child Welfare Clinic — Mondays and Thursdays 2 p.m.

Vaccination and Immunisation—

Tuberculosis — By appointment.

Diphtheria, Whooping Cough,

Smallpox, Poliomyelitis, Measles — Wednesdays and  
Fridays, 4—5 p.m.

*Services provided at Rikenel :—*

Audiometry — By appointment.

Chiropody — By appointment.

Educational Psychologist — By appointment.

Health Education.

Health Visiting.

Home Help Service.

Mental Health Service.

Pest Control.

Public Health Inspection.

School Health Service and Clinic.

Social Work — Addictions (Alcohol, Drugs, etc.).

Speech Therapy — By appointment.

Welfare Services for the Handicapped.

**Charles Cookson Clinic, Great Western Road, Gloucester**

Telephone 23253

Ante and Post Natal Clinics      Doctors' and Nurses' Sessions by appointment. Bookings, Mondays 9.30 a.m.

Relaxation Classes      By appointment.

Child Welfare Centre      Tuesdays, 2 p.m.

Family Planning Clinic.      By appointment

### Other Services

Health Centre, Rikenel, Montpellier.

Telephone 27217.

Junior Training Centre, Longford Lane.

Telephone 22637.

Adult Training Centre, Eastbrook Road.

Telephone 22591.

Physically Handicapped Centre, Montpellier.

Telephone 29421.

### Other Services—contd.

Blind Persons Handicraft and Social Centre, Montpellier.	Telephone 29421.
Prospect Works (Sheltered Employment) Eastbrook Road.	Telephone 20438.
Ambulance Service, Eastern Avenue.	Telephone 25055.
School Dental Clinic, Rikenel, Montpellier.	Telephone 20436.
Child Guidance Clinic, Maitland House, Spa Road.	Telephone 26319.
Chest Clinic, Gloucestershire Royal Hospital, Great Western Road (By appointment).	Telephone 25061.

### Child Welfare Centres

Health Department and Central Clinic, Rikenel, Montpellier.	Mondays and Thursdays, 2 p.m.
Charles Cookson Clinic, Great Western Road.	Tuesdays, 2 p.m.
Village Hall, Hempstead.	Alternate Tuesdays, 2 p.m.
Longlevens Clinic, Church Road.	Tuesdays, 2 p.m.
St. Aldate Church Hall, Reservoir Road.	Tuesdays, 2 p.m.
St. Stephen's Church Hall, Linden Road.	Wednesdays, 2 p.m.
Matson Youth Centre, Redwell Road, Matson.	Wednesdays, 2 p.m.
Podsmead Church Centre, Shelley Avenue.	Alternate Wednesdays, 2 p.m.
Church Hall, Larkhay Road, Hucclecote.	Thursdays, 2 p.m.
St. George's Church Hall, Grange Road.	Alternate Thursdays, 2 p.m.
St. Michael's Church Hall, Seventh Avenue.	Alternate Thursdays, 2 p.m.
Church Hall, Coney Hill Road.	Fridays, 2 p.m.
Methodist Church Hall, Lonsdale Road	Fridays, 2 p.m.



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

I am pleased to submit my Annual Report for 1970.

At the commencement of the Annual Report for 1969, I confessed that I had yielded to the temptation of deferring the writing of the foreword until the issue of the Green Paper (Mark II) on the Future Structure of the National Health Service.

Temptation being something that I cannot resist, I have yielded—*mea culpa, meo culpa*—to procrastination for the same reason with regard to the so-called Consultative Document on the alleged re-organisation of the National Health Services.

In colour though white, rather than green, it is not a White Paper. However, it tells enough white lies to ice a wedding-cake. The key to the document is in its distribution ; to associations of interested parties, nicely timed to give them little scope to canvass opinions, neatly selected to allow the opposing vested interests to cancel out those opinions ; in fact, barely a consultative document at all.

It perseverates madly about something it calls management which in most of the romance languages refers to the handling of horses. It appears to prefer this term to "administration" as, I suppose "management" has a fine rough-shod ring about it and relates to commerce and industry rather than to public service. (Indeed, why should it not do so ?—no-one wishes to be reminded of the success of public administration and the failure of private management—after all, we can all read about the latter, whether in the chemical or the car or the chocolate or the computer industries, or in the international finance and insurance companies, etc., any day of the week.)

To put it in peristaltic terms, this urgent call to manage or, if you prefer it, urge to manage, ought to be distrusted. It appears, on close examination, to be something more than an attempt to purge the N.H.S. of any elected representatives, more than an attempt to create for the N.H.S. a Board of Directors of a somewhat old-fashioned type (and one not to be worried by the irrelevant questionings of the shareholders).

For it has not escaped the notice of some of us, that those who most currently wish to promote management are the same people for whom a free and universal health service is anathema, and who like to talk of a two-tier health service, one which a previous health minister referred to as a service above the salt and a service below the salt.

If this is what the public want, so be it. All a public health man can do when the sound of knifegrinding is heard amongst the mahouts of the Elephant is to point to the lessons of social history, to indicate the needs of the community, and periodically to draw attention to the health crisis in the USA—a country which, incidentally, spends a good deal more of its



National Income on health than the UK—and one which appears to be the paradigm of the Knifegrinders, Backwoodsmen and What-have-you who are set to do a little primitive surgery on the health services. First with the Physicians' Forum of America: "Medical care is a commodity to be bought rather than a right for all. The poor are ignored or offered charity: care for other groups is deteriorating. Physicians concentrate in affluent neighbourhoods, and have largely abandoned rural and ghetto areas."

Then with *The Observer*: "America's health crisis promises to be one of the major and most emotionally charged issues before the present Congress and in the 1972 Presidential campaign....."

"What the health crisis can mean in human terms was spelt out to a Senate committee last September by Mr. Robert Schutz, a news agency photographer with a salary of £100 per week. His son dived into a swimming-pool, struck his head and broke his neck. He spent two years in six different hospitals, had nine operations, but is paralysed and still needs therapy. In 28 months, his medical bills totalled over £30,000. Schutz himself in the same period suffered three heart attacks which kept him in hospital for 10 weeks and at home recuperating for three months. His treatment cost £2,200.

Mr. Schutz's insurance policy, better than most, covered £12,500 of the total—a little over a third. The rest had to be borrowed from a variety of sources."

Then with *The Lancet*: "The ambulance services are generally appalling ... The ambulances tend to be poorly equipped, and manned by quite untrained, or utterly inadequately trained attendants whose incompetence adds considerably to the morbidity and mortality.

In mass disasters they are reported to be more interested in removing the more profitable dead to the undertakers than the unprofitable living to medical care and as the ambulance service has traditionally in the past been run by the undertakers, usually at a loss, this is perhaps understandable, if unedifying."

All the public health man can do—as the man first in the State Medicine field whose remit is all things affecting the health of the people of his area—is to warn.

**Epidemic**: It is always a pleasing sight for ex-patients (still alive) to see doctors fall out amongst themselves. This happened at the turn of the year 1969/70 when a variant of Type A influenza arrived at our shores—maliciously and libellously called "Mao flu", somehow to tie it in with student revolt. The Department of Health, very resistant to the strain, predicated an "outbreak" and the G.Ps with, it must be admitted, the advantage of retrospect, posited "an epidemic".

Had either party recalled the previous year when an epidemic occurred with few cases and no medical backing at all, they would have realised that an epidemic is nothing more than a front page rash and a succession of press statements.



**Improvement Area :** The Tredworth scheme commenced with a great flourish, with a great flourish, with a great flourish . . . .

Incidentally, is an improvement area an area where we strive to improve everything except people ?

An interesting sidelight to this came up at a recent Health Committee meeting, when it appeared that an improvement area was an area where we plant trees for the convenience of the dogs but cannot, as part of the scheme, build toilets for the convenience of people.

**Unification of Midwifery Service :** The unification of midwifery services and the assimilation of district nursing services have been accomplished.

It would be a delight to say that it occurred smoothly and without acrimony. I will therefore say it.

**Social Services Act :** In this Authority, the transition occurred on January 1st, 1971. The handing over was done in a simple ceremony reminiscent of a similar scene in Chicago in 1925 when Johnny Torrio said to Al Capone "It's all yours, Al".

Seriously, the future of the Social Services departments depends on the good relationships between the chief officers and their staffs. Indeed, the whole future of the N.H.S. may depend on such relationships.

We are fortunate in Gloucester to have in bricks and mortar the Rikenel complex which, I feel, will do much to ensure that future.

**Chronically Sick and Disabled Persons Act :** If the Director of Social Services and the Medical Officer of Health have had difficulties, they must be laid at the door of this unhappy Act. Badly drafted, without teeth or claws, our united efforts aren't able to make much impression.

Nor were things improved by a circular that produced what is probably the most unhelpful phrase ever framed—"the criteria of need is the availability of resources."

**Smoking :** The year produced two ample reports on smoking: firstly that of the World Health Organisation, secondly that of the Royal College of Physicians.

Imperial Tobacco increased its pre-tax profits for the year ended October 31st from £56,565,000 to a new peak of £61,215,000.

**Death Rate (per 1,000,000 people living in England and Wales) of Cancer of the Lung.**

Year	..	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Male	..	831	855	871	896	911	934	960	971	1004	1012	1040
Female	..	123	132	140	146	152	160	170	179	189	198	202

In 1969, 25,573 men and 5,356 women died of cancer of the respiratory system. Most of them were not old. The figures for 1970 will be higher—as will those for 1971 and 1972 . . . . a dying habit which is not dying.



**Family Planning** "The Government must act to prevent the consequences of population growth becoming intolerable for the everyday conditions of life"—Select Committee on Science and Technology.

The birth-rate in England and Wales is falling ; from 18.5 per 1,000 population in 1964 it fell to 16.3 in 1970. Gloucester is also showing this national trend—its rate has dropped from 21.6 in 1964 to 16.8 in 1970, and it is no longer much higher than the national average. Remembering that a birth-rate of 14.00 would produce a stable state—not, of course, in the farmyard sense—it is manifest that population control is a necessity, as the Select Committee on Science and Technology recently pointed out in its First Report. By world standards, the U.K. is not fast-growing. Russia, U.S.A. and Japan are growing at about double the rate, but already in many parts of this country, the limitations to the quality of life, the burdens of urban living, and irreversible environmental factors are presenting problems crying for solution.

The solution, as I said a year ago, is not merely the introduction of a free and universal family planning service to all those who feel the need for it (family planning, that is). We are indeed still far from offering such a service. It is not to cut the illegitimate births which amount to some 67,000 babies annually in England and Wales—1 in 12 of all births—for this would cut the birth rate by very little. Sometime even wanted infants will need to be limited. Obviously education and a growing social awareness, etc., will help but already people are talking of fiscal means to control the child population.

The Committee is to be congratulated on its extension of free family planning in the City. That this will have to remain for some time an increasing item on your budget goes, I think, without saying.

### **Mental Health**

"It is becoming more and more obvious that it is not starvation, not microbes, not cancer, but man himself who is mankind's greatest danger, because he has no adequate protection against psychic epidemics which are unfortunately more devastating in their effect than the greatest national catastrophes."—C. G. Jung. I could expatiate at some length concerning the hysterias and frenzies and phobias induced in the community by Press and television. In the modern community mental illness is one of the most communicable of diseases and on this account the media must, I think, receive the attentions of the epidemiologist.

However, all I propose doing here is to draw your attention to the Mind Manifesto launched by the National Association for Mental Health and to highlight the really appalling statistics in the matter of individual ill-health rather than of communal mental aberration.

"A child born in Britain today has a greater chance of entering a mental hospital than of going to university.

One girl in six and one boy in nine must expect to receive treatment in an institution for mental disorder at least once during their lifetime.

The mentally ill are not a separate race, divorced from our world and our experience, they are 'we' and we are 'they'."



With these words the Mind Manifesto was launched by the National Association for Mental Health (NAMH).

These are some of the stark facts we have to face :

“65 per cent of mental hospitals were built before 1891 and 40 per cent more than 100 years ago—

15 per cent of patients in hospitals for the mentally ill are in wards of 50 or more beds ; so are 25 per cent of patients in hospitals for the mentally handicapped—

Nearly half the Health Service hospital patients are mentally disordered yet treatment of mental disorder claims only 13.5 per cent of Health Service expenditure—

At least 2,300 social workers are needed in local authority mental health services but in 1969 there were only 1,808—

The Ministry of Health said in 1964 that there should be 1,200 places in psychiatric units for adolescents in England and Wales but last year there were only 300.

The aim of the Mind Campaign is to galvanise Government and local authorities into action—in providing schools for maladjusted children, hostels, homes, day centres, industrial therapy units and other care facilities.

The problem is urgent and growing. Technological advance—with high blocks of flats, fragmented social and family life, the rat race for jobs, noise and pollution—is itself creating pressures to increase anxieties and mental disturbance.

We are concerned to help those already suffering, but we are no less concerned to protect the next generation... none of us has immunity from mental illness.”

**Measles Vaccination :** This country still is lagging behind the U.S.A. in extending measles vaccination of the susceptible population. The recent epidemic was of an altered character but the number of cases was far too high.

**Rubella Vaccination :** The purpose of this vaccination is to ensure as many girls as possible are offered protection against German measles before they reach normal child-bearing age, because of the known association of certain foetal abnormalities with rubella in pregnancy. Since the vaccination began after the summer of 1970, the acceptance rate has been quite gratifying.

## Envoi

The Chief Medical Officer of the Department of Health issues annually a Report on the State of the Public Health Service. Lately he has had good cause to concern himself about the state of the Public Health Service, realising as we all do, that in a time of rising unemployment, growing poverty, housing shortage, etc., etc., such a service becomes more and more necessary and, realising also that morale and recruitment in that Service must be maintained during an interim period of central government delay. To the latter end he

has pronounced intermittently on the glowing future of the Community Physician (the M.O.H. transmogrified or, if you prefer, sanctified).

Almost—so earnest are these pronouncements—the M.O.H. might begin to feel himself to be a Protected Animal. I am reminded of a similar statement by President Jomo Kenyatta :

“I hereby issue a presidential decree that the elephant known as Ahmed is henceforth accorded complete protection by the Kenya Government and may under no circumstances be hunted or harassed by any person.”

The Fate of Ahmed is unknown to me.



## SECTION A

### NATIONAL HEALTH SERVICE ACT, 1946

#### *Dental Service—Expectant and Nursing Mothers and Children under 5*

Report by the Principal Dental Officer.

The picture for 1970 has been a reduction in the number of mothers seen and treated in this service which is a natural trend. This is to be expected as any responsible person would be visiting the dentist of their own choice at regular intervals rather than relying on dental treatment related to a confinement.

Of course we do help a number of people, especially those mothers who have just come to the area and those who need that extra "gentle reminder". The nature of the treatment provided has shown an increase in conservative treatment and a welcome fall in the number of emergency extractions which has dropped from 237 to 125.

In this connection also the number of dentures provided has halved from 41 to 23.

Each mother attending the Charles Cookson Clinic has the importance of dental care brought to her notice coupled with an offer of treatment should she so wish.

#### **Children under 5**

We have attempted to bring the need of early inspection to this group by drawing the attention of parents on our consent forms. We have also arranged the display of suitable material. The Health Education Officer has been bringing the need for early inspection to appropriate groups.

There has been a marginal increase in the number of first inspections from 95 to 141 during the year but the amount of useful work actually carried out has remained the same apart from a welcome fall in the number of extractions from 340 to 275. It is hoped that it will be possible to expand this part of the service. Early inspections followed by any treatment required can do so much to avoid a child's first experience of dentistry being unpleasant.

It is sad to report that quite a number of children reach school age with their teeth quite past repair when a little attention given at the right time could have prevented this trouble. In this connection it should be mentioned that the children in this City have been denied the benefits of flouridation yet again. Flouridation of Gloucestershire water supplies was rejected by Gloucestershire County Council during 1970. The safety and effectiveness of this measure has been quite conclusively endorsed, it is lamentable that the children of this City are denied the advantages that this simple public health measure would bring.

#### *Domiciliary Midwifery*

Report by Chief Nursing Officer.

Home confinements have remained at a low level and the General Practitioner Maternity Unit deliveries and early hospital discharges have provided the main work content.



The Part II Midwifery Training School continues to be successful.

Staffing has remained fairly constant with only one resignation from the Service.

Next April will see the commencement of a unified service in the City. The Domiciliary Midwifery Service being then provided through arrangement with the Hospital.

### *Health Visiting*

Report by Chief Nursing Officer.

This year has been a very challenging one for the health visiting staff with the introduction of general practitioner attachment schemes. The range of duties has therefore widened ; consequently there has been a corresponding increase in work undertaken. Staff changes have been few.

An increasing number of students continue to receive community experience with the Staff, and the number will be even greater with the implementation of new training policy.

The facilities for ante-natal and post-natal care at the Charles Cookson Clinic are in constant demand ; and co-operation is well established between Hospital and Local Authority Staff.

In the Spring a short course on Health Education was held for all Staff and the need for health teaching within the Community was emphasised.

### *Home Nursing*

Report by the Chief Nursing Officer.

There has been little change in the number of visits made by the Staff.

The Severn Valley Training School for District Nursing continues to be successful. All State Registered and State Enrolled Nurses passed their examinations.

In the Autumn the Queen's Institute of District Nursing arranged a Practical Work Instructors Course and a number of Nursing Sisters were given an opportunity to attend.

A "Getting Together" Conference was also arranged by the Institute for local hospital and public health nursing administrators. A more positive rather than the present negative approach to continuity in patient care was recognised. The need for improvement was discussed.

It is to be hoped that this Conference was the first of many meetings.

An increasing number of student nurses are receiving community experience with the Home Nursing Service and all Staff are now participating in practical teaching.

Recruitment is no problem and 2 nurses have been appointed to the Staff this year.

### *Health Education*

Report by Health Education Officer.

This has been a very busy year with a general increase in all aspects of the work.



Although it would appear that the emphasis is still on school children, much health education is taken to older members of the community, particularly old people's clubs.

The policy in Junior Schools of giving sex education only as part of a course on general health has been continued. Many parents have expressed their satisfaction with the present programme of Health Education and more schools are taking part in the scheme. Single talks on personal hygiene for older girls are given in some junior schools.

It was pleasing to note that more senior schools asked for the short course on Personal Responsibility for school leavers. While there is concern about the problem of young people and drug experimentation, it is well to remember that at the moment far more misery and ill health is caused by cigarette smoking and alcoholism and we must strive to change the attitudes of the whole community towards these threats to health. It is useless to expect intelligent teenagers to accept guidance from those who are themselves, dependent upon tobacco and alcohol.

A two-day exhibition on Alcoholism, run in conjunction with the Gloucester Council on Alcoholism, was visited by several parties from Senior Schools.

More schools are asking for assistance with Child Care and First Aid courses for the Duke of Edinburgh Award Scheme, and we have reached the point when we cannot extend this work. Many accepted our offer of a short Crash First Aid Course and the Chief Ambulance Officer and his Deputy visited them giving instruction in mouth to mouth resuscitation. Talks on Public Health have also been given as part of "O" and "A" level courses.

Our small library of films and slides is used increasingly by teachers' and advice is frequently sought as to the suitability of films available from other sources.

A wider range of adult groups are asking for talks and discussions, and during the year 29 sessions were held. Health Education sessions held at Tuffley Community Centre were popular, but were discontinued because of pressure of other work.

Discussions and Child Care courses were held in Youth Clubs, and at Gloucester Prison talks and discussions for young offenders were held in the early part of the year, but have been suspended during the reorganisation of educational activities.

One of the local papers has requested and published articles on various aspects of health ; this is a useful medium for getting simple information into the home.

The scope of talks to staff has now widened to include trainee Social Workers, Health Visitor students and Home Helps.

Technical assistance, projection facilities and help with projects is sought by more and more people, and it is becoming impossible for one person to provide all the services expected.

If we are to be a healthier community, more resources will need to be diverted to education for health. Investment in health education will not produce results for some years, but if delayed it may be too late.



## **Rikenel Family Planning Clinic**

After several years' experience of an agency scheme with the Family Planning Association, it became clear that an additional clinic would have to be set up by the Local Authority to cater for the residents who were in the greatest medical and social need.

The Clinic, which was opened in January 1970, provides a free family planning service for one session weekly. The patients are selected by Health Visitors, General Practitioners, Departmental Medical Officers and Social Workers. The Clinic is run on an appointment system and during the year has been staffed by a F.P.A.-trained Medical Officer, F.P.A.-trained Clinic Nurse and F.P.A.-trained Health Visitor, liaising between the Clinic and the homes. The Clinic has been allowed to build up slowly in order that complete privacy may be maintained and that individual attention may be given by all the staff. It is a source of some satisfaction that of 111 women invited to attend the Clinic in 1970, 87 did so on 213 occasions.

The number of patients attending in 1971 continues to rise, an extra Medical Officer has been taken on and there are plans afoot for allocating more Health Visitor time to the Clinic as it is felt that the proportion of ladies who attend the Clinic varies directly with the Health Visitor time devoted to explanation and help with practical problems.

It is gratifying that the City Council so much recognise the value of these clinics that they have increased the financial provision for free family planning in their estimates for 1971/1972 by £2,000.

### *Home Help Service*

Report by the Home Help Organiser.

The first Home Help Training Course was held in October 1970 at Gloucester Technical College. The course was held over a period of eight weeks in October and was attended by 20 Home Helps.

The training scheme got off to a good start and was opened by the Principal of the College, Mr. K. Heppell, M.Eng., C.Eng., F.I.E.E. Lectures were given by the Director of Welfare, Chief Public Health Inspector, Children's Officer, Health Education Officer, Psychiatric Social Worker, District Nurses, etc. The subjects were varied and included cookery, home management, diet planning, and there was a fair amount of practical work.

Certificates were awarded at the completion of the course.

It is hoped that the training scheme will continue and indeed expand in future years.

### *Junior Training Centre, Longford*

Report by Headmaster.

The educational programme has continued largely as outlined in last year's report with more precise attention to sensorimotor development.

Swimming lessons took place throughout the year for all age groups and are mentioned specially because of their contribution to all-round



development. The self-confidence acquired at the Baths does appear to transfer to other situations.

A group of older pupils with Mr. Morton and Miss Lamont spent a week at the Field Centre, St. Agnes, Cornwall, and younger children camped at Cowley. Both expeditions proved successful in that the children had a happy and beneficial experience.

An increasing demand for places in the Centre meant that it was no longer possible to accept pre-school children. In view of the change of responsibility for severely subnormal children in April 1971, it is gratifying to know that the City of Gloucester Education Department takes the same view as the Health Department as to the importance of nursery provision for severely subnormal children and has recommended appropriate extensions to the School.

## SECTION B—INFECTIOUS DISEASES

*Number of Notifications of Infectious Diseases, 1956-1970*

[illegible]



### *Report by the Chest physician.*

In 1970, 17 new cases of tuberculosis were notified in the City, and all were handled by the Chest Clinic services. They are analysed as follows:—

Abdominal Orthopaedic and Cervical glands	Primary or post-primary infection	Minimal Phthisis	Moderate Phthisis	Advanced Phthisis
5	2	1	9	nil

10 of the cases were referred from General Practitioners, 2 were picked up by the Mass Radiography Unit, and 5 referred from other hospital departments.

6 of the 17 were immigrants: 5 from India and 1 from Spain.

The Register of persons notified as suffering from respiratory tuberculosis in Gloucester now stands at 140.

There are 43 cases of non-respiratory tuberculosis: 17 men, 25 women, and 1 child.

### CONTACT EXAMINATION

Arising out of these notifications a total of 48 adults were called for examination, and 43 attended. 35 children were called, of whom 19 had B.C.G. vaccination, 11 were tuberculin positive, of which 10 were clinically well and one admitted for further investigations. Of the remaining 5 children, 2 were ill and are waiting to be recalled, 1 had a normal standard size chest X-ray and 2 did not wish to attend.

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

### *Venereal Disease—Report by Consultant Venereologist.*

There was a very marked increase in the number of city residents seen for the first time at the Venereal Disease Clinic in Gloucester in 1970.

TABLE 1

NEW CASES GLOUCESTER CITY RESIDENTS 1965-70

Year	New Cases
1965	162
1966	172
1967	230
1969	238
1970	360

### *Syphilis*

In contrast to 1969 when no cases of early infectious syphilis were seen 8 such cases were diagnosed in 1970—seven of these in city residents. No new cases of congenital syphilis occurred.

### *Gonorrhoea*

There was a very disturbing increase in the incidence of this disease amongst Gloucester City residents in 1970.

TABLE 2

## GONORRHOEA—GLOUCESTER CLINIC 1965-70

Year	Total Cases	City Residents
1965	74	24
1967	129	83
1969	152	86
1970	238	153



## SECTION C

### NATIONAL ASSISTANCE ACT, 1948

#### *Report by the Welfare Officer for the Physically Handicapped.*

1970 saw an increase in the number of New Cases, this being most noticeable at the beginning of the year and again in the closing months. It was also remarkable for the passing of the Chronically Sick and Disabled Persons Act, 1970, and for the Red Cross Centenary celebrations, both of which directly affected our disabled. A special party for all Clubs for the Disabled in Gloucestershire was held at Coney Hill Hospital in April, when many of our members renewed holiday friendships with other Clubs and in June, there was a special holiday in Jersey for younger disabled adults. Two girls from Gloucester participated and flew from Bristol to Jersey for a ten-day holiday packed with activity. In addition to day-time excursions, they went to restaurants and nightclubs nearly every evening. As both girls are on Social Security, they did not have to pay anything. Another aspect of the Centenary, which we hope will benefit us, was raising of funds by the Branch to buy an ambulance-bus which the various Clubs will be able to hire for outings.

The routine work has covered much the same ground with emphasis on the supply of Aids and of Adaptations to Houses and this demand is increasing steadily. With the passing of the Chronically Sick and Disabled Persons Act, 1970, more people are becoming aware of the various forms of help available.

The number of NEW CASES was 65 with the following Department of Health Classifications :

*Amputations 5, Arthritis 28, Diseases of the Digestive System. Chest, Heart and Respiratory System 2, Injuries of Head, Limbs, Trunk, Spine or Diseases of Same 4, Organic Nervous Diseases 23, Diseases not already specified 3.*

After revising the Register by removing those who have died or moved from the City, this leaves a *total of 349*. The group comprising Organic Nervous Diseases is the largest at 129, followed by Arthritis at 107, but since the former includes a number of diseases it will be seen that Arthritis is by far the commonest single complaint. The largest number of cases are aged over 65 at 129, closely followed by the 50-64 group at 124. It is now even more impossible to maintain contact with everyone but fortunately some people make good use of the card which I give them on my first visit and make contact when necessary.

**Financial Grants** decreased very considerably. None were made from the B.R.C.S. funds, and only four from the Fluck Convalescent Fund. These amounted to £68 4s. 10d. and were for Fuel, Linen, Extra Nourishment and a Holiday for an arthritic Widow and her four children.

**Handicraft Instruction** had a satisfactory year although the Workshop could take more if transport were available. The part-time Occupational Therapist made 524 domiciliary visits to 34 cases.



Sales of our products were held at the R.A.F. Quedgeley M.U. Craft Exhibition, the Red Cross Riding Club Gymkhana and the Methodist Sunday School Craft Exhibition and together with sales of individual items the total was £79 11s. 6d.

Workshop members had a very enjoyable Outing to Longleat in September and a party at Christmas.

**The Special Swimming Sessions** at Oak Bank School have continued to give great pleasure and benefit to a number of enthusiasts with the Red Cross providing helpers each week.

**The Good Companions Club** had another good year and re-visited the Afon Lido at Port Talbot for their Outing in June and again had a wonderful hot day. There were two fund-raising events. Rayanne of Hucclecote gave a Fashion Show at our Coffee Evening and one of the Red Cross men gave a Jewellery Party at another Coffee Evening. The Christmas Party was held on 7th December, when we were very happy to have the Mayoress and Sheriff's Lady with us. Entertainment was provided by the Hucclecote W.I. Drama Group.

**The Group Holiday for the Disabled** was again at the Westward Ho ! Holiday Centre in North Devon and although the weather was very stormy at times, everyone enjoyed it. The party numbered 50, 39 of whom were disabled and the total cost was £665 2s. 6d.

At **Christmas** we organised a party, complete with Red Cross Helpers for the special Shopping Evening at the Bon Marche.

136 Food Parcels were sent out together with 28 Children's gifts. The tea, sugar and biscuits for the Food Parcels were bought from B.R.C.S. funds while plum puddings and other fare was given by Women's Organisations in the City. Cadets packed most of these parcels which were delivered by our own members together with members of the 41 Club.

**To Conclude**, tribute should be paid to the large number of voluntary helpers who keep these activities going—Handicraft Sales Organiser, the weekly helpers at Club and Workshop, the men who load heavy cases onto the coaches for Outings and for the Holiday some of whom give up part of their own holiday to help.

#### *Report by Social Worker for the Blind.*

The number of registered blind persons on 31st December was 179—exactly the same number as on the corresponding date the previous year. There were 73 males and 106 females. Of the total number 115 were over the age of 65. Of the 25 newly-registered clients 19 had attained the age of 65 or over. The average age at which blindness occurred was 70 years. Our only blind child—a boy of 9 is a pupil at the Licky Grange School for the Blind. School reports have been very encouraging.

Some of the 49 blind persons with additional handicaps are also cared for by other sections such as Physically Handicapped, Mental Health, Alcoholism, Deaf welfare service, Moral Welfare, Probation service.



In the majority of doubly-handicapped cases it is not particularly easy to determine which is the greatest handicap because people react differently to disability.

19 persons were engaged in full-time remunerative employment, and 2 awaiting training or employment—one young man for sheltered conditions, and a young woman for "open" employment.

There were also busy housewives, and others engaged in part-time work or service to the community.

21 blind persons were residing in homes provided under section 12 (1a) of the H.S. and P.H. Act 1968, Hospitals for the mentally ill, Hospitals for mentally handicapped, or other institutions.

The 5 members of St. Dunstan's organisation are cared for by St. D's welfare service, but we are always ready to co-operate should the need arise.

1970 was, I think, the most difficult year ever experienced in blind welfare. Many hours overtime had to be worked in order to maintain service built up over the years when adequate staff was available. One disappointing feature was the loss of four voluntary helpers whom I had trained years ago. Two of these ladies became ill and housebound, while the two younger helpers moved to other towns to set up in business. It has never been possible to replace them. We are told repeatedly "Make use of volunteers", but I am never successful in securing them. In spite of all we read and hear about voluntary service, in actual fact this simply does not materialise, or does not last. There are so many opportunities for part or full-time remunerative employment these days for women of all ages and abilities. However, voluntary visitors supplied through the voluntary visiting committee of which I am a member, are doing a good job in relieving us of a certain amount of unnecessary visiting.

As life became more complicated so the need for social work among the blind and partially sighted and their families increased. There was less demand for instruction in embossed reading and writing but a certain amount of refresher work was carried out. One of my pupils successfully completed a course in typewriting and was able to purchase her own machine. Specialised help in the home ranged from assistance regarding the revised braille music system to pressure cooking.

One of the highlights of the year was the Bristol Guild of Blind Gardeners Show held in Bristol on September 5th. Seven of our exhibitors won prizes in the handicraft section. The secretary of the Guild, who worked very hard in a voluntary capacity has resigned because of the heavy demands made on his time and secretarial ability. At the time of writing no replacement has been found for 1971.

The opportunities for blind people to take part in social activities increased tremendously. Organisers of clubs for the elderly used their cars to convey blind and handicapped members to and from clubs. Many summer outings were enjoyed. A number of blind people pay regular visits to the Raven Tavern which is within easy reach of the city bus centre.

Our voluntary association continued to organise a social afternoon each month, several summer outings, and a dinner at the New County Hotel.



Gifts of money were also distributed at Christmas. Housebound persons received larger amounts.

The occupational section of the work remained self-supporting although sales are difficult and the cost of materials continues to rise. £65 was raised at our annual bazaar on November 15th. I would like here to acknowledge the valuable help provided by Mr. Gordon Jones the Director of Social Services (designate) who arranged for a number of volunteers to act as stallholders at short notice. A little over £60 was taken in the Eastgate Market during the year. The Glos. W.I. allow us to use their stall on alternate Tuesdays. Voluntary help for this particular job became very difficult to obtain towards the end of the year.

The two guide dogs in the city continued to work satisfactorily. One of these has almost reached the end of her working life and the owner will probably decide to apply for training for a replacement.

Thanks to a successful "Wireless for the Blind" appeal on Christmas day, no blind person in the city has been without a radio. Our voluntary organisation continues to act as agent for the distribution of sets and to take responsibility for battery replacements and repairs.

The National Library for the Blind, and the Talking Book Library continued to provide good service for members. The waiting period for machines is now considerably reduced.

The refresher course organised by the Western Regional Association for the Blind at Dartington Hall in April was very stimulating and beneficial. Discussion went on until the early hours of the morning.

In preparation for D-Day several "Decimalisation" sessions were organised. Few people experienced real difficulty but all disliked the half penny coin which is not only difficult to handle but is easily lost in corners of pockets etc.

It was decided to postpone the Christmas handicraft party until the New Year because there were so many social functions to attend at that time, and people wanted to complete articles being made for their friends.

As in previous years, talks and demonstrations were given to outside organisations.

Although much material remains suitable for this little report I have only been able to give a brief picture of the service knowing that space is limited and I remember having been advised to "Keep reports short."

In conclusion I would like to express appreciation for the help and co-operation received from statutory and voluntary services, and from individuals too numerous to mention. I am particularly grateful to Dr. Regester and members of the staff who are always so helpful.

### THE PARTIALLY SIGHTED

On 31st December there were 41 registered partially sighted persons, divided into four main categories to meet the requirements of Circular 32/51.

Analysis of this register provides the following information :

8 persons were newly-registered.



A boy of 5 attends the King's School, Gloucester. Two boys aged 11 and 12 respectively were receiving education at the Exeter school for the partially sighted. A slightly sub-normal girl of 12 was transferred from the Barclay school, Hampshire, to the Scaford school, Essex. During holidays this girl is cared for by foster parents. A boy aged 16 left the Open Air school, Gloucester to receive training at St. Loyes College, Exeter. This lad is handicapped by asthma which, he states, worries him more than defective vision. Two men and a young woman were seeking suitable employment. A girl of 20 attended the Adult Training Centre.

Employed persons registered under the 1944 DP Act numbered 6.

Although there is no need to organise specially-designed classes for the partially sighted, one is in constant touch with each individual who is helped and advised according to his individual needs—there can be no set pattern.

The Public Library continued to stock books in large type for members with poor sight. It may not be generally appreciated, however, that some visually handicapped persons cannot manage large print, but are more successful with smaller clear print.

Personally, I do not encourage those who are likely to become blind within the foreseeable future to learn braille or other "blind" methods,—my experience is that they spend most of their time worrying about the possible onset of blindness, or on the other hand, they retain vision and forget all about braille, etc.

Partially sighted people often need special help and understanding—they do not belong anywhere and usually have nothing to show for the handicap and are sometimes mistaken for rather stupid people with normal sight. This often leads to personality problems.

It is gratifying to note that the special needs of partially sighted people are now being recognised and widely discussed with a view to improving educational facilities to meet particular needs.

With the elderly, there are fewer problems. After all, there are thousands of partially sighted people within the community who would be annoyed to be offered registration.

## MEDICAL EXAMINATIONS OF CORPORATION STAFF ETC.

Airport	..	..	..	..	..	..	..	..	2
Baths Department	..	..	..	..	..	..	..	..	4
Cemeteries	..	..	..	..	..	..	..	..	1
Childrens Department	..	..	..	..	..	..	..	..	18
City Architect's Department	..	..	..	..	..	..	..	..	13
City Surveyor's Department	..	..	..	..	..	..	..	..	24
City Treasurer's Department	..	..	..	..	..	..	..	..	4
Education Department	..	..	..	..	..	..	..	..	71
Fire Service	..	..	..	..	..	..	..	..	7
Health Department	..	..	..	..	..	..	..	..	19
Housing Department	..	..	..	..	..	..	..	..	5
Libraries	..	..	..	..	..	..	..	..	13

# **Medical Examination of Corporation Staff, etc.—cont.**

North West Gloucestershire Water Board	..	..	..	..	60
Parks Department	..	..	..	..	22
Teacher Training College Entrants	..	..	..	..	91
Town Clerk's Department	..	..	..	..	5
Weights and Measures Department	..	..	..	..	1
Welfare Department	..	..	..	..	43
Others	..	..	..	..	5
TOTAL					408



## SECTION D

### ENVIRONMENTAL HEALTH

#### *Drainage.*

Report by the City Surveyor and Engineer.

The Gloucester Main Drainage scheme is now providing a satisfactory network of sewers for the greater part of the City which drains to the Sewerage works at Netheridge. A similar system is in existence for the extended City area (Barnwood, Hucclecote and Longford) which drains to the R.D.C. Sewerage Works. It is intended to pump sewage from the area of Longford within the City back to the City system.

The Hempsted area at present drains direct to the River and plans are nearing completion for the diversion of this flow also to the City sewage works. A preliminary scheme has been prepared for the provision of further drainage facilities to deal with the extended City area to the East, and these sewers will be constructed as and when development takes place.

Consequent upon the extension of the boundary and the extra development which has and is still taking place, consideration is being given to carrying out extensions to the existing sewage works in the near future.

#### *Water Supply.*

Report by C. G. Whiting, B.Sc., C.Eng., M.I.C.E., M.I.W.E., M.B.I.M., Engineer, North West Gloucestershire Water Board.

- 1(a) The water supply in the area has been satisfactory in chemical and bacteriological quality.
- 1(b) An extensive programme of re-lining of trunk and distribution mains aims at countering the intermittent discoloration which has arisen from corrosion.

A new biological process at the Tewkesbury source has reduced effectively the problems which arose from manganese discoloration.

- 1(d) The fluoride content rarely exceeds 0.25 mg/l at any source.
- 2(a) Bacteriological examinations are made of the raw and final waters from all sources which supply the city.

A summary is as below :—

SOURCE	RAW WATER			FINAL WATER		
	No.	Satis- factory	Unsatisfactory or doubtful	No.	Satis- factory	Unsatisfactory or doubtful
Newent	19	18	1	20	20	0
Ketford	55	46	9	24	24	0
Witcombe	33	1	32	51	29	22*
Tewkesbury	205	0	205	1717	1703	14

\*22 samples of filtered water, pre-sterilisation. Additionally, 159 samples were taken from consumers' premises within the City. 4 samples were recorded as "doubtful" but all were cleared on re-examination.

Chemical analyses were submitted to the M.O.H. as routine.

- 2(b) No plumbo-solvent action is attached to the various sources.



### *Environmental Circumstances of the Area.*

Report by the Chief Public Health Inspector.

During the year the Melbourne Street and Moor Street Compulsory Purchase Order was confirmed. It is appreciated by the Department that there is some disillusionment among the people residing in the Tredworth General Improvement Area due to the apparent lack of progress. I am hopeful that with the confirmation of the Order mentioned above, and the plans for redevelopment of this area, that 1971 will see the improvement of the area environmentally. This I hope will give the spur and encouragement to owners to improve their properties which is the basic aim of an Improvement Area. Although the Council has to play its part in environmentally improving the area, I must emphasize that the real success of this Area will only be shown when a high percentage of owners decide to improve their properties and take advantage of the grants available.

As a Department with part of our work based very much on the condition of the older housing stock we are very concerned that this Improvement Area should be a success. We are very anxious that this policy be extended to other parts of the town and so arrest the decay in the housing stock. It will be known that as a Department we are very hopeful that the Council will declare a General Improvement Area in the Bristol Road Area during the course of 1971.

To turn to new housing, we were very concerned to find that we were getting complaints of rats from occupiers of new premises. The Building Regulations permit the surface water from roofs to be connected direct without an effective trap to surface water sewers which are not connected to foul water sewers. This means in many cases on new housing estates that rainwater pipes to dwellings have a direct communication to nearby brooks and without any effective barrier rats can find access to roof spaces. This does appear to be a retrograde step in the new construction of sewers and drains and I hope that the Regulations will be amended on this point.

Another matter over which we have had complaints is noise and vibration from Launderettes. I understand that the planning legislation cannot prevent an existing retail shop being used for this purpose as there is no legal change of use. In actual fact, of course, there is a difference between a normal retail shop business and a Launderette in that the latter has machinery and can open at hours which are not normal shop hours, late evenings and over the weekend.

The new hospital chimney has now come into commission. This plant is using pulverised coal as fuel and we understand that this is probably the last plant of its type that will be installed in the country. The Department wonders if it will take many years for the Authorities concerned to feel that another type of fuel, gas, oil or electricity, would be more applicable in this setting. The decision to install this type of plant was by Ministerial directive and I am of the opinion that it is a decision which will not be to the benefit of this Department, Hospital or Town.

During this year we had an appreciable increase in the number of complaints received relating to food—105 in total. These complaints resulted in 13 prosecutions being taken during the course of the year.



Details of the complaints and prosecutions will be found in the statistical section of this report.

Again I have been fortunate in having a settled Inspectorate staff during the whole of the year and this has allowed for steady progress to be maintained. Mr. Brooks, one of our students qualified during the year and as we had to carry out a special housing survey he was appointed a supernumerary Inspector on a temporary basis. This did mean, however, that we could not fill our establishment for students and I am hoping that this can be rectified during the course of 1971.

I wish to thank all my Inspectorate staff and other staff who assist us in our duties for the efficient discharge of their work during the year.

The following is a summary of the inspections made during the year 1970.

#### Public Health Acts

Dwelling Houses on Complaint .. .. .	1076
Work in Progress .. .. .	40
Drain Tests .. .. .	88
Dirty and Verminous Premises .. .. .	19
Insect Infestations .. .. .	159
Caravan Sites .. .. .	73
Caravans .. .. .	62
Schools .. .. .	7
Hairdressers .. .. .	34
Cinemas, Fairs, etc. .. .. .	6
Public Conveniences .. .. .	425
Offensive Trades .. .. .	52
Offensive Accumulations .. .. .	16
Stables and Piggeries .. .. .	11
Refuse Tips .. .. .	34
Revisits .. .. .	1,572
Swimming Pools .. .. .	6
Cess Pools .. .. .	21
Day Nurseries .. .. .	2
Old People's Homes/Nursing Homes .. .. .	4
	<hr/>
	3,787

#### Housing Acts

Clearance Area—House Inspections .. .. .	44
Improvement Grants .. .. .	12
Individual Unfit Houses .. .. .	10
Basement Dwellings .. .. .	2
Rent Act Inspections .. .. .	—
Overcrowding .. .. .	9
Houses let in Multiple Occupation .. .. .	27
Housing Improvement Area Survey .. .. .	369
Housing Clearance Survey .. .. .	406
Revisits .. .. .	649
Housing Qualification Certificate Visits .. .. .	32
	<hr/>
	1,560

**Food and Drugs Act**

Complaints re Food .. .. .	105
Visits re above .. .. .	125
Bakehouses .. .. .	21
Butchers .. .. .	60
Canteens, Clubs, etc. .. .. .	104
Cafes, Restaurants .. .. .	55
Fishmongers .. .. .	11
Fried Fish Shops .. .. .	22
General Shops .. .. .	278
Sweetshops, Tobacconists .. .. .	45
Dairies .. .. .	6
Milk Distributors .. .. .	74
Ice Cream Manufacturers .. .. .	6
Ice Cream Vendors .. .. .	11
Preparation and Storage .. .. .	12
Wholesalers .. .. .	27
Public Houses .. .. .	79
Vehicles—Food .. .. .	44
Vehicles—Ice Cream .. .. .	1
Vehicles—Milk .. .. .	2
Merchandise Marks Act .. .. .	23
Slaughterhouses .. .. .	3,099
Food Poisoning Enquiries .. .. .	7
Food Stalls .. .. .	5
Guesthouses Residential .. .. .	3
Revisits .. .. .	1,013
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	5,238

**Sampling**

Samples—Bacteriological .. .. .	264
Samples—Biological .. .. .	—
Samples—Food and Drugs Formal .. .. .	256
Samples—Informal .. .. .	41
Samples—Water .. .. .	19
Samples—Fertiliser and Feeding Stuff Act Formal .. .. .	21
Samples—Fertiliser and Feeding Stuff Act Informal .. .. .	10
Samples—Others .. .. .	10
Samples—Pesticides .. .. .	12
Samples—Liquid Egg .. .. .	—
	<hr/>
	633

**Clean Air Act**

Inspections—Dwelling Houses .. .. .	4
Inspections—Commercial Premises .. .. .	9
Inspections—Factories .. .. .	20
Inspections—Other .. .. .	6
Smoke Observations ( $\frac{1}{2}$ hours) .. .. .	26
Revisits .. .. .	496
	<hr/>
	561



**Factories Act**

Factories—Power .. .. .	19
Factories—Non-Power .. .. .	3
Outworkers .. .. .	13
Revisits .. .. .	14
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	49

**Port Health**

Vessels—Foreign Going .. .. .	222
Vessels—Coastwise .. .. .	48
Rodent Control .. .. .	24
Revisits .. .. .	7
Imported Food .. .. .	222
	<hr/>
	523

**Offices, Shops and Railway Premises Act**

GENERAL INSPECTIONS	
Offices .. .. .	210
Retail Shops .. .. .	358
Wholesale/warehouses .. .. .	47
Catering establishments, canteens .. .. .	57
Fuel storage depots .. .. .	2
Other visits, revisits .. .. .	261
	<hr/>
	935

**Miscellaneous**

Rodent Control—Dwelling Houses .. .. .	32
Rodent Control—Business Premises .. .. .	48
Rodent Control—Others .. .. .	35
Rodent Control—Revisits .. .. .	52
	<hr/>
	167
Pet Animals .. .. .	7
Pet Animals Revisits .. .. .	2
Riding Establishment Visits .. .. .	2
Rag Flock Act .. .. .	—
Rag Flock Act Revisits .. .. .	—
Noise Nuisance .. .. .	18
Noise Nuisance Revisits .. .. .	61
Infectious Disease Enquiries .. .. .	15
Infectious Disease Enquiries Revisits .. .. .	15
Others .. .. .	2,177
	<hr/>
	2,297

TOTAL 15,750

The following is a summary of the notices served and complied with during 1970 together with outstanding notices complied with :—

	<i>Served</i>	<i>Complied with</i>
<b>INFORMAL</b>		
Public Health Act .. .. .	84	69
Food and Drugs Act .. .. .	70	90
Factories—Power .. .. .	3	—
Non-Power .. .. .	—	—
Offices, Shops and Railway Premises Act .. .. .	71	72
<b>STATUTORY</b>		
Public Health Act .. .. .	28	20
Corporation Act .. .. .	15	16
Housing Act (Section 9) Notices ..	3	1
Housing Act (Section 19) Notices ..	3	—
Compulsory Improvement Area ..	—	—

### HOUSING 1970

Orders confirmed during 1970—Compulsory Purchase and Clearance Orders

	<i>Title of Order</i>	<i>Clearance Area Numbers</i>	<i>No. of Houses in Order</i>
1.	Melbourne Street .. .. . (No. 1) Compulsory Purchase Order	184, 185, 186, 187, 188	50
2.	St. Catherine Street (No. 5) Clearance Order ..	194	3

The Bristol Road (No. 1) and (No. 2) Compulsory Purchase Orders (Area Numbers 189, 190, 191, 192 and 193) had not been confirmed at the end of the year.

#### *Table of demolitions.*

	<i>Number of Houses</i>
<b>Houses Demolished</b>	
1. IN CLEARANCE AREAS	
Houses unfit for human habitation .. .. .	46
House in or adjoining Clearance Areas .. .. .	1
2. NOT IN CLEARANCE AREAS	
As a result of formal or informal procedure under Sec. 16 or Sec. 17 (1) Housing Act 1957 .. .. .	9
Local Authority owned houses certified unfit by the Medical Officer of Health .. .. .	24
	80
<b>Unfit Houses Closed</b>	
Under Sections 16(4), 17(1) and 35(1) Housing Act 1957 and Section 26 Housing Act 1961 ..	1
<b>Parts of Buildings Closed</b>	
Under Sec. 18 Housing Act, 1957 .. .. .	2



*Table of Displacement of Occupants.*

	Number of Persons	Number of Families
1. From houses to be demolished in or adjoining clearance areas .. ..	214	69
2. From houses to be demolished not in or adjoining clearance areas ..	79	26
3. From houses to be closed .. ..	12	2
4. From parts of buildings to be closed	9	2
TOTAL ..	314	99

**Unfit Houses made Fit and Houses in which Defects were Remedied**

(i) After informal action by Local Authority .. .. .	69
(ii) After formal action under :	
(a) Public Health Acts .. .. .	20
(b) Housing Acts .. .. .	1

*Qualification Certificates.*

Number of Provisional Certificates issued .. .. .	4
Number of Qualification Certificates issued to premises already improved .. .. .	9

**Verminous Premises**

Number of houses disinfested .. .. .	84
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**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 .. .. .	2
Number of Inspections made of the above premises .. ..	52

**Common Lodging Houses**

There are no Common Lodging Houses within the City.

**Offices, Shops and Railway Premises Act, 1963**

1. GENERAL ADMINISTRATION.

Despite a considerable number of changes in registered premises during the year due to the continuing redevelopment in parts of the City, the total number of premises registered at the end of the year showed little change, and two thirds of them had received a general inspection during the year.

The number of people employed shows a considerable increase (1243) due mainly to the change in status of the Post Office and the consequent registration of three large offices.

## 2. OPERATION OF THE ACTS—LIFTS AND HOISTS.

The importance of making as thorough a check of lifts as is possible during a general inspection and not relying solely on the Certificates of Inspection was stressed in last year's report.

With regard to these Certificates of Inspection some difficulty has been experienced in the case of chain stores and multi occupied office blocks, where the Certificates have been held at a Head office or Development Company's office elsewhere in the country.

While it is appreciated that where defects are found a copy of the Certificate will be sent to the Local Authority, it would seem quite reasonable to require a copy of the Certificate to be kept in the building where the lift to which it relates is situated.

Several branches of one local store were found to have Goods hoists consisting of just a platform mechanically raised or lowered but with no guide rails or enclosures. These were considered to be potentially more dangerous than dumb waiters etc., to which the Regulations apply, yet because of the lack of fixed guides are excluded.

## 3. ACCIDENTS.

No fatal or serious accidents occurred. No doubt some minor accidents are not notified, but so far there is no evidence that the more serious cases are not being notified. In addition to enquiries during general inspections spot checks were made of the Ambulance Services record of calls.

## 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 .. ..	36	362	210
Retail Shops .. ..	22	511	358
Wholesalers, Warehouses .. ..	3	59	47
Catering Establishments	4	83	57
Fuel Storage Depots	—	2	2
Totals .. ..	65	1017	674

Number of Visits of all Kinds to Registered Premises, 935.

## 2. NUMBERS EMPLOYED.

<i>Class of Workplace</i>	<i>Number of Persons employed</i>
Offices .. ..	5144
Retail Shops .. ..	4018
Wholesale Warehouses .. ..	951
Catering Establishments .. ..	818
Canteens .. ..	77
Fuel Storage Depots .. ..	10
Total Males .. ..	5019
Total Females .. ..	5999
Grand Total .. ..	11018



3. EXEMPTIONS.  
No applications were received.
4. PROSECUTIONS.  
Nil.

### Rodent Control

	Type of Property	
	Non-Agricultural	Agricultural
Total number of properties (including nearby premises) inspected following notification	892	2
Number infested by :—		
Rats .. .. .	227	2
Mice .. .. .	536	—
Total number of properties inspected for rats or mice for reasons other than notification..	760	26
Number infested by :—		
Rats .. .. .	157	11
Mice .. .. .	291	—

No. of Sewer Manholes treated 1,839.

No. of Properties on the District :— 32,636 — Non-Agricultural.  
26 — Agricultural.  
232 — Wasp nests destroyed

### Factories Act, 1961

#### PART I OF THE ACT

1. *Inspections for purposes of provisions as to health.*

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority	11	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	364	19	3	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .. ..	6	—	—	—
TOTAL .. .. .	381	22	3	—

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	3	—	—	2	—
(c) not separate for the sexes .. ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
TOTAL .. ..	4	—	—	3	—

**Outwork**

**PART VIII OF THE ACT (SECTIONS 133 AND 134)**

Nature of Work	Section 133			Section 134		
	Number of out-workers in August list req'd by Sect. 133 (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.	20	—	—	—	—	—
Cleaning and Washing	—	—	—	—	—	—
<b>TOTAL</b>	<b>20</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>



# SECTION E

## INSPECTION AND SUPERVISION OF FOOD

Type of Premises	Number
<i>Registered or Licensed Food Premises</i>	
Dairies .. .. .	2
Distributors of Milk .. .. .	127
Untreated Milk—Dealer's Licences .. .. .	—
Pasteuriser's Licences .. .. .	2
Dealer's (Pre-packed Milk) Licences .. .. .	148
Ice-Cream—Manufacturers, Hot Mix .. .. .	3
Ice-Cream—Manufacturers, Soft Mix .. .. .	2
Ice-Cream Vendors .. .. .	275
Preserved Meat .. .. .	31
Slaughterhouses .. .. .	3

### Food Hygiene (General) Regulations

Category	No. of Premises	Category	No. of Premises
Dairies	2	General Food shops including Supermarkets	186
Ice Cream Manufacturers	3 1	Greengrocers	37
Hot Mix		Public Houses including premises with catering establishments & Off Licences	112
Soft Mix			
Bakehouses	14		
Butchers	53	Wholesale Premises	28
Cafes, Restaurants Clubs & Canteens	185	Food Factories	9
Wet and Fried Fish Shops	42	Sweets and Tobacco	64

### The Milk (Special Designations) Regulations, 1963

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

Designation	Taken	Meth. Blue			Phosphates		T.B.		Turbidity		Br. Abort.	
		Sat.	Unsat.	Void	Sat.	Unsat.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Pasteurised	174	165	4	5	169	5	—	—	—	—	—	—
Sterilised	11	—	—	—	—	—	—	—	1	10	—	—
Untreated	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	185	165	4	5	169	5	—	—	1	10	—	—

# MILK SUPPLIES—BRUCELLA ABORTUS

No samples of raw milk examined.

## POULTRY INSPECTION.

No poultry processing plants within the Authority.

## Food and Drugs Act, 1955

A total of 255 Formal samples and 41 Informal samples were analysed during the year and the samples purchased were as follows :—

Articles	Number of samples of each article examined			Number of samples of each article regarded as adulterated or not complying with prescribed standards		
	Formally Taken	Informally Taken	Total	Formally Taken	Informally Taken	Total
Milks .. ..	15	9	24	—	1	1
Sausages ..	35	2	37	2	—	2
Sugar and Margarine Mix	—	1	1	—	—	—
Sugar .. ..	—	1	1	—	—	—
Margarine ..	5	2	7	—	—	—
Bread .. ..	—	5	5	—	—	—
Butter .. ..	12	1	13	—	—	—
Preserves ..	10	—	10	—	—	—
Beer .. ..	9	—	9	—	—	—
Cheese .. ..	6	—	6	—	—	—
Sausage Rolls ..	7	—	7	—	—	—
Meat & Meat Products ..	22	2	24	—	—	—
Canned Meat ..	—	2	2	—	—	—
Coffee & Coffee .. & chicory ..	6	—	6	—	—	—
Cream and Cream desserts ..	9	—	9	—	—	—
Cake & Pudding Mix .. ..	5	—	5	—	—	—
Coconut .. ..	1	—	1	—	—	—
Dried Milk ..	—	4	4	—	—	—
Fruit Juice ..	—	2	2	—	—	—
Cooking Fat ..	6	—	6	—	—	—
Ice Cream ..	8	—	8	—	—	—
Soup .. ..	5	—	5	—	—	—
Seasonings ..	10	1	11	—	—	—
Drugs .. ..	11	—	11	—	—	—
Canned Fruit ..	6	1	7	—	—	—
Complan ..	—	1	1	—	—	—
Cream & Fruit Cake ..	—	1	1	—	—	—
Soft Drinks ..	12	—	12	—	—	—
Dried Fruit ..	6	—	6	—	—	—
Fish Pastes & Spreads including fishcakes ..	9	—	9	—	—	—



Articles	Number of samples of each article examined			Number of samples of each article regarded as adulterated or not complying with prescribed standards		
	Formally Taken	Informally Taken	Total	Formally Taken	Informally Taken	Total
Fruit Pies ..	3	—	3	—	—	—
Spirits ..	10	—	10	1	—	1
Strawberry Pulp	—	2	2	—	—	—
Table Jelly ..	5	—	5	—	—	—
Mincemeat ..	2	—	2	—	—	—
Canned Vegetables ..	6	—	6	—	—	—
Marzipan ..	4	—	4	—	—	—
Christmas Pudding ..	2	—	2	—	—	—
Pickles & Sauces	6	—	6	—	—	—
Honey ..	2	—	2	—	—	—
Other items on complaint ..	—	4	4	—	—	—
TOTALS ..	255	41	296	3	1	4

#### OTHER CHEMICAL SAMPLING.

Two samples of foreign matter from a Restaurant were submitted for analysis for the purpose of supporting a Food Hygiene prosecuting case.

One sample of malt and oil was alleged to have caused soreness to the mouth and tongue. No unusual features were found in this very bland and smooth product and the complaint could not be supported.

A Baby Food was submitted for analysis which contained a foreign body. The foreign body was a cream coloured film which was shown to consist of milk protein. Being natural in origin it was regarded as harmless.

#### Ice Cream

The number of samples taken for bacteriological testing by the Public Health Laboratory Service during the year was 78 samples and the results were as follows :—

##### 1. Samples taken from Premises.

	Number Taken	Grade I	Grade II	Grade III	Grade IV	Plate Count	pH Value	Void
Soft Mix ..	5	2	1	1	—	—	—	1
Others	49	41	2	—	—	—	—	6
Water Ices ..	15	—	—	—	—	6	8	1
TOTALS ..	69	43	3	1	—	6	8	8

## 2. *Samples taken from Mobile Vans.*

	Number Taken	Grade I	Grade II	Grade III	Grade IV	Plate Count	pH Value	Void
Soft Mix ..	7	2	2	—	2	—	—	1
Others ..	1	—	—	—	—	—	—	1
Water Ices ..	1	—	—	—	—	—	1	—
TOTALS ..	9	2	2	—	2	—	1	2

## Other Sampling

### Fertilisers and Feeding Stuffs

	Number of Samples Taken			Number of Samples Taken Not Complying with Prescribed Standards		
	Formally Taken	Informally Taken	Total	Formally Taken	Informally Taken	Total
Fertilisers .. ..	11	2	13	4	—	4
Feeding Stuffs ..	12	7	19	—	1	1
TOTALS ..	23	9	32	4	1	5

Regarding the unsatisfactory result of analysis of Fertilisers the Manufacturers were contacted and the necessary action was taken by them to remedy the discrepancies in the Statutory Statement.

The unsatisfactory result of the analysis of the feeding stuff was communicated to the Manufacturer concerned who took off sale all supplies of this particular brand.



## Meat Inspection

### Carcases Inspected and Condemned during the year 1970

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected					
Slaughterhouse 1 .. ..	13,945	214	14	45,871	53,837
Slaughterhouse 2 .. ..	7,213	3,435	684	32,550	23,064
Slaughterhouse 3 .. ..	2,354	29	4	7,391	7,117
TOTAL ..	23,512	3,678	702	85,821	84,018
<b>CONDEMNATIONS</b>					
<i>All Diseases except Tuberculosis and Cysticercus Bovis.</i>					
Whole carcasses condemned ..	12	20	36	146	198
Carcases of which some part or organ was condemned ..	8,234	2,945	12	8,418	11,511
Percentage of the number inspected affected with disease other than Tuberculosis or Cysticercus Bovis	30.8%	80.6%	6.8%	9.97%	13.9%
<i>Tuberculosis Only</i>					
Whole carcasses condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned ..	2	9	—	—	64
Percentage of the number inspected with Tuberculosis ..	.0085%	0.24%	—	—	0.07%
<i>Cysticercus Bovis Only</i>					
Whole carcasses condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned ..	7	—	—	—	—
Carcases submitted for refrigeration .. ..	7	—	—	—	—
Percentage of the number inspected affected with Cysticercus Bovis .. ..	0.03%	—	—	—	—

### Slaughterhouses

Number of Licensed Slaughterhouses in the City .. ..	3
Number of visits to Slaughterhouses for inspection of carcasses .. ..	3,099
Total number of carcasses killed and inspected	197,731
Total amount of carcase meat and offals condemned	120 tons. 17 cwt. 107 lbs.

The number of visits to slaughterhouses shown above includes the operation of the full-time meat inspection staff at the slaughterhouses and also Public Health Inspectors engaged on relief and overtime duties.

## Condemnation of Food Other Than at Slaughterhouses

			Tons	Cwts.	lbs.
1.	Carcase meat and offal at Wholesale Premises	..		15	6
2.	Carcase meat and offal at retail shops	.. ..	2	4	30
3.	Cooked meat and meat products	.. .. .		4	48
4.	Canned meats	.. .. .		10	97
5.	Other Canned foods	.. .. .	3	7	11
6.	Fish (fresh)	.. .. .		8	53
7.	Fruit and vegetables (fresh)	.. .. .	15	8	62
8.	Frozen foods due to cabinet breakdown	.. ..	3	3	54
9.	Other Foods	.. .. .	3	11	56
			29	13	81

### Food Poisoning

Only three sporadic cases were notified during the year.

#### Causative Agent

- (a) One case — Salmonella Haifa.
- (b) One case — Salmonella Infantis.
- (c) One case causative agent not identified.

### Food Complaints

A total of 105 complaints in regard to food containing foreign bodies, or that the food was in a mouldy condition, or the packaging of the food was in an unclean condition, were received within the Department during the year.

	Foreign Bodies		MOULD
	Number		Number
	Home Produced Food	Imported Food	
Milk .. .. .	6	1 (dried milk)	—
Butter .. .. .	1	—	—
Cheese .. .. .	4	—	—
Bread .. .. .	11	—	8
Canned Meat .. .. .	1	—	—
Cooked Meat .. .. .	3	—	1
Meat Pies .. .. .	5	—	7
Fish .. .. .	1	—	—
Fruit .. .. .	—	2	—
Vegetables .. .. .	—	1	1
Confectionery .. .. .	7	—	1
Other Food .. .. .	16	1	10
TOTALS .. .. .	55	5	28



It will be seen that 88 complaints of the 105 were in regard to foreign bodies in food and mould. Of the remaining 17 complaints, 11 were concerned with stale and decomposed food and 6 with dirty milk bottles.

It is a time-consuming exercise investigating food complaints, as the Manufacturers must be given the opportunity to view the food and to give any explanation they may have in regard to any given complaint.

#### *Prosecutions.*

Cases in 1970 arising from food complaints received within the Department are as follows :—

		<i>Fine</i>	<i>Costs</i>
1.	Steak & Kidney Pie — Mould	£10.00	£5.25
2.	Bread — Cotton and jute fibres Cat hairs and dirt	£50.00	£7.35
3.	Ham Sandwich — Mouse droppings.	£50.00	£7.35
4.	Sausage — Cotton fabric	Dismissed	
5.	Steak & Kidney Pie — Piece of metal	£40.00	£10.50
6.	Cornish Pasty — Mould	£10.00	£7.35
7.	Coffee Puff — Wasp	£25.00	£5.00
8.	Bottle of shandy — Clothes peg	£20.00	£7.00
9.	Cake — Mouse dropping	£25.00	£2.50
10.	Banana Split — Foreign body believed to be rodent excreta	£25.00	£2.50
11.	Liver Pate — Mould	£20.00	£5.00
12.	Buffet Pork Pie — Pieces of plastic bag	£5.00	—
In addition a prosecution was taken involving the adulteration of gin.			
13.	Adulterated Gin —	£20.00	£5.00

## SECTION F

### 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. P. J. Begley	Deputy Port Medical Officer	7.10.69	M.B.,Ch.B., M.R.C.S. L.R.C.P., D.P.H., D.Obsb., R.C.O.G., D.C.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. M. H. D. Embleton	Assistant Port Health Inspector	1.7.68	Master Mariners' Certificate Board of Trade	Harbour Master

Address and telephone number of the Medical Officer of Health —  
Health Department, Rikenel, Montpellier, Gloucester.  
Gloucester 29421

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	222	69,006	—	222	—
Coastwise	1,216	192,613	—	48	—
TOTAL	1,438	261,619	—	270	—



### 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, Granite
	Setts, Telegraph Poles and Pig iron.
	Principal Exports — Scrap Metal and General Cargo.
	General Food Ships.
Principal Ports from which ships arrive —	France, the Low Countries, 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.

No Change.

### SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS 1966.

No Change.

### SECTION VII—SMALLPOX.

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

### SECTION VIII—VENEREAL DISEASE.

No Change.

### 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.**

*Inspections and Notices.*

**TABLE G**

Nature and Number of Inspections		Notices Served		Result of Serving Notices
		Statutory	Others	
British	62	—	—	—
Foreign	208	—	—	—
<b>TOTAL</b>	<b>270</b>	—	—	—

**Imported Food**

TOTALS FOR 1970.

	<i>Tons</i>	<i>Cwts.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Fresh Apples . . . . .	888	—	—	—
Canned Apples . . . . .	252	—	—	—
Processed Peas . . . . .	31	10	—	—
Whole and Skimmed Milk Powder . .	1146	—	—	—
Processed Whelks and Mussels . .	52	10	—	—
Macaroni and other pastes . . . .	45	15	—	—
Frozen Poultry . . . . .	10	15	2	27
Beef tallow . . . . .	21	15	—	—
Vegetables . . . . .	157	—	—	—
Other Fruit . . . . .	208	5	—	—
Other . . . . .	143	18	—	4
	2957	8	3	3
Containerised Meat Not Inspected				
Fresh Beef . . . . .	24	9	1	4



**Imported Food Sampled and Examined—Chemically**

Natural Lemon Juice	..	..	..	1
Comminuted Lemon Juice	..	..	..	1
Complan	..	..	..	1
Strawberry Pulp	..	..	..	2
Apricot Halves	..	..	..	1
				<hr/>
				6
				<hr/>

**Imported Food sampled for Pesticide**

Onions	..	..	..	..	..	Nil
--------	----	----	----	----	----	-----

## SECTION G

### STATISTICS

#### *General Statistics*

Estimated area of City	.. .. .	8,314 acres
Registrar General's Estimated Mid-year Home Population	..	90,110
Area Comparability Factors—Births	.. .. .	0.97
Deaths	.. .. .	0.99
Rateable Value, 1st April, 1970	.. .. .	£3,667,015
Estimated sum represented by Penny Rate—1970/71		
Before Rebates	.. .. .	£15,201
After Rebates	.. .. .	£15,171

#### *Vital Statistics, 1961 - 1970*

##### Live Births

Year	Legitimate		Illegitimate		Total	Rate per 1,000 estimated resident population	
	Male	Female	Male	Female		Gloucester	England and Wales
1970	703	668	76	67	1,514	16·8	16·0
1969	757	744	83	75	1,659	18·3	16·3
1968	811	728	91	94	1,724	19·1	16·9
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

##### Stillbirths

Year	Male	Female	Total	Rate per 1,000 live and still births	
				Gloucester	England & Wales
1970	13	8	21	13.6	13.0
1969	16	7	23	14.0	13.0
1968	14	11	25	14.3	14.0
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



### Deaths

Year	Male	Female	Total	Death rate per 1,000 estimated resident population	
				Gloucester	England & Wales
1970	505	492	997	11.1	11.7
1969	463	492	955	10.5	11.9
1968	508	541	1,049	11.6	11.9
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

### Causes of Death, 1970

Causes of Death	Sex	AGE					Total
		0-24	25-44	45-64	65-74	75+	
Respiratory Tuberculosis ..	M	—	—	2	—	—	2
	F	—	—	1	—	—	1
Cancer—All forms .. ..	M	—	4	31	34	16	85
	F	2	1	29	28	21	81
Heart and circulatory diseases	M	—	3	58	85	109	255
	F	1	1	20	56	168	246
All other causes .. ..	M	23	8	40	40	52	163
	F	10	6	11	39	98	164
Total Deaths .. ..		23	15	131	159	177	505
		13	8	61	123	287	492
		36	23	192	282	464	997

### Maternal Mortality

Year	Deaths caused by Pregnancy Childbirth or Abortion
1970	—
1969	2
1968	—
1967	—
1966	1
1965	1
1964	1
1963	—
1962	—
1961	—

### Infant Mortality

Year	Number of deaths of infants under one year of age			Death rate of all infants per 1,000 live births
	Legitimate	Illegitimate	Total	
1970	15	2	17	11.2
1969	21	4	25	15.0
1968	25	1	26	15.0
1967	30	5	35	21.3
1966	23	3	26	17.2
1965	20	4	24	15.6
1964	35	4	39	25.2
1963	35	6	41	27.2
1962	25	3	28	20.1
1961	21	3	24	17.6

Infant Mortality—England and Wales 18.0.

#### Causes of death of infants under one year of age

Intestinal obstruction and hernia	..	..	1
Congenital abnormalities	..	..	5
Birth injuries, difficult labour etc.	..	..	1
Accidents	..	..	4
Other causes	..	..	6
			—
			17
			—

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

Congenital abnormalities	..	..	3
Birth injury, difficult labour etc.	..	..	1
Other causes	..	..	7
			—
			11
			—

The neo-natal death rate was, therefore, 7.2 per 1,000 live births.  
Neo-natal death rate, England and Wales—12.0.



### Prematurity and Stillbirths

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

Birth Weight Groups	Prem- ature Live Births	Deaths within 24 hours of birth	Deaths within 28 days of birth	Prem- ature still- births
2 lb. 3 oz. or less ..	1	1	—	3
2 lb. 4 oz.—3 lb. 4 oz.	9	3	2	2
3 lb. 5 oz.—4 lb. 6 oz.	14	—	—	5
4 lb. 7 oz.—4 lb. 15 oz.	27	—	—	1
5 lb.—5 lb. 8 oz. ..	66	—	1	1
Total .. ..	117	4	3	12

The total number of premature live births notified show an incidence of 7.7% of all live births. 57% of all stillbirths were notified premature. The overall incidence of prematurity among the total live and stillborn infants was 8.4%.

# 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
1970	166	16.8	1.8	4	3	31	29	50	49
1969	181	18.9	1.9	6	5	39	30	51	50
1968	207	19.7	2.3	7	6	46	27	67	54
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
Total	3,351	—	—	108	123	737	568	942	873



# 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	
1970	12	9	25	13	—	11	4	48	44	85	81	166
1969	10	11	38	11	1	11	6	47	46	96	85	181
1968	21	10	50	7	—	22	6	49	42	120	87	207
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
Total	114	81	326	64	4	141	57	418	353	862	696	1558

## Care of Mothers and Young Children Clinic Services

1. ANTE-NATAL AND POST-NATAL CLINICS						
Number of women in attendance—Ante-Natal examination ..						2,090
Post-Natal examination ..						69
Number of sessions held by—Medical Officers .. ..						—
Midwives .. ..						100
General Medical Practitioners ..						—
Hospital Medical Staff .. ..						150
Total .. ..						250
2. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES						
Number of women who attended during the year :						
(a)	Institutional booked	..	..	..	..	699
(b)	Domiciliary booked	..	..	..	..	22
Total .. ..						721
Total number of attendances during the year .. ..						2,106
3. CHILD WELFARE CENTRES						
Number of children who attended during the year :						
(a)	born in 1970	..	..	..	..	1,657
(b)	born in 1969	..	..	..	..	960
(c)	born 1965-1968	..	..	..	..	557
Total .. ..						3,174
Number of sessions held by (a) Medical Officers .. ..						258
(b) Health Visitors .. ..						330
(c) General Medical Practitioners						52
Total .. ..						640
Number of children on "at risk" register at end of year ..						791



## 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</i>	<i>Expectant and</i>
					0 - 4	<i>Nursing Mothers</i>
First visit	..	..	..	..	158	152
Subsequent visits	..	..	..	..	106	335

Number of additional courses of treatment  
other than the first course commenced  
during year .. .. . 7 1

#### *Treatment provided during the year.*

Number of fillings	..	..	..	..	111	333
Teeth filled	..	..	..	..	99	253
Teeth extracted	..	..	..	..	275	125
General anaesthetics given	..	..	..	..	112	32
Emergency visits by Patients	..	..	..	..	87	21
Patients X-Rayed	..	..	..	..	—	20
Patients treated by Scaling and/or removal of stains from the teeth (Prophylaxis)	..	..	..	..	4	96
Teeth otherwise conserved	..	..	..	..	4	—
Teeth root filled	..	..	..	..	—	—
Inlays	..	..	..	..	—	—
Crowns	..	..	..	..	—	—
Number of Courses of Treatment completed during the year	..	..	..	..	27	69

### 2. PROSTHETICS.

Patients supplied with F.U. or F.L. (First time)	..	..	..	..	6
Patients supplied with other dentures	..	..	..	..	10
Number of dentures supplied	..	..	..	..	23

### 3. ANAESTHETICS.

General Anaesthetics administered by Dental Officers	..	..	..	..	63
---	----	----	----	----	----

### 4. INSPECTIONS.

Number of Patients given first inspections during year	..	..	..	..	141	137
Number of these who required treatment	..	..	..	..	92	136
Number who were offered treatment	..	..	..	..	89	135

### 5. SESSIONS.

Number of Dental Officer sessions devoted to Maternity and Child Welfare Patients :					
For Treatment	..	..	..	..	90
For Health Education	..	..	..	..	—

### Distribution of Welfare Foods

Number of items sold during the year :

National Dried Milk	..	..	..	..	..	..	3,488
Cod Liver Oil	..	..	..	..	..	..	1,073
A and D Vitamin tablets	..	..	..	..	..	..	4,145
Orange Juice	..	..	..	..	..	..	23,327
Ribena	..	..	..	..	..	..	3,312
Rose Hip Syrup	..	..	..	..	..	..	2,115
Carella Syrup	..	..	..	..	..	..	376
Ostermilk No. 2	..	..	..	..	..	..	3,032
Cow and Gate Milk	..	..	..	..	..	..	5,462
Trufood	..	..	..	..	..	..	1,328
Farlene food	..	..	..	..	..	..	653
S.M.A. Milk	..	..	..	..	..	..	1,064
Trufood Cereal	..	..	..	..	..	..	395
Adexolin, large	..	..	..	..	..	..	480
Adexolin, small	..	..	..	..	..	..	324

### 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.

	1969	1970
14 years .. .. .	—	—
15 „ .. .. .	5	4
16 „ .. .. .	10	9
17 „ .. .. .	17	10
18 „ .. .. .	12	10
19 „ .. .. .	10	8
20 „ .. .. .	14	4
21—25 years .. .. .	24	10
Over 25 years .. .. .	13	8
Age not known .. .. .	—	—
<b>Total</b> .. .. .	<b>106</b>	<b>63</b>

#### 2. Analysis of new cases.

	1969	1970
Illegitimacy .. .. .	106	63
Family and other problems .. .. .	15	22
Applications to adopt .. .. .	15	20
<b>Total</b> .. .. .	<b>136</b>	<b>105</b>

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

	1969	1970
No. of applications made .. .. .	7	7
Number of mothers who went to Homes and paid own fees. . . . .	—	—



## 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 .. .. .	72
Doctor not booked .. .. .	—
Number of cases delivered in hospitals and other institutions, but discharged and attended by domiciliary midwives before the tenth day .. .. .	786

### 2. Number of visits by domiciliary midwives :—

Midwifery .. .. .	5,886
Ante-Natal .. .. .	4,683
Post-Natal .. .. .	—
Early discharges .. .. .	4,801

## HEALTH VISITING SERVICE

### 1. Visiting

	<i>Number of</i>	
	<i>Cases</i>	<i>Visits</i>
Children born in 1970 .. .. .	1,619	5,589
Children born in 1969 .. .. .	1,046	3,558
Children born 1965—1968 .. .. .	1,839	5,776
Persons aged 65 or over .. .. .	658	1,688
Mentally disordered persons, at the special request of a general practitioner or hospital ..	10	17
Other mentally disordered persons .. .. .	18	28
Persons discharged from hospital (excluding maternity or from mental hospitals) at the special request of a general practitioner or hospital .. .. .	10	14
Other persons discharged from hospital (excluding maternity or from mental hospitals) ..	18	37
Tuberculous households .. .. .	37	81
Other Infectious diseases .. .. .	343	382
Expectant mothers .. .. .	175	193
Post-Natal .. .. .	7	18
School Health follow-up .. .. .	185	298
Others .. .. .	1,000	2,421
Unsuccessful .. .. .	1,526	3,312
<b>Total .. .. .</b>	<b>8,491</b>	<b>23,412</b>

## 2. Clinics etc.

Vaccination and Immunisation Clinics .. .. .	322
B.C.G. and Heaf Testing Clinics .. .. .	143
School Health Inspections .. .. .	454
School Minor Ailments Clinics .. .. .	173
Cleanliness Inspections at Schools .. .. .	562
Paediatric Clinics .. .. .	1,035
Other Clinics .. .. .	946
<b>Total .. .. .</b>	<b>3,635</b>

## 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 .. .. .	39
Aged 65 years and over .. .. .	1,012
Others .. .. .	831
<b>Total .. .. .</b>	<b>1,882</b>

### 2. Number of visits made :—

Aged under 5 years .. .. .	198
Aged 65 years and over .. .. .	33,506
Others .. .. .	13,769
<b>Total .. .. .</b>	<b>47,473</b>

## VACCINATION AND IMMUNISATION

<b>Against Smallpox</b>	<i>Vaccinated</i>	<i>Revaccinated</i>
Under 3 months of age .. .. .	3	—
3—6 months .. .. .	2	—
6—9 months .. .. .	4	—
9—12 months .. .. .	6	—
1 year .. .. .	331	—
2—4 years .. .. .	146	18
5—15 years .. .. .	62	109
<b>Total .. .. .</b>	<b>554</b>	<b>127</b>

### 2. Against Tuberculosis

	<i>Contact Scheme</i>	<i>School Children Scheme</i>
Number skin tested .. .. .	95	1,131
Number found positive .. .. .	22	108
Number found negative .. .. .	69	1,023
Number vaccinated .. .. .	61	1,023



## Vaccination of Persons under Age 16

### 1. Completed Primary Courses.

Type of Vaccine	Year of Birth					Others under 16	Total
	1970	1969	1968	1967	1963- 1966		
a. Quadruple DTPP	—	—	—	—	—	—	—
b. Triple DTP	26	980	246	22	15	—	1,289
c. Diphtheria/Pertussis	—	—	—	—	—	—	—
d. Diphtheria/Tetanus	—	1	—	1	83	—	85
e. Diphtheria	—	—	—	—	—	—	—
f. Pertussis	—	—	—	—	—	—	—
g. Tetanus	—	—	—	—	9	12	21
h. Salk	—	—	—	—	—	—	—
i. Sabin	13	995	246	32	119	—	1,405
j. Measles	—	212	266	164	233	—	875
Totals—Diphtheria	26	981	246	23	98	—	1,374
Whooping	—	—	—	—	—	—	—
Cough	26	980	246	22	15	—	1,289
Tetanus	26	981	246	23	107	12	1,395
Poliomyelitis	13	995	246	32	119	—	1,405

### 2. Reinforcing Doses.

a. Quadruple DTPP	—	—	—	—	—	—	—
b. Triple DTP	—	5	33	3	—	—	41
c. Diphtheria/Pertussis	—	—	—	—	—	—	—
d. Diphtheria/Tetanus	—	—	—	13	897	2	912
e. Diphtheria	—	—	—	—	—	—	—
f. Pertussis	—	—	—	—	—	—	—
g. Tetanus	—	—	—	—	12	24	36
h. Salk	—	—	—	—	—	—	—
i. Sabin	—	5	27	11	879	4	926
j. Measles	—	—	—	—	—	—	—
Totals—Diphtheria	—	5	33	16	897	2	953
Whooping	—	—	—	—	—	—	—
Cough	—	5	33	3	—	—	41
Tetanus	—	5	33	16	909	26	989
Poliomyelitis	—	5	27	11	897	4	926

## AMBULANCE SERVICE

SECTION 27					NON-SECTION 27			
	STRETCHER		SITTING		STRETCHER		SITTING	
	Cases	Miles	Cases	Miles	Cases	Miles	Cases	Miles
Accident and Emergency ..	3,767	27,409	843	5,489	—	—	—	—
Other .. ..	6,786	43,804	18,762	65,202	5	902	43	1,226
Rail .. ..	2	228	154	20,816	—	—	14	1,362
Hospital Car Service	—	—	3,140	52,358	—	—	8,044	39,019
Ambulance Bus	—	—	891	1,336	—	—	2,043	3,257
Hydraulic Lift Vehicles ..	—	—	9,180	31,003	—	—	3,934	10,717
Van Mileage ..	—	—	—	—	—	—	—	4,803
Out-Patients Carried—27,682								
					Cases		Miles	
Total Mileage —								
Ambulances .. ..			72,115	Amb. Service	46,254		195,148	
Sitting Case Vehicles ..			71,657	H.C. Service ..	11,184		91,377	
Hydraulic Lift Vehicles ..			41,720	Agency .. ..	28,958		30,128	
Bus .. ..			4,593	Rail .. ..	170		22,406	
Van .. ..			4,803					



# ACCIDENT CALLS 1968-69-70

	Road Accidents			Home Accidents			Other Accident Calls			Total Accident Calls			Total of Peak Hours (Road Accidents)			
	1968	1969	1970	1968	1969	1970	1968	1969	1970	1968	1969	1970		1968	1969	1970
JANUARY	35	35	30	36	34	30	149	146	148	1968	1969	1970	0001 to 0100	4	12	5
FEBRUARY	26	34	33	38	34	26	109	134	143	2623	2706	2796	0100 to 0200	4	5	5
MARCH	46	39	46	37	33	36	141	165	117	—	—	—	0200 to 0300	4	3	4
APRIL	45	42	42	35	44	33	129	122	143	—	—	—	0300 to 0400	3	2	3
MAY	37	46	40	25	36	40	144	141	167	—	up 90	—	0400 to 0500	—	1	—
JUNE	44	48	35	37	36	30	138	163	168	PATIENT INVOLVED			0500 to 0600	4	6	2
JULY	53	49	47	43	41	40	164	167	152	1968	1969	1970	0600 to 0700	5	7	3
AUGUST	40	49	47	51	32	41	145	167	182	2785	2892	3005	0700 to 0800	19	21	24
SEPTEMBER	50	40	53	43	27	25	131	127	167	—	—	—	0800 to 0900	39	48	39
OCTOBER	42	52	44	36	27	31	141	169	163	—	—	—	0900 to 1000	22	12	23
NOVEMBER	47	53	57	27	25	26	139	150	165	—	up 113	—	1000 to 1100	20	14	25
DECEMBER	48	28	41	19	21	28	153	150	180	1683	1801	1895	1100 to 1200	19	24	32
	513	515	515	427	390	386	—	—	—	—	—	—	1200 to 1300	39	27	31
	—	—	—	—	—	—	—	—	—	—	—	—	1300 to 1400	31	25	25
	—	—	—	—	—	—	—	—	—	—	—	—	1400 to 1500	26	25	24
	—	—	—	—	—	—	—	—	—	—	—	—	1500 to 1600	34	27	31
	—	—	—	—	—	—	—	—	—	—	—	—	1600 to 1700	39	42	44
	—	—	—	—	—	—	—	—	—	—	—	—	1700 to 1800	46	43	45
	—	—	—	—	—	—	—	—	—	—	—	—	1800 to 1900	33	31	23
	—	—	—	—	—	—	—	—	—	—	—	—	1900 to 2000	23	43	27
	—	—	—	—	—	—	—	—	—	—	—	—	2000 to 2100	25	19	20
	—	—	—	—	—	—	—	—	—	—	—	—	2100 to 2200	26	25	24
	—	—	—	—	—	—	—	—	—	—	—	—	2200 to 2300	25	29	26
	—	—	—	—	—	—	—	—	—	—	—	—	2300 to 2359	23	24	30
	513	515	515	427	390	386	—	—	—	—	—	—	—	513	515	515

	Daily Road Accidents			Daily Home Accidents		
	1968	1969	1970	1968	1969	1970
MONDAYS	63	66	67	72	52	56
TUESDAYS	57	91	71	52	59	53
WEDNESDAYS	76	73	79	72	42	58
THURSDAYS	87	77	85	62	71	57
FRIDAYS	93	75	97	73	72	53
SATURDAYS	91	68	68	53	48	59
SUNDAYS	46	65	48	43	46	50
	—	—	—	—	—	—
	513	515	515	427	390	386
	—	—	—	—	—	—

down 4

down 4

	Daily Road Accidents			Daily Home Accidents		
	1968	1969	1970	1968	1969	1970
MONDAYS	63	66	67	72	52	56
TUESDAYS	57	91	71	52	59	53
WEDNESDAYS	76	73	79	72	42	58
THURSDAYS	87	77	85	62	71	57
FRIDAYS	93	75	97	73	72	53
SATURDAYS	91	68	68	53	48	59
SUNDAYS	46	65	48	43	46	50
	513	515	515	427	390	386

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a)	Number of recuperative holidays granted .. .. .	34
	Number of recuperative holidays provided by voluntary agencies, where national and local schemes are not applicable .. .. .	64
(b)	Number of persons in receipt of free milk at the end of the year .. .. .	6
(c)	Chiropody Service—Number of treated cases .. ..	1,349
	Number of treatments given .. ..	7,073

## CERVICAL CYTOLOGY CLINIC REPORT

Appointments sent .. .. .	1,325
Women attending for cervical cytology ..	1,072
Failed appointments .. .. .	253
<i>Findings obtained from cervical smear.</i>	
Definite Malignancy .. .. .	6
Papanicolaou—Grade III .. .. .	1
Papanicolaou—Grades I and II .. ..	1,059
Inflammation—Organism not specified ..	263
Trichomonal Infection .. .. .	39
Monilial Infection .. .. .	17
Endocervical cells .. .. .	—
<i>Findings obtained from physical examination.</i>	
Cervical erosion .. .. .	108
Cervical polyp .. .. .	13
Masses in breast .. .. .	4
Urethral caruncle .. .. .	—
Fibroids .. .. .	11
Fixed retroversion .. .. .	3
Cystocele .. .. .	2
Stress incontinence .. .. .	1
Threadworm .. .. .	—
Uterine prolapse .. .. .	11
Cervicitis .. .. .	22
Vaginitis .. .. .	3
Cervical cyst .. .. .	1

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—	..	..	..	..	..	664
2.	Aged under 65 on first visit :						
	(a)	Chronic sick and tuberculous	..	..	..	..	61
	(b)	Mentally disordered	..	..	..	..	8
	(c)	Maternity	..	..	..	..	19
	(d)	Others	..	..	..	..	54
3.	Total number of cases	..	..	..	..	..	806

## MENTAL HEALTH SERVICE

### 1. STAFF.

1 Head Social Worker A.A.P.S.W.

1 Social Worker S.R.N.

1 Social Worker S.R.N.

1 Social Worker.

2 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.

<i>Source</i>	<i>Under age 16</i>		<i>Age 16 and over</i>		<i>Totals</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
(a) <i>Mentally Ill.</i>					
1. General Practitioners	—	—	30	101	131
2. Hospitals ..	—	—	10	20	30
3. Local Education Authority ..	—	—	4	3	7
4. Police and Courts	—	—	4	7	11
5. Other Sources ..	33	9	16	25	83
TOTALS ..	33	9	64	156	262

#### (b) *Mentally subnormal.*

1. General Practitioners	—	—	—	—	—
2. Hospitals ..	—	—	1	—	1
3. Local Education Authority ..	7	1	—	—	8
4. Police and Courts	—	—	—	—	—
5. Other Sources	3	—	4	2	9
TOTALS ..	10	1	5	2	18

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

	M.	F.	Totals
1. School M.O's .. .. .	—	—	—
2. Child Guidance Clinic.. ..	31	24	55
3. General Hospital O.P. Clinics	—	4	4
4. General Practitioners .. ..	—	1	1
TOTALS .. .. .	31	29	60

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. . . . .	—	—	162	234	396
(b) Mentally subnormal	24	19	80	51	174
TOTALS .. .	24	19	242	285	570

4. TRAINING CENTRES.

Number of trainees at end of the year.

	M.	F.	Totals
(a) Junior Training Centre (under age 16)			
Subnormal .. .. .	14	3	17
Severely subnormal .. ..	10	15	25
Nursery class .. .. .	—	—	—
Diagnostic unit .. .. .	5	3	8
TOTALS .. .. .	29	21	50
(b) Senior Training Centre (age 16 and over)			
Subnormal .. .. .	10	7	17
Severely subnormal .. ..	25	15	40
TOTALS .. .. .	35	22	57

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

	1970		Total
	M.	F.	
(a) Informal .. .. .	16	32	48
(b) Observation (S.25) .. .. .	14	29	43
(c) Treatment (S.26) .. .. .	5	11	16
(d) Emergency (S.29) .. .. .	37	36	73
TOTALS	72	108	180
(e) Patients examined but not admitted ..	8	12	20



In 1970, 40.6% of all the admissions by Mental Welfare Officers were under Section 29 (Emergency) as compared with 41.6% in 1969 and 44% in 1968. Informal admissions amounted to 26.6% compared with 14.3% in 1969 and 21% in 1968.

## 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)	Day Nurseries	..	..	..	4	100
(b)	Other premises	..	..	..	17	482
(c)	Daily minders	..	..	..	64	102

### 3. NURSING HOMES.

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

..	..	..	..	4	62
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### 4. OLD PEOPLE'S HOMES.

Registrations under the National Assistance Act, 1948

..	..	..	..	7	134
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# SECTION H

## SCHOOL HEALTH SERVICE

### EDUCATION COMMITTEE

1969-70

#### *Chairman :*

Alderman A. G. Neal

#### *Cice-Chairman :*

Councillor P. W. Robinson

#### *Members :*

Alderman K. A. H. Hyett  
(Ex-Mayor)  
Alderman G. A. H. Matthews, M.B.E.  
Councillor Mrs. L. A. Reeves  
Councillor R. Dwyer  
Councillor J. A. Johnson  
Councillor Mrs. N. Leighfield  
Councillor Mrs. D. M. Mathers, J.P.  
Councillor P. W. G. Pickthorn  
Councillor P. W. J. Dewsnip  
Councillor H. C. Parry  
Councillor T. B. Wathen  
Councillor D. J. Knight  
Councillor J. E. Logue  
Councillor Mrs. M. G. P. Nurse  
Canon K. F. Evans-Prosser  
Canon M. J. Roche  
Rev. T. J. Lander  
Mr. L. A. Buttlings  
Mr. F. Stephenson  
Mr. H. J. Skinner  
Mr. S. W. Smith

1970-71

#### *Chairman :*

Alderman A. G. Neal

#### *Vice-Chairman :*

Alderman K. A. H. Hyett

#### *Members :*

Alderman G. A. H. Matthews, M.B.E.  
Alderman I. C. Pritchard  
Councillor Mrs M. L. Reeves  
Councillor R. Dwyer  
Councillor Mrs N. Leighfield  
Councillor Mrs. D. M. Mathers, J.P.  
Councillor P. W. G. Pickthorn  
Councillor H. C. Parry  
Councillor T. B. Wathen  
Councillor D. Knight  
Councillor J. E. Logue  
Councillor Mrs. M. Nurse  
Councillor J. R. H. Martin  
Councillor P. G. Harris, M.B.E.  
Canon M. J. Roche  
Canon K. F. Evans-Prosser  
Rev. T. J. Lander  
Mr. F. Stephenson  
Mr. H. J. Skinner  
Mr. S. W. Smith  
Dr. C. G. Silcocks

### STAFF

P. T. REGESTER, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health and Principal School Medical Officer.  
PAULINE J. BEGLEY, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., D.OBST.R.C.O.G., D.C.H., Deputy Medical Officer of Health, Deputy Principal School Medical Officer.  
CHARLES R. OYLER, M.R.C.S., L.R.C.P., Senior Departmental Medical Officer, School Medical Officer.  
RONALD C. MCGREGOR, M.R.C.S., L.R.C.P., Departmental Medical Officer, School Medical Officer.



L. V. MARTIN, M.B., B.S., F.F.A., R.C.S., D.A., Anaesthetist, Dental Clinic.  
R. BELL, B.D.S. (Edin.), Principal Dental Officer.  
A. J. LANE, L.D.S., R.C.S., Senior Dental Officer.  
T. A. LOCK, L.D.S., Dental Officer.  
J. D. BOUSFIELD, B.D.S., J. R. COND., B.D.S., MRS. E. M. GLEES, D.M.D. (Bonn),  
MRS. I. M. LEACH, L.D.S., Dental Officers (Part time).  
MISS S. CARTWRIGHT, MISS V. S. EGERTON, Dental Auxiliaries.  
MRS. J. BUNCE, MRS. A. CAPEL, MISS J. CHESHIRE, MRS. E. FREEBURY,  
Dental Surgery Assistants.  
MRS. M. L. BRICE, S.E.N., MRS. M. HOWAT, MRS. E. H. QUIRK, R.M.N.,  
Dental Surgery Assistants (Part time).

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MISS B. C. DAY, S.R.N., S.C.M., Q.N., H.V., Chief Nursing Officer.  
MISS A. J. BLOORE, S.R.N., S.C.M., Q.N., H.V., Principal Nursing Officer.  
MRS. D. G. GORDON-WILSON, MRS. E. P. GOULDING, MISS E. M. B. JAMES,  
MISS C. JONES, MISS E. JOSLIN, MISS A. E. NEWMAN, MRS. R. O'GORMAN,  
MISS P. OLIVER, MISS F. R. PHILLIPS, MRS. V. PUSEY, MRS. I. M.  
WATHEN, MRS. G. M. WILLIAMS, MISS D. M. WOOD, Health Visitors/  
School Nurses.  
MRS. N. PRIESTLEY, Clinic Superintendent, Charles Cookson Clinic.  
MRS. M. COWLARD, Clinic Sister, Charles Cookson Clinic.  
MRS. R. M. HILL, Clinic Nurse, Rikenel Clinic.  
MRS. O. M. BEVERIDGE, MRS. J. EVANS, MRS. J. GILES, MRS. J. MITCHELL,  
School Nurses.  
MRS. M. GORDON, Student Health Visitor.

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J. F. KELSALL, B.A.(HONS.), DIP.PSYCH., A.B.P.S.S., Educational Psychologist.  
MISS J. DAVIES, L.C.S.T., Speech Therapist.  
MRS. A. L. BRISTOW, MRS. S. A. GOODWIN, MRS. C. V. PEARCE, Speech  
Therapists (Part-time).  
MRS. C. COOPER, Audiometric Technician.  
MRS. C. J. GREENWOOD, Physiotherapist (Part-time).

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### **SCHOOL HEALTH SERVICES**

Health Department and Central Clinic,  
Rikenel, Montpellier, Gloucester.  
Telephone 29421

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Dental Clinic, Rikenel, Montpellier, Gloucester.  
Telephone 20436.

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



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

I have the honour of presenting my Annual Report on the School Health Service for 1970.

P. T. REGESTER,  
*Medical Officer of Health and  
Principal School Medical Officer.*

*Report of the Principal School Dental Officer for the year 1970.*

This year sees us fifty years from the inception of the Public Health Dental Service by Mr. Lancelot Machin in 1920. It seems fitting to look back briefly on the growth of the service since then. A table is appended giving figures which give some idea of the number treated and the volume of work actually performed over the years. Gloucester has almost doubled in population during this time and inevitably the dental problems have increased aggravated, no doubt, by an increasing tendency to eat soft, sticky, carbohydrate foods.

Commenting on the table. 1924 represents the first year for which figures are available. 1954 represents Mr. Machin's last year of service. By this time it is apparent that the increased volume of treatment required coupled with minimal increase in staff was making it impossible to cope adequately and the number of extractions required was increasing. To help meet this problem Mr. Lightfoot, who succeeded Mr. Machin, curtailed routine school inspections and concentrated on treating the regular patients of the clinic. This method, of course, means that those patients attending the clinic are assured of excellent attention but it also means that advice and attention fail to reach others who can benefit from them. This is a difficult problem and Mr. J. P. Wilson reinstated regular dental inspections at the schools in stages from 1958 onwards. 1966 represents inspection of the whole school population prior to the extension of the City boundary. Unfortunately this extension undid a great deal of good as the increased population brought no increase in staff and in 1969 approximately the same amount of treatment was proving inadequate. In fact, during 1969 we were able to inspect and treat only approximately one third of the school population. When dental treatment is delayed tooth damage becomes more extensive and inevitably more time and trouble is needed when treatment is eventually provided. This state of things becomes a vicious circle which becomes hard to break. Our main aim in 1970 has been to seek ways and means of reducing the backlog of very necessary work.

### **The method**

This has been to do everything in our power to see that the time of clinical staff has been spent actively treating patients at the chairside. To do this we have had to curtail or reduce certain desirable activities and re-arrange others. The amount of time spent on Dental Health Education has been temporarily reduced (though 55 sessions were devoted to this work largely spent at the schools giving talks to children). The visits to the Charles



Cookson Clinic to advise mothers have been replaced by the staff at the clinic kindly advising the patients on our behalf. A modified technique of dental inspections at the schools has been evolved which has enabled us to inspect 12,474 children in 79 sessions as against 5,853 seen in 82 sessions last year. This latter measure, of course, also helps the schools as it considerably reduces the amount of school time taken up by our visits.

This scheme of things has certainly proved itself during the year as we were able to see 13,270 of the school population, an all time record, and follow this up by treatment when requested. A further dental officer is to be appointed in 1971 and we are hopeful that it will be possible to build on what has already been achieved. Our aim being to inspect the whole school population and treat those accepting treatment in 1971. In addition to this re-arrangement we have attempted to make the service more personal by dividing the schools into four groups, each group being cared for by a definite member of staff. This results in patients seeing the same person as far as it is possible and enables us to establish a private practice relationship with the patients and for the staff here to get to know their schools better.

### **The results**

The figures appended to this report are some measure of what it has been possible to achieve. The important ones being the vast increase in visits for treatment, 13,641, an all time record. The previous maximum being 9,640 in 1966 before the City boundaries were extended. The total number of fillings is dramatically up to 12,299 from the 6,773 of 1969. This has already produced results in that the number of teeth extracted has fallen from 4,061 in 1969 to 3,354 in 1970 with a reduction of nearly 500 in the number of general anaesthetics required. In addition to this the number of dentures required has fallen from 45 to 14. The reduced denture and extraction figures represent real progress and it is hoped that this trend will continue.

During the year we had a visit from Mr. C. Howard, one of the inspecting dental officers at the Ministry of Education and Science and it is pleasing to record that his comments were generally favourable.

### **Other progress**

The major change is the completion of a brand new central dental clinic related to the new Health Centre at Rikenel. This opened in November and the old clinic at Ivy House was phased out and closed after 10 years' useful service. For the first time the public health dental service is housed in brand new well-equipped premises which will do much to improve the image of the service we provide. Our thanks go to the Council Members and the Medical Officer of Health for actively supporting this move. Inevitably a move of this sort coupled with keeping the service going produced headaches and my best thanks go to Mr. J. Vercoe of the City Architects Department, Mr. A. J. Lane who supervised the operation and to the staff of the clinic who all helped to make the change so successful and exactly to schedule. The first moves were made during the year to provide dental services to certain schools using a Mobile Dental Unit. This will reduce time and trouble spent travelling from the outskirts of the City and should be a particular blessing



to the handicapped children in the care of the authority. Despite the reduction in dental health activities during 1970 a number of primary schools have been visited and each class had a suitable talk by the dental auxiliaries.

Mrs. M. Craig, the Health Education Officer, has also helped in this work in a number of ways, talking to pupil midwives, teachers and play groups. It is very pleasing to report that a dental health week was operated at Coney Hill Infant and Junior Schools during November. We are always more than grateful for the enthusiastic co-operation we receive from these schools. Mention of the dental auxiliaries would not be complete without comment on the useful contribution which is made to our service by the auxiliaries. Miss V. Egerton was joined by Miss S. Cartwright during the year and it is pleasing to record how much we are indebted to them both. Dental auxiliaries are in short supply and many authorities are unable to fill vacancies in their establishments. Staff in this grade tend to be single girls living away from home and it is short sighted of an authority not to offer suitable accommodation automatically if requested at a reasonable rent for staff in this sort of position. This can have a considerable bearing on recruitment.

### **Problems**

One which besets our service is the number of patients accepting treatment who fail to complete the course of treatment. This reduces the value of the portion of the treatment carried out and is very wasteful of professional time as often we have no indication that they have no intention of keeping their appointment. In all we had 2,264 failed appointments during 1970 which represents 15.8% of appointments made. The only way we can allow for this is by overbooking our daily appointments. The snag then is that if all the bookings arrive we have to work under considerable pressure and people are kept waiting. All patients who fail appointments are sent one reminder card and after this treatment lapses until the next school inspection unless we are approached meantime. This is a problem which would be obviated as far as the mobile dental unit is concerned.

Other problems are those that beset all school dentistry. One cannot help but feel how short sighted it is for certain schools to be selling sweets and biscuits in school tuck shops at break times. The profits made by these measures going to some worthy activity in the life of the school. If the small profits made in this way were set alongside the real cost in terms of treatment required, it would prove quite conclusively how harmful the mid-morning snack of this type of food really is. For schools that don't feel a total ban is a practical measure, for instance those with numbers of scholars who attend with very little breakfast, a realistic approach is that of the General Dental Council which recommends that schools provide such items as crisps, nuts, etc., and I would be only too pleased to pass this information on to schools coupled with the names and addresses of suppliers.

### **Staffing the service**

The year has seen a number of staff changes but firstly mention should be made of the death of Mr. L. Machin who was responsible for the inception of the School Dental Service. Mr. Machin served the children



of this city for 34 years. It is a source of regret to us that he died before seeing our new premises which we feel sure would have interested him greatly. During the year we said farewell amongst others to Mrs. G. Rust who left us to have her baby. All too briefly we had the part time assistance of Miss P. Courthill who is now working for the County. We were pleased to welcome Mrs. E. M. Edwards to replace Mrs. Rust, Mrs. A. Capel and Mrs. M. Howat to the nursing side and Miss S. Cartwright, Dental Auxiliary.

Generally speaking the staff establishment is satisfactory apart from a shortage of dental nurses. This was commented on by the inspecting dental officer for the Ministry and we do hope to be able to improve the position here.

### **Courses**

During the year Mr. T. A. Lock and Mr. A. J. Lane attended a post graduate weekend course in Cheltenham. Miss V. Egerton attended the Annual General Meeting of the British Association of Dental Auxiliaries. Mr. T. A. Lock attended the Society of Medical Officers of Health meeting in Oxford and Mr. R. Bell attended the Annual Conference of the British Dental Association in Manchester. The Authority has been very generous to us during the past years and this is very much appreciated. These meetings provide valuable opportunities to keep up to date and to discuss dental topics with our colleagues.

### **The Current Scene**

1970 has been beset by possible re-organisation schemes. The Maud Commission proposals which alter the whole map of the British Isles for one and the possible unification of the health service for another. We cannot help but wonder what the future really does hold, which is most unsettling for all concerned. In these schemes there is a possibility that Health Education is divided from our service which seems a retrograde step. In fact we really wonder what is in store and we do need to plan ahead with some degree of certainty. There is no doubt whatsoever about the need for our type of service, the figures appended are adequate proof. Why substitute something which is proven for some new theoretical concept with all the disturbance this will involve? Having said this it now remains to express my grateful thanks to the Members of the Committee, The Medical Officer of Health and his staff, The Chief Education Officer and last but by no means least to the staff of the Dental Department for their constant support and encouragement throughout the year especially to Mr. A. J. Lane who has been such a loyal colleague in the difficulties surrounding our move to new premises.

YEAR	1924	1935	1945	1954	1958	1961	1966	1969	1970
POPULATION OF CITY .. ..	53,090	56,900	61,670	66,700	68,400	69,780	72,550	90,530	90,110
1. Number of pupils inspected									
(a) Periodic inspections	5,268	5,742	6,057	3,090	664	4,307	11,645	5,853	12,474
(b) Special inspections	931	1,290	689	2,304	1,824	982	512	696	959
TOTAL ..	6,199	7,032	6,746	5,394	2,488	5,289	12,157	6,549	13,433
2. Number found to require treatment .. ..	3,393	3,022	3,241	3,932	2,390	4,203	7,431	4,813	8,090
3. Attendances for treatment	2,750	3,824	3,576	4,136	3,754	7,210	9,640	8,269	13,641
4. Half days devoted to									
(a) Periodic school inspection	57	40	44	22	6	38	128	82	79
(b) Treatment .. ..	393	366	472	676	574	1,046	1,508	1,286	1,784
TOTAL ..	450	406	516	698	580	1,084	1,636	1,368	1,863
5. Fillings									
(a) Permanent teeth ..	2,000	2,347	1,915	1,121	1,108	2,831	5,081	5,124	10,388
(b) Temporary teeth ..	—	—	149	64	—	7	1,033	1,649	1,911
TOTAL ..	2,000	2,347	2,064	1,185	1,108	2,838	6,114	6,773	12,299
6. Extractions									
(a) Permanent teeth ..	291	573	371	877	970	1,241	1,079	1,006	965
(b) Temporary teeth ..	2,353	3,303	2,213	3,948	2,555	4,442	4,122	3,055	2,389
TOTAL ..	2,644	3,876	2,602	4,825	3,525	5,683	5,191	4,061	3,354



## INSPECTIONS

		Number of pupils		
		Inspected	Requiring treatment	Offered treatment
(a) First inspection—school		12,474	8,090	7,043
(b) First inspection—clinic		796		
(c) Re-inspection—school or clinic	..	163	134	134
TOTALS	..	13,433	8,224	7,177

## VISITS (for treatment only)

		<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	Total
First visit in the calendar year		1,849	1,980	491	4,320
Subsequent visits	..	2,909	5,080	1,332	9,321
TOTAL VISITS		4,758	7,060	1,823	13,641

## COURSES OF TREATMENT

Additional courses commenced	..	29	29	11	69
Total courses commenced	..	1,878	2,009	502	4,389
Courses completed	..	—	—	—	2,399

## TREATMENT

Fillings in permanent teeth	..	2,353	6,184	1,851	10,388
Fillings in deciduous teeth	..	1,795	116	—	1,911

Permanent teeth filled	..	1,597	5,108	1,545	8,250
Deciduous teeth filled	..	1,572	91	—	1,663

Permanent teeth extracted	..	115	641	209	965
Deciduous teeth extracted	..	1,877	512	—	2,389

Number of general anaesthetics		910	568	95	1,573
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Number of emergencies	..	518	265	52	835
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Number of pupils X-rayed	..	..	265		
Prophylaxis	..	..	1,614		
Teeth otherwise conserved	..	..	126		
Teeth root filled	..	..	27		
Inlays	..	..	1		
Crowns	..	..	20		

## ORTHODONTICS

New cases commenced during the year		73			
Cases completed during the year	..	49			
Cases discontinued during the year	..	10			
Number of removable appliances fitted	..	94			
Number of fixed appliances fitted	..	—			
Number of pupils referred to Hospital Consultants	..	6			

## DENTURES

Number of pupils fitted with dentures for the first time :—		<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	Total
(a) with full denture	..	—	—	—	—
(b) with other dentures	..	—	4	10	14
TOTAL		—	4	10	14

Number of dentures supplied (first or subsequent time)	..	—	4	10	14
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## ANAESTHETICS

Number of general anaesthetics administered by Dental Officers		853			
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## SESSIONS :

	Adminis- trative sessions	Number of clinical sessions worked in the year						Total sessions
		School Service			M. & C.W. Service			
		Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education		
Dental Officers (Incl. P.S.D.O.) ..	203	78.5	1260.4	—	84.0	—	1625.9	
Dental Auxiliaries ..	—	—	523.6	55	6.5	—	585.1	
Dental Hygienists ..	—	—	—	—	—	—	—	
TOTAL ..	203	78.5	1784.0	55	90.5	—	2211.0	



## DENTAL HEALTH EDUCATION

The policy of talks to Infant and Junior Schools class by class has continued. 8 schools were visited during the year. A dental health week has been held involving one Infant and one Junior School.

The Health Education Officer has talked to play group mothers, pupil midwives and the National Council of Women locally.

### *Report by the Educational Psychologist :—*

Four events mark 1970 as a year of hopeful change which has begun to alter for the better the work of the School Psychological Service.

Firstly, the Social Services Act was passed, rationalising and humanising care for those with difficulties. In particular the frequently repeated complaint in these reports that the Educational Psychologist has been turning away parents seeking social work help, is now within sight of being met. Much less time will be taken up with liaison work between fragmented services and the schools. Above all the family as a whole is at last the concern of one Department and this overall view is just what the School Psychological Service has striven to promote.

Secondly, the Education Committee appointed a Working Party to enquire into and make recommendations concerning the "facilities required for City children in need of special educational treatment by reason of limited ability and mental or emotional handicap". Here at long last were the needs of our handicapped children being squarely faced. The Educational Psychologist was very grateful to serve on the Working Party. The recommendations, which have been adopted by the Council and published in the papers, include two of particular interest. The School Psychological Service is to be vastly strengthened by the appointment of a second Educational Psychologist. The eleven year old promise of a school for maladjusted children is a little nearer being honoured with the recommendation that Oak Bank be converted for this purpose.

Thirdly, the Act was passed which brought the severely subnormal into the school system. However enlightened has been the City's policy over Longford it has never removed the basic injustice in the 1944 Act which allowed us to label some of our fellow human beings as "ineducable". The School Psychological Service is immensely relieved at being no longer a party to this scandal.

Fourthly, the City decided to appoint an Adviser for Reading to help all the Authority's schools. The School Psychological Service is continually involved with reading difficulties, reading progress and reading standards. These annual reports have frequently urged the need for such an Adviser, a practising teacher with rich experience and high qualifications. This appointment is a great advance.

Thus 1970 gave hope to the School Psychological Service in several ways and most important of all gave hope to the family under stress, to the handicapped child, and to the slow reader.



## STATISTICS

Population of Gloucester .. .. .	90,110
School Population .. .. .	18,122

### *Distribution of School Population*

	<i>No. of Schools</i>	<i>No. on Rolls</i>
Primary Schools .. .. .	39	10,817
Secondary Schools .. .. .	15	7,047
Special Schools .. .. .	2	258

## Medical Inspections

1. Examination of Candidates for Teachers' Training Colleges .. 91

## B.C.G. Vaccination

1. School Children Scheme.
 

Number skin tested .. .. .	1,131
Number found positive .. .. .	108
Number found negative .. .. .	1,023
Number vaccinated .. .. .	1,023

## Handicapped Children

LONGFORD SCHOOL. This is a Special School for educationally subnormal children. Longford provides 214 places, of which 175 are occupied by City children.

OAK BANK SCHOOL. The total attendance at the end of 1970 was 44 of whom 26 were from the City. The City cases are as follows :

- 1 Speech defect.
- 20 Physically handicapped.
- 2 Delicate.
- 2 Maladjusted.
- 1 Epileptic.

There were 8 admissions from the City during the year.

SANDFORD SCHOOL. 7 City maladjusted children received tuition at this Cheltenham school during the year.

Partial Hearing Units within City schools catered for special tuition needs as follows :—

- |                             |                              |
|-----------------------------|------------------------------|
| Longlevens Infants P.H.U.   | 6 children (one only City).  |
| Longlevens Junior P.H.U.    | 8 children (one only City).  |
| Longlevens Secondary P.H.U. | 15 children (two only City). |

HOME TEACHING. 2 children received home tuition because of their inability to attend any school.

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 :

- 1 Blind.
- 3 Partially sighted.
- 4 Physically handicapped.
- 9 Maladjusted.
- 20 E.S.N.
- 2 Epileptic.
- 2 Deaf.
- 3 Partially deaf.
- 2 Delicate.

# 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
1966 and later	99	99	—	—	3	16	15
1965	909	909	—	—	13	123	120
1964	955	955	—	—	15	135	122
1963	233	233	—	—	8	29	34
1962	304	304	—	—	24	57	77
1961	286	286	—	—	26	45	72
1960	239	239	—	—	8	32	40
1959	174	174	—	—	46	20	64
1958	45	45	—	—	61	10	69
1957	37	37	—	—	59	8	67
1956	575	575	—	—	49	19	67
1955 and earlier	820	820	—	—	94	21	17
TOTAL	4,676	4,676	—	—	406	515	564

## 2. OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	315
Number of Re-Inspections	..	..	..	..	1,216
Total	..	..	..	..	1,531

## 3. INFESTATION WITH VERMIN.

Total number of individual examinations of pupils by School Nurses	..	..	..	..	28,230
Total number of individual pupils found to be infested	..	1,359			
Number of pupils in respect of whom Cleansing Notices were issued (Section 54 (2), Education Act, 1944)	..	148			
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 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 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.



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

DEFECT OR DISEASE		PERIODIC INSPECTIONS				Special Inspection
		Entrants	Leavers	Others	Total	
Skin .. ..	T	17	21	5	43	4
	O	53	21	7	81	14
Eyes—a. Vision	T	34	295	79	408	88
	O	114	701	269	1084	224
b. Squint	T	25	4	9	38	8
	O	33	6	12	51	17
c. Other	T	4	1	1	6	2
	O	5	46	44	95	11
Ears—a. Hearing	T	13	3	17	33	14
	O	55	12	14	81	56
b. Otitis Media	T	14	1	—	15	—
	O	48	3	9	60	6
c. Other	T	2	—	1	3	2
	O	12	3	3	18	—
Nose and Throat	T	25	1	17	43	13
	O	276	13	21	310	82
Speech ..	T	35	1	3	39	5
	O	41	1	8	50	24
Lymphatic Glands	T	11	1	2	14	2
	O	77	6	11	94	10
Heart .. ..	T	12	—	1	13	—
	O	20	10	4	34	10
Lungs .. ..	T	7	—	2	9	—
	O	55	9	12	76	24
Developmental a. Hernia	T	2	—	4	6	6
	O	22	1	2	25	6
b. Other	T	6	6	16	28	17
	O	114	19	21	154	81
Orthopaedic a. Posture	T	11	—	6	17	3
	O	12	9	4	25	7
b. Feet	T	46	4	5	55	8
	O	55	13	6	74	18
c. Other	T	19	—	3	22	3
	O	63	6	7	76	9

DEFECTS FOUND BY INSPECTIONS—contd.

DEFECT OR DISEASE		PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	Special Inspection
Nervous System	T	—	—	—	—	—
a. Epilepsy	O	7	3	3	13	15
b. Other	T	—	—	—	—	—
	O	3	1	4	8	1
Psychological	T	4	—	7	11	4
a. Develop-ment	O	33	1	22	56	24
b. Stability	T	3	1	19	23	9
	O	30	9	32	71	25
Abdomen	T	5	—	3	8	—
	O	10	1	3	14	2
Other	T	24	5	58	87	28
	O	97	43	32	172	63

T=Requiring treatment  
O=Requiring Observation

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)	..	..	..	..	..	..	23
Number of pupils for whom spectacles were prescribed							38

(b) *Diseases and defects of ear, nose and throat :*

Received operative treatment —							
(i) for diseases of the ear	..	..	..	..	..	..	9
(ii) for adenoids and chronic tonsillitis	..	..	..	..	..	..	96
(iii) for other nose and throat conditions	..	..	..	..	..	..	13
Received other forms of treatment	..	..	..	..	..	..	12
Number of pupils in schools who are known to have been provided with hearing aids —							
(i) in 1970	..	..	..	..	..	..	5
(ii) in previous years	..	..	..	..	..	..	36

(c) *Orthopaedic and Postural defects :*

Pupils treated at clinics or out-patients departments	..	..	..	..	..	..	—
Pupils treated at school for postural defects	..	..	..	..	..	..	40

(d) *Diseases of the Skin (excluding uncleanness) :*

Ringworm—Scalp	..	..	..	..	..	..	—
Body	..	..	..	..	..	..	—
Scabies	..	..	..	..	..	..	1
Impetigo	..	..	..	..	..	..	5
Other skin diseases	..	..	..	..	..	..	331



(e)	Child Guidance Treatment :								
	Pupils treated at Child Guidance Clinics	..	..	..	..	..	..	77	
(f)	Speech Therapy :								
	Pupils treated by Speech Therapist	..	..	..	..	..	..	291	
(g)	Other treatment given :								
	Pupils with minor ailments	..	..	..	..	..	..	523	
	Pupils who received convalescent treatment under School								
	Health Service arrangements	..	..	..	..	..	..	15	
	Pupils who received B.C.G. Vaccination	..	..	..	..	..	..	1,023	
	Accidents	..	..	..	..	..	..	47	
	Diabetes	..	..	..	..	..	..	3	
	Enuresis	..	..	..	..	..	..	43	
	Rheumatism	..	..	..	..	..	..	4	







### **Acknowledgements . . .**

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