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County Borough of Gloucester



Annual Report of The Medical Officer of Health
and Principal School Medical Officer, 1971

County Borough of Gloucester



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

CITY AND PORT OF GLOUCESTER

FOR THE YEAR 1971

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1971

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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1970-71

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Councillor A. Ross

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1971-72

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S T A F F

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JULIA WATKINS, M.B., CH.B., Departmental Medical Officer, School Medical Officer.
-

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

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G. W. ALEXANDER, B.A., D.M.A., M.A.P.H.I., Deputy Chief Public Health Inspector and Assistant Port Health Inspector.
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S. GRIMSHAW, Senior Meat Inspector.
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D. J. RALPH, M. J. RYDER, Student Public Health Inspectors.

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MISS A. J. BLOORE, S.R.N., S.C.M., Q.N., H.V., Principal Nursing Officer.
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MRS. M. COWLARD, Clinic Sister, Charles Cookson Clinic.
MRS. M. E. KELLY, Clinic Nurse, Charles Cookson Clinic.
MRS. R. M. HILL, Clinic Nurse, Rikenel Clinic.
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MRS. J. MITCHELL, School Nurses.
MRS. I. O'CONNELL, Student Health Visitor.

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.
A. S. COOK, Rodent Officer.
H. C. GRIBBLE, Disinfecting Officer.

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D. R. WILLIAMS, Senior Administrative Assistant.
MRS. I. GALLAGHER, Administrative Assistant.
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of Health) 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.

Pest Control.

Public Health Inspection.

School Health Service and Clinic.

Speech Therapy — By appointment.

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.
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.

Charles Cookson Clinic,
Great Western Road.

Village Hall, Hempstead.

Longlevens Clinic, Church Road.

St. Aldate Church Hall,
Reservoir Road.

St. Stephen's Church Hall,
Linden Road.

Matson Youth Centre,
Redwell Road, Matson.

Podsmead Church Centre,
Shelley Avenue.

Church Hall, Larkhay Road,
Hucclecote.

St. George's Church Hall,
Grange Road.

St. Michael's Church Hall,
Seventh Avenue.

Church Hall, Coney Hill Road.

Methodist Church Hall,
Lonsdale Road

Mondays and Thursdays,
2 p.m.
Tuesdays, 2 p.m.

Alternate Tuesdays, 2 p.m.
Tuesdays, 2 p.m.
Tuesdays, 2 p.m.

Wednesdays, 2 p.m.

Wednesdays, 2 p.m.

Alternate Wednesdays, 2 p.m.

Thursdays, 2 p.m.

Alternate Thursdays, 2 p.m.

Alternate Thursdays, 2 p.m.

Fridays, 2 p.m.
Fridays, 2 p.m.

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

I am pleased to submit my Annual Report for 1971.

How significant ?

Disraeli said there were lies, damned lies, and statistics and Carlyle said you can prove anything by them.

Nevertheless statistics can save as many lives and as much suffering as any new antibiotic if they lead us from suspect practices to alternative courses of action and help renew systems. Notable examples are the triennial Confidential Enquiries into Maternal Mortality (indeed the very interest in the statistics of maternal mortality which began with a Department Committee on Maternal Mortality and Morbidity in 1928 began the life-saving process) at the Perinatal Mortality Survey 1958 (reports 1963 and onwards).

Our own health statistics for the City are on the whole, average, even favourable. In considering statistics for a city of this size, it is well to remember that they are based on comparatively small numbers which impairs their significance. However, the figures for 1971 show an excess of mortality in the neonatal period particularly in the early neonatal period (1 week after birth). Although the neonatal death rate has fluctuated over the years, it has up till now, with the exception of the years 1962, 1963, 1964 remained below the national average. In the annual report for 1966, 40 pages were devoted to a detailed analysis of neonatal death 1961-1965.

Before I say any more and to counter alarm and alarmists, I must say again that the numbers are small. They may show or they may not show a statistical reality but if they do, they relate to groups of infants who are illegitimate, and do not measure a risk to individual infants who are illegitimate, to whom, if there is a risk, it is extremely small.

Adverting to the City Infant Mortality (deaths of babies under 1 year of age expressed as a ratio of 1,000 births) the figure for the City and for England and Wales are 19 and 18 respectively. For the last 9 years with the exception of 1967 which was possibly worse owing to the boundary extension, the rate has been substantially below England and Wales.

If one turns to examine the figures one observes that the deaths of babies under 4 weeks expressed as a rate per 1,000 live births is 14 in the City compared with 12 in England and Wales. Narrowing this down to deaths in the first week of life the rate is 13 for the City and 10 for England and Wales. It is, however, only in the Infant Mortality that we have a division into deaths of legitimate and illegitimate babies ; For although the I.M. rate is 19 in the City as compared with England and Wales, the rate for the legitimate infants is 17, the same as for England and Wales, whilst the illegitimate infant death rate (deaths of illegitimate infants under 1 year per 1,000 illegitimate live births) is 34 as compared with the national figure of 24.

If the illegitimate infant death rate is so much higher than the national average is the illegitimate live birth rate in the City (illegitimate live births as a percentage of all births legitimate and illegitimate) significantly high? Not particularly, as it stands 9 in the city to 8 in England and Wales. Nor is the ratio males to female illegitimate infants unbalanced (there are always more males born than females) but in the first year of life the male is more vulnerable. Though during this century the general infant mortality has fallen from 150 to 18 the number of male deaths as a ratio to female deaths is greater than in 1900; then it was 1.1 to 1 now it is 1.3 to 1. I thought that this might interest the gentlemen — of course there are other sex differences in vital statistics (sic) in that the death rate [amongst males 1—15 is higher than females and the expectation of life at every age is greater in female etc).

To return: it appears that illegitimate infants during 1971 were at greater risk than legitimate infants and that this risk was greater in the first few days of life (our stillbirth rate is the same as the national rate).

Excess deaths can relate to whether the deliveries are at home or in hospital or are transfers from home to hospital. Almost all of the City's mothers are booked for hospital: in fact 96% are delivered in either the consultant or G.P. units and in fair proportion between legitimate and illegitimate births. There is perhaps scope for further researching on individual illegitimate deaths and this will be done. However, we must also turn our attention in other directions.

Was there a deficiency of birth control, is there a lack of family planning advice available to the unmarried women of the City (or were they students etc., who would have relied on some other area for such advice)? Is there a lower availability of H.N.S. abortion facilities in this City as against other parts of the country? If the availability is lower could we counteract the need by improving the availability of birth control advice?

Whatever the answer might be, these figures must be read alongside those in a later section dealing with birth control.

Birth Control, Biostats and Sperm Banks.

"To cope with the growing demand for vasectomies" (this ladies and gentlemen is America) — last year 760,000 were performed and the expected total for 1972 is 1 million — a number of private enterprise Sperm Banks have been established.

For a down payment \$80 and an annual levy of \$80 a man may store specimens of his sperm in the bank where they will be kept in liquid nitrogen at — 196°C. Should the donor wish to close his account and liquidate his savings, it is estimated that the chances of fertilization from the frozen sperm are around 50 per cent"

British Journal of Hospital Medicine.

You will have perceived in your daily newspapers that although there is an almost indecent drive towards productivity in all fields of human endeavour, when one turns to procreation — and which of us does not? — "no paserân" is the slogan: its purdah without a password.

I thought therefore that in the midst of your spermaticidal and ova-inhibiting activities as a Local Health Authority (the 1967 Family Planning Act), according to your temperament you might find the above quotation ironic, enigmatic or fatuous. You will wonder what possible sense there is in preserving cells which the majority of the world population would deem in too great an abundance already.

However, when one comes to examine the question of Birth Control — and please it isn't really family planning people are now talking about, though it might have been at one time — one comes with a wry smile and little cynicism.

Firstly the hypocrisy. If you find the above quotation remarkable, you will find more remarkable some facets of our societies attitudes. It is axiomatic that sex and copulation are commercially exploited, but like some more primitive tribal societies, the community does not appear to have linked coitus with childbirth. It appears that every barrier must be put in the way of a free dissemination of birth control information and facilities which might prevent the natural outcome — whatever the cost to the individual mother-to-be, the family, the babe unborn, or born.

The ITA (IBA) and the BBC do not permit warnings on this subject. London Transport reject posters, as do bus companies, periodicals and so on.

The cost of contraception remains high: the firms first in the market with the "pill" are doing so well there is little inducement for them to research new, better, safer, cheaper products (only when statistical surveys compel, as with the high-dose pill, are modifications forced upon them).

The most available contraceptive is the rubber sheath: 90—95% of these are made by one company (and this is now before the Monopolies Commission) for, as "The Guardian" says, it "prices its products up to six times those of the U.S. manufacturers".

If as the Select Committee on Science & Technology averred, we should have a population policy, we are going about it in a curious fashion.

It has been estimated that about 25% of pregnancies now occurring are unwanted. Cartwright in 1970 found that 1/3 of pregnancies were unplanned and that 1/3 of all mothers (most of them under 30 years of age) had more children than they wanted.

But let us return to the depositors at the Sperm Bank. Those gentlemen appear to be desirous of sabotaging the population policy. If they are having their vasa deferentia closed they are indeed keeping their options open. In this they are no different from many clients at family planning clinics. From the point of view of a "population policy" it would appear that the abolition of all the unwanted pregnancies would reduce the birthrate and keep it ticking over at replacement level. Logically this is untenable for a pregnancy is "unwanted" only according to circumstance and often to circumstances prevailing for a definite but not overlong period; a pregnancy avoided might be a birth deferred.

We are in comparative ignorance as to the factors which control the birth rate or which influence planned parenthood (one thing seems certain, moderate changes in income, up or down, have no great effect).

As I have said in previous reports, it is likely that a need will arise to induce in populations avoidance even of wanted pregnancies. Just now, however, we have the figures of unwanted pregnancies quoted above. We also have the Registrar General's statistics. In 1961 there was 48,490 live illegitimate births in England and Wales. By 1970 there were 64,744 despite the Abortion Act of 1967, and the Family Planning Act of 1967. The increase in illegitimate births in England and Wales to girls under 16 years more than trebled between 1959 and 1969 (483 to 1,486). Added to these figures are, of course, the extra-marital conceptions averaging 1 in 5 for the period. Perhaps these people marrying young are in no better plight. Those who marry in their teens have a divorce rate of twice the other age groups ; 1 in 40 of such marriages has "a chance of ending within 4 years".

Another enigma. As you will see from the birthrate of the City, a City that has always enjoyed (I don't know if I have the right word) a birth rate of about 3 per 1000 population above the national average, quite marked changes have occurred. These are merely reflections of a periodicity at national level. The birthrate since 1964 has been falling by approximately 2% per annum, but according to recent indications a more accelerated depression has supervened. The effects of this fall are of course in the long term and might be no more than a passing phase or fashion of a year, two or three years. It might make us wish to know a lot more about demography and about reproductive motivations in the human animal, but I am afraid it does not preclude my mentioning to you as members of the Local Health Authority that despite the increase in free family planning services which you sanctioned for 1972, I will be asking for at least an additional £5,000 for the following year.

Firstly, whatever the overall population policy and whatever population trends, it seems reasonable that unwanted children, especially unwanted illegitimate children, should not be conceived. I am quite certain that, for proper ante-natal care, the pregnancy and the birth should be wanted; the essential pre-requisite of good ante-natal services are equally good birth control services. The figures on the first page of my report seem most clearly to point to this. Secondly, whatever the population policy or the population trends, abortions arising from ignorance of birth control or lack of local facilities, should be as much as possible, eliminated.

Whether some of this extra money will be spent on vasectomies will have to be decided elsewhere : if it is the best means in some social cases, then best means should be paid for. Whether we shall see the "C" films more widely distributed in our clinics remains to be seen, whether the coil, the pill, the condom, it will be money well spent, not merely in human terms, but in financial terms also. A sort of inverse productivity. However, I am not qualified to dwell on these nor would want to be ; the human terms are enough for me.

One thing I will promise. No sperm bank.

The money available to the health department is at present insufficient for a free and universal birth control service. Unless I entirely misread the policies of the Finance Committee and the Council they are unlikely to apply to this service the additional £30,000 needed to begin such a service.

The Health Committee is, therefore, compelled to eke out its finances as best it may be able by gradual extension of free consultations and supplies either in its own directly run clinics or in those of the F.P.A. who are reimbursed by the City Council. The directly run clinics are entirely free both as to consultations and to supplies. These are selected cases, but the numbers are growing rapidly. In addition, the F.P.A. gives free consultation and supplies to all persons economically unable to pay for services (there is no means test, and a liberal interpretation is encouraged). Beginning with the new influx of money is a system whereby all new clients of the F.P.A. are to have free consultation throughout the year (and if necessary free supplies). Later this is to be extended to all ladies at present attending the F.P.A. clinic who have two or more children (for all these cases the City Council reimburses the F.P.A. but the directly provided scheme will inevitably grow as we find it more and more necessary to encourage clinic attendances).

There is, as I have intimated, a lack of publicity about the availability of family planning and birth control. We have lined up a taped telephone service (after the style of the telephone info. system for V.D. treatment) but we are still awaiting even as I write for the 'phone from the G.P.O. before we can inaugurate this service. I believe you can get horoscopes and pop tunes and cricket scores from this instrument (as well as a deal of other disseminated trivia which nowadays passes for communication). I will merely say that the instrument when and if provided will in simple human terms be of inestimable value.

Some friends of mine who are elected members of a large London Borough recently had cause to work themselves into a welter of fury when one of the National Sunday posh papers accused them of spending more on preventing the breeding of rats than on preventing human births.

But to pursue this would be to enter another enigma.

Epidemiology

Exchange of written question and written answer in the House of Commons, William Proudfoot (Cons.) asked the Sec. of State for Social Services :—

“What research has the Secretary undertaken into the health hazards of printing ink which rubs off newspapers.”

Mr. Alison :—

“None”

Cholera

Cholera entered this country in several successive waves of newprint. No actual **cases** occurred but the mahouts of the Elephant were roundly trounced for treating so emotional a subject in such a rational and scientific way. Indeed their behaviour is reminiscent of their attitude to the vast epidemics of leprosy and psittacosis, the various mass poisonings by mercury or lead or carbon monoxide etc., etc., which similarly manifested themselves.

Influenza

In 1968 a new variant of influenza virus A₂—Hong Kong variant led to speculation about extensive outbreaks. The new variant spread widely throughout the country in the early part of 1969. There was a return of this strain during the winter 1969/70. The spread was particularly rapid throughout the country. About 8 million persons are said to have been affected and the mortality in Britain was reported as around 8,000.

During the winter of 1970/71 sporadic isolations of the virus were reported. The 69/70 epidemic had given some 70% protection to the community. The winter of 1971/72 remained free of major outbreaks.

I mentioned in my last report that the cognomen Mao had been libelously attached to A₂ Hong Kong variant. I am now pleased to record that suspicion has now latched on to the Asiatic Black Bear, who is a resident of the Himalayas and is claimed to be the reservoir not only of the A₂ Hong Kong variant but A₂ Singapore as well.

With the progress of measles and rubella vaccination, it is expected that the incidence of these communicable diseases will continue to fall but only if the public maintains its acceptance.

I believe it is internationally agreed that the British are a pretty dirty people, and it, therefore, goes without saying that despite the efforts of the Health Department and a handful of meritorious commercial firms, the numbers of outbreaks and individual isolation of food-poisoning organisms remains high (pointing all the time to a much higher real incidence in the community). Unlike some other countries we enjoy a high quality of water supply. Were it not for this (and naturally a well-organised control department of health and dedicated local health authorities) I shudder to think. . . .

If, as a much wiser wit than I have said, people are pollution, they are also the purveyors of communicable disease; modifications of behaviour either in the realms of hygiene or in the acceptance of immunizing agents are the means, possibly the only means, of controlling communicable disease.

If I sound as if I'm coming round to the anti-microbial causation of disease which was espoused by Dr. Hadwin, I would possibly not be the first M.O.H. of Gloucester to do so.

I'm not there, but I'm coming near it. In the history of medicine, miasmata or smells and bacteria or bugs have been incriminated as the begetters of disease. Various creatures from inoffensive English birds to foreign Black Bears have been indicated as vectors. Among the veritable pantheon of deities of the "bori" spirit cult among the Hausa of Nigeria there are pleiades of godlets said to cause disease of the communicable sort. They are called in the language "the little spots".

By suitable libations, I have the honour to report that your M.O.H. has contained these deities known as "the little spots" and there were no epidemics of size in the City.

Smallpox Vaccination

In Gloucester cemetery, by the site of the old chapel, throughout the year chortles could be heard and the ground be seen to heave with delight. This

seemed to be in the vicinity of the stone marked W. R. Hadwin. For quietly, without mourning from many of us, routine infant vaccination for smallpox was done away with. Hadwin the nationally known G.P. who amongst other things, opposed vaccination, did so on some grounds different from those responsible for its abolition. His opposition and the reasons for it were wrong in 1896 but they starting to be right in 1926, and very nearly right in 1971. In any case he by all accounts enjoyed a good laugh and I would'nt grudge him it.

The Gentle Art of Poisons

"I believe that public education in the danger of drug abuse will help reduce the consumption of pharmaceuticals. People should know that more and more "diseases" are caused by drugs. Dr. Esther Ammundsen, Director General of Health Service, (Denmark)."

I've been a bit scathing about the news media role in health dis-education and their promotion of disease orientated attitudes in the populace, but God bless them, they arn't as bad as the doctors or chemists.

In the causation of disease, the medical profession, aided and abetted by the pharmacists, yields its place to no one. For some years now the term "iatrogenic disease" has gained currency. It means simply disease you pick up with pills and potions, conditions induced by the chemical and vegetable poisons known as drugs. The big instance is Thalidomide, but every day we hear of others. Nowadays, of course, all drugs are vetted by the Committee on the Safety of Medicines. The chance of major iatrogenic disasters are thereby reduced to a minimum.

In addition to the list of dangerous drugs and drugs which are safe to use only in serious conditions, most drugs have side-effects often even in normal dosages, others produce afflictions on persons sensitive to them or in a temporary sensitive state and so on etc.

Is the doctor poisoning the patient? No, he is'nt, the patient probably poisons himself. Another instance of people causing, by sloppy behaviour, their own disease. There is amongst the public an insatiable desire to take drugs ; not merely the aimless L.S.D. and marihauna-taking of the young nor the monumental gulping of barbiturates and tranquillizers of the middle-aged, the search for chemical comforts, which is merely cossetting of selfhood in pursuit of heart ease. No, it is the current expectation that the most potent of drugs must be exhibited for any and every condition even the most minor — the dreadful belief in the curability of everything as long as it is sufficiently powerful (or new). As Dr. Gee said last century "make haste to use the new drugs while they are still effective".

What I am saying is that possibly the most important aspect of Health Education in the future will be to tell patients when **not** to use the Health Services, and that though many serious diseases may be cured or ameliorated by a handful of drugs, health itself has never come out of a pill-box or a medicine bottle.

I will reserve my remarks for that other personal poisoning apparatus the cigarette-packet.

Smoking out the Smokers

"The apparatus used in the research programme was a simple one — and might possibly be adapted for do-it-yourself treatment, according to the *Journal of Consulting and Clinical Psychology*. It consists of a pistol-type hairdrier placed inside a hooded box and attached to a tray behind the drier. Ten lighted cigarettes are placed on the tray.

The "patient" sits about a foot away from the nozzle of the hairdrier, which is then switched on. A stream of hot smoky air is directed at his face. He is then encouraged to smoke and inhale, lighted cigarettes being put in his hand, until he cannot tolerate another inhalation.

As soon as the patient says "I don't want to smoke any more," the therapist switches off the hairdrier and at the same time switches on extractor fans which rapidly clear the air. As soon as the patient says he can tolerate another cigarette the drier is switched on again, and he lights up once more.

This procedure is repeated over and over again until the patient feels sick, dizzy or choking. He is then instructed not to smoke until the next treatment session. If, however, the desire for a cigarette becomes overpowering, he may ring the therapist at any time of the day or night and he is then permitted to smoke only with the apparatus turned on."

Nowadays it's not only every packet that carries a "Government Warning"; so it seems does every advertisement — in sheer advertising value its worth its weight in gold. Semantically non-specific, sinister, a touch of imbroglia (its all a plot against you manly smokers), a puff of porn and your full page advertisement in the glossy supplement has them all nicely hooked.

It is untrue that surgeons are now removing cancerous growths of the lungs with "every packet carries a Government Warning" going through it like the lettering in Brighton Rock....

It is only right that the Government Warning should start in a small way like the levy it first put on tobacco. This began as an import duty of 2d. in the £ building up slowly to the sizeable tax yield of £1,000,000,000. Naturally too, the industry itself must be allowed to run down slowly; in the league of big businesses one firm is the 3rd, another the 6th and another the 15th largest in the country and between these three a £206,000,000 profit was made in 1970. And what would we do without all these £52,000,000 worth of adverts....

The Health Education Council gets a grant from the Government of £100,000 for adverts, and about 30,000 people die of cancer of the bronchus (why mention the others with coronary artery disease, chronic bronchitis and emphysema.)

The smoker of cigarettes has a 2 in 5 chance of dying of lung cancer before he or she is 65, the non smoker 1 in 5 chance. Actually a lot of my 1 in 5 chance is made up of having to sit in railway trains (why does the smoker's reading ability fail him in non-smoking compartments) cinemas, committee rooms and council chambers. Quite apart from the discomfort and anguish we get from being incarcerated in them, (a kippering process which comes near sometimes to the state of the patient undergoing the "cure" mentioned above).

(Can I in passing give praise to our local Odeon that has a portion of its seats for non smokers — what a pity the smokers think, once again, they have some God-given right to poison the rest of the audience even in these more salubrious regions).

To quote a columnist in one of our enlightened nationals —

“Direct Action”

“Why do we non-smokers still tolerate discomfort, and the risk of disease, from other people’s cigarettes? It’s a matter on which we could do with a little militancy. We no longer look upon it as a noble thing to go to work with a cold and risk infecting others, why should smokers get away with it?”

In America there is a Non Smokers’ Liberation Movement. They are taking direct action. A well-known woman psychologist, noted for her calmness, asked a man beside her in an aircraft to put out his cigar. He refused — and she beat him over the head with her handbag.

When a stewardess tried to remove a cigar from the mouth of a businessman sitting next to a pregnant woman, he walloped her against the bulkhead, but was immediately flattened by a passenger from Texas.

It’s time our smokers took the tip.”

Houses and High Rise.

The slum clearance programme in the City has sharply diminished, partly on account of a lesser need for area clearance, partly on account of fewer facilities to carry out the statutory rehousing of the displaced occupiers, and partly because the 1969 Act made slum clearance vastly more expensive.

With the decline of slum clearance, arose greater effort in the search for, and the planning of, general improvement areas. The High Street Scheme (and its extensions) progresses, the initial steps towards the Bristol Road Scheme (and its extensions) are taking place.

Much has been said against house and environmental improvement, and much of the criticism is true both as to profiteering and various snide practices. Be that as it may, it is still better for the community at large that the stock of housing should be maintained and that the deterioration of dwellings, on the steep downward path to decay and demolition, should be arrested.

Better, however, that the old houses, however poor originally, should be up-graded to decent dwellings for parents and children than for more and more families to end in the sad plight of the high rise. It is now fairly well established that mental ill-health and alienation dwell therein, that other physical conditions supervene—more respiratory conditions in children, menstrual disorder in women etc. W. F. R. Stewart in his “Children in Flats” (N.S.P.C.C. : 1970) highlights some of the problems....and tells us that in Venezuela :—

“people re-housed in high blocks on stilts remade their homes in shacks below the blocks so that their children could run out and play”.

A Flimsy Millenium

"We are aware of the common description of services outside hospital — whether institutional or domiciliary as "community services"..... consistent with our use of the term "community medicine" we use "community" to embrace the whole population of a given area".

Report of the Working Party on Medical Administrators.
(“Hunter Report”).

A flimsy millenium awaits: April 1974. It has had, one must confess, its affect on your poor M.O.H. If he has seemed more than usually vague — non-corporeal — even ethereal — it is because his mind has been beguiled by all those Green Papers, White Consultative Things, Re-organisation Circulars wearied by all the double-thinking, janus-headed mugwumpery, all that ordurous org-talk, all that waffle-potential, all those fuzz-tags.

What will happen to the Health Services in 1974?

We shall, by all official accounts, enter, as in the West Country proverb the "land where the sun shines on both sides of the hedge...."

A general practitioner (who was not of that minority obsessed with its independent contractor status) asked me if there was in the new organisational structure anything which would give extra benefit to the patient. My reply was — nothing. Only that which would be put in by our efforts. All of us, and by the public kicking up merry hell.

There will be a poor representation of you ladies and gentlemen on the new area health authority. Elected members will constitute half of the membership of the Community Health Councils. I must say here that this body is in itself a sop to Cerberus, an edentulous watch-dog to be permitted the gyrating puppetry of a Dougal and the odd "what" "what" to please the children.

A Health Commissioner is to come but his writ runs over territory where redress is already possible and does not extend to areas where complaints are cast more thickly and the ground on which they fall, stonier.

M.O.H.

? Muted, Mutated or Mutatis Mutandis ?

It was mentioned last year and probably the year before, and received with no undue tears and mourning, that the M.O.H. (and his report) is to suffer a sharp demise in April 1974.

The M.O.H. as you will know from previous reports had many fine qualities. The most notable perhaps was what the Renaissance man called "virtu". One could add to this his dedication, his lifemanship, casuistry, lollardry, serendipity and (to deal with Treasurers) sophistry double-entry book-keeping and double book-keeping. To these should be appended a new ability (allied to clairvoyance) developed during the dark years 1968-1972 when no one knew anything about the future and if they did nobody was saying: sciagraphy, the art of correctly delineating shadows, veiled hints, sub-rosa leaks etc.

This period is beginning to draw to a close.

At last there is to hand the Report of the Working Party on Medical Administrators (the Hunter Report).

It seems that though the sun will shine no more on the M.O.H's empire, it will, if Hunter is to be believed, shine in a special and fundamental way from out of his successor, the Community Physician. Eheu fugaces.

In recent years the M.O.H. has become a glorified odd job man, a snapper up of inconsiderable medical trifles, valued if at all for what is known as "bundobust" (the Indian Art of making-arrangements N.B. not a mere fixer).

Hunter appears to realize this. However some of my medical colleagues have seemingly confused the first Hunterian lesion with the final condition. It is worth while to remind them that classical syphilis which Hunter ushers in, has a secondary and a tertiary stage, the manifestations of which are numerous and unpleasant.

It might also be instructive to recall how the historic John Hunter after whom this ulceration was named, came to acquire the lesion (the manner was noble). He thought he was innoculating himself with gonorrhea not as it proved with both gonorrhea and syphilis — too late, found himself to be in error.

The European Common Market

The medical profession does not just set about awaiting for new N.H.S. Acts ready white papers and green papers on the Health Services. It reads green papers on V.A.T. and white papers on E.E.C.

Perhaps it is'nt exacting sitting on it's hands waiting to see if its zero-rated or exempt under V.A.T. It is, however, most certainly regarding with beady eyes the E.E.C. agreements. The N.H.S. will be the only country offering 100% cover by the health scheme — the others vary from 98% to 83% giving cause for worries re-reciprocity. It is also financed differently. Do the British lose out again? Then again the ratio population per doctor varies; the U.K. sits low on the list. The standards of both medical and nursing qualifications etc., vary considerably. There has never been agreement as to licensing of new medicines — what ugly results there could be here.

Nor do these two professions in the present member countries show much desire to frame common policy. It is in fact, a hotch potch, and there are strong mahouts at the Elephant who quail at the thought of reciprocity growing into uniformity.

But the patient himself or herself faces gay alternatives. No more for his headache a couple of aspirins down the throat — the Germans will give you analgesic suppositories at the same time: treatment both ends. So delicately sup "ampoules bouvables" a la francais, this is bliss.

"The Environment" and "Pollution"

The time has come when I must pay my ecological respects.

Verdict — two important subjects — the words themselves are rag-bag terms — overblown by the media. Let us achieve a perspective.

Infectious disease which in living memory was a far more pervasive and invasive threat to mankind than chemical contamination was controlled by ensuring that the existence of the disease was made known, its occurrence, its incidence and the what, where, when, how, communicated. Statutory notification was not only the means of control but of allowing research into the source and the vehicle and the prevalence of infection. Even before the causative agents were discovered, the great killer epidemics were coming under control.

In fact, the control of infectious disease was a problem infinitely more complex than that of chemical contamination because final and absolute control — if possible in the purist sense — requires powerful microscopes, microbiological techniques and research into antibiotics and agents of active and passive protection. Nevertheless in the mid 19th century 40 years before Pasteur and Koch the great bacteriologists, people like Dr. John Snow (others nearer home — Jenner with smallpox and Budd with typhoid) were demolishing the problem. Snow removed the handle of the water-pump in St. James Parish, Westminster in 1854, thus bringing the cholera epidemics to a close simply because he knew the incidence and distribution of cholera cases and became aware that such cases were obtaining their drinking water from that one pump.

It follows I think that much of the hysteria can be abated by ensuring notification, registration and surveillance. After all if a new industrial process is inflicting dangerous contaminations (or producing caries of the environment) then the choice before our society is to ban completely that process or in the interests of consumption, profit, employment, to allow it to continue. This was a prime choice that was never offered mankind with infectious disease.

And, of course, we have had it all before. The nuclear power stations. The papers now cease to publish the statements from liaison committees set up to review safety. These committees in fact meet very seldom.

As to the erosion of "the quality of the environment", I have perceived that the greatest wrecker is the individual human animal — with his motor car, his innumerable wrappers and cartons, with instant pollution in his cigarette packet, or his transistor, or his motor horn, his vandalism, his ever increasing demand for more and more goods.

Sundry Poisons

Public sensitivity to such matters has in the recent past compelled us to follow the U.S. Food and Drug Administration in the ban on cyclamates and the removal of hexachlorophane from some formulations. By an ace we avoided the banning of Tofranil a useful drug, realising the false reportage just in time. We were all beginning to suffer the dire effects of mercury poisoning from tuna and other fish before we discovered the red herring: mercury was everywhere and always had been. Tests on fish specimens that had been in museums long before mercury waste had reached its present levels contained the same levels. Contemporary tuna in any case had contents of mercury 1/20 of danger level and human tissues fished out of labs and bio museums indicated our absorption of mercury was less now

than before the 1st World War. It was, in fact, like the year of great prison escapes which led to the Mountbatten Commission and some unfortunate results: for, in fact, in the year that scandalized the media, the escapes were fewer than previously.

Lead Everywhere

During 1971 publicity was given to the hazards of lead poisoning by two incidents, one at the Isle of Dogs and the other at the Imperial Smelting Corporation's new plant, nearer home at Avonmouth (Rio Tinto). Although much concern was generated about the environmental hazards of lead and much of this concern was unfounded, it was I am sure valuable in indicating the risk run by the worker exposed to industrial chemicals even though the permissible levels and concentrations of these substances is rigidly controlled. Lead processes are a case in point. In 1910, 505 people suffered industrial lead poisoning and 38 died (in smelting the figures were 34 and 5 respectively). In 1930, 265 suffered, 32 died (in smelting 36 and 1). In 1950 57 suffered, none died (for smelting the figures are 3 and nil). This is how the figures have remained. The cases in earlier years were undoubtedly much more profoundly afflicted with florid clinical signs. Most of the others were detected from the regular examinations in the laboratory (such standards eventually were in the 1964 lead processes regulations). Then in 1969 and 70, there came this sudden increase of lead poisoning in smelting processes. At Avonmouth no one had overt lead poisoning. Precautions were taken because of unacceptable blood lead levels. Environmental contamination had become in the factory, too high. The usual tale comes to light: there are not enough occupational hygienists employed in industry.

Lead in Food

The Grassland Research Institute found that grasses take up little lead from the soil, animals absorb little of the lead in the grasses and man in turn absorbed a negligible amount from his food.

Some foods are subject to regulations as to lead content and recently in the House of Commons it was announced that special precautions over and above these already adequate statutory standards would be applied to canned baby foods (young bones and high metabolic rates in children make exposure more hazardous).

The average intake of lead by ingestion in this country is low (230 microgrammes a day—less than the U.S.A. and no adverse effects have ever been reported at this level).

At the close of a "scare" programme on television — you know the sort of thing, the usual ritual dance around a scare-crow logical position — the commentator looked us all in the eye and muttered in suitable sinister tones — how many like Mr. Blank do you know in your area etc., etc. He was talking about lead in water supplies, public water supplies. He was talking on the suspicions of one man about his family being allegedly chronically poisoned with lead... the implication intended was that there was lead in public supplies in many places in this country. This is untrue. There is a W.H.O. recommended limit (1961) for all statutory water supply undertakings.

There are no appreciable amounts of lead in the system. It is possible for some sorts of soft water to dissolve lead out of lead pipes if they are of considerable length. There is no such hazard in the public part of the supply but in very old houses with especially large pipes and especially if they happen also to have (unusually) a lead lined storage tank — then in soft water areas there might be a more than usual content of lead in water from the tap.

In Gloucester the water is hard, but we still felt it worth while to examine some households water supplies to see if such tanks existed.

Having said this I would emphasize that soft waters plus lead pipes and even lead-lined storage tanks do not mean a dangerous supply from the tap. It simply means that some people will ingest more lead than others.

The concentration of lead in soil and dust varies on land used for dumping sludge from sewage works, land near or previously used for lead workings or smelters obviously have higher lead contents. Dust in the atmosphere and root vegetables and occasionally green vegetables may have higher than usual content. However, in this area none of these possibilities occur.

In any case the danger today is a lot less than in the times of our parents and grandparents — industrial processes are more subject to regulation, the lead content of some foods is controlled, levels in atmosphere and water are monitored, reticulated systems more and more used for piping, material other than lead, lead paints are not so popular, and packaging of all kinds which used to contain prodigious amounts have now been superseded etc.

For pure water addicts only

Despite the fact that 1/3 of all adults in England and Wales have no natural teeth left, and sugar consumption increases rather than declines (115 lb. per person per year), the statutory fluoridation issue has been studiously avoided.

Much opposition gathers around the bastion of "Pure water" — an almost mystical virginal significance is sometimes attached to this appellation ; on some occasions it is used synonymously with "natural water".

Indeed one would sometimes think that there is a world-like conspiracy led by W.H.O. to poison us all on behalf of some B.E.M. (bug-eyed monsters) from Outer Space.

Actually it is far from the truth that there is some ideal natural water or pure water springing in some Eden which our Technological Fall has denied us. There will perhaps never be delivered into our homes anything we could ever call "standard water". Throughout the country there is considerable variety.

Putting aside pathogenic bacteria and odd "poisons" leached from the soils, "natural water" or "pure water" in many parts of the world contain a considerable excess of fluoride, way above the level recommended for the purposes of dental health (and in fact in those large concentrations detrimental to dental health). Yet another blow has been dealt the addicts of pure water ; for evidence is growing that in those areas which are fortunate

to enjoy what has always considered to be a desideratum, soft water, also suffer a considerably high death-rate from heart disease and a greater incidence of sudden death. It is now inadvisable to "soften" water supplies.

Before the populace rushes to their calcium tablets, we enjoy in this area, hard water.

In the 5th century B.C. Hippocrates (or the Hippocratic School) wrote "Airs, Waters and Places". Today, over 2000 years later, it is a foolish health-man who forgets them.

Envoi

Whats in a name as the Community Physician said, as he crawled from beneath the foot of the Elephant. . . .

A Chief Welfare Officer of this Authority who — perhaps incontinently — intervened in the internecine wars of wedlock — used to receive letters addressed to the "Adultery Officer". At one time when I was running a Nocturnal Enuresis clinic — in fact immediately before I hurriedly passed it over to a colleague — I found myself enquired for under the homely title of the "Bedwetting Doctor". From time to time and M.O.H. might be gratified to find himself (only in print) referred to as Minister of Health for, say, Cesspool Rural District Council. . . .

However, during the year there has been an unfortunate incursion of politics into the department ; the public have taken to addressing their correspondence to the Heath Department. I wish to disavow. . . .and to discourage. . . .

SECTION A

NATIONAL HEALTH SERVICE ACT, 1946

Dental Service—Expectant and Nursing Mothers and Children under 5

Report by the Principal Dental Officer.

The treatment picture for 1971 is very similar to that for 1970 though there is a marginal increase in the numbers seen and the amount of treatment required.

Prior to 1970 we had found that demand from this group of patients was tending to fall away. The cessation of this trend may be due to our being housed in the new premises at Rikenel which undoubtedly much improves our public image.

The importance of dental care related to a confinement continues to be brought to the notice of all mothers attending the Charles Cookson Clinic coupled with an offer of treatment if requested.

	MOTHERS		PRE-SCHOOL CHILDREN	
	1970	1971	1970	1971
Visits	487	499	264	465
Extractions	125	160	275	225
Fillings	333	333	111	228
G.A.	32	36	112	105
First Visits	152	163	158	252
Completions	69	83	27	61
Inspections	137	150	141	269
Re-Inspections ..	1	6	7	15

Children under 5

It is gratifying to report that our combined efforts to increase the demand for early dental inspection from this group are meeting with success.

The numbers attending here nearly doubled during the year and it is to be hoped that this trend will continue. The amount of useful work carried out for these patients has also doubled and as a direct result the number of emergency extractions has decreased.

The increased acceptance rate has been due to a number of factors. The medical staff have been screening pre-school children and this scheme is to expand in the future. This should do much to stop children reaching school with their teeth quite past repair.

In this connection it should be again stated that much of the dental treatment required by these children would be avoided by the adjustment of the fluoride content of our water to one part per million.

Domiciliary Midwifery

Report by Chief Nursing Officer.

Unification of the midwifery service is now in progress which is in keeping with the recommendation of the Peel Report.

The domiciliary midwives now function from new office accommodation at the G.P. Maternity Unit. There have been few home confinements and the majority of Work centres around the G.P. Maternity Unit.

The Midwifery Training School continued to be successful and the new Integrated Training was commenced in the last quarter of the year.

Changes in staff were minimal. One midwife resigned to undertake Health Visitor Training ; a midwife was appointed to undertake hospital and domiciliary duties within the new unified service.

Health Visiting

Report by Chief Nursing Officer.

This has been the first full year of health visitor /group practice general practitioner attachment schemes, therefore demands on health visitors have increased with extra duties and clinic sessions.

Several new aspects of work have been initiated during the year.

A Health Education Information Service was commenced at the City Maternity Hospital and General Practitioner Maternity Unit whereby 2 health visitors make regular weekly visits to supply information to patients on available facilities and services.

One health visitor works with the Local Authority Family Planning Service, undertaking advice, education and domiciliary visits.

A Community/Hospital Liaison Scheme was commenced with Gloucestershire Royal Hospital in December. The hospitals are visited daily by two health visitors and district nurses.

With the introduction of these schemes, it is to be hoped that the continuity of patient care will improve and a closer link be forged with hospital staff towards the forthcoming successful integration of the Health Service.

Several members of the staff have had the opportunity to attend education courses.

One member retired and one resigned to take another appointment. Two health visitors joined the staff.

We continue to receive an ever increasing number of students to gain community experience.

The Charles Cookson Clinic facilities are fully utilized for ante-natal and post-natal care in co-operation with the hospital.

Home Nursing

Report by the Chief Nursing Officer.

This year has seen the commencement of a 24 hour "on call" rota of district nursing staff providing full cover in case of emergencies. The service operates in co-operation with the Ambulance Station and the use of radio telephones by staff.

There has been a slight increase in the number of visits to patients and extra sessions have been commenced at general practitioners surgeries.

Several members of staff have attended refresher courses and in-service training in specialised nursing procedures and techniques have been undertaken.

One District Nurse resigned, and a Nursing Auxiliary left the staff to commence State Enrolled Nurse Training. Two new appointments to the staff were made.

The Severn Valley Training School providing courses for the National Certificate in District Nursing for S.R.N's and S.E.N's, continues to be successful.

Health Education

Report by Health Education Officer.

The first half of 1971 saw a continuation of the pattern of work which had been established over the previous years and an expansion in the work outside of schools.

Talks on Health and Social Responsibility continued in Junior and Senior Schools.

First Aid classes held at Longford and Longlevens schools resulted in a high percentage of the candidates gaining First Aid Certificates. H.R.H. The Duke of Edinburgh seemed impressed by the demonstration of mouth to mouth resuscitation given by the pupils of Longford school during his visit in June.

Several meetings were held with teachers when films on the emotional development of children were well received and some very lively discussions ensued. Because of the growing interest in the subject and the co-operation of the teachers, a short course in Health Education for secondary school teachers was organised with the assistance of the Department of Education and Science, to be held in the Autumn. Because of the illness of the Health Education Officer this and most of the other Health Education activities planned for the latter half of the year were cancelled.

We were asked by a local engineering firm to repeat the Health Education course given to apprentices in 1970. It is pleasing to see that industry is recognizing the importance of Health Education for young workers.

At the request of Mr. Mills, personal hygiene classes were held with the trainees at the Adult Training Centre. This was a welcome challenge and I am grateful to the staff of the Training Centre for their help in what was an unusual teaching situation.

Again the technical assistance of the Health Education Officer was enlisted for meetings which have no connection with Health Education, for example projection facilities were provided for the meeting of the Institute of Baths Managers at the Guildhall, and the District Nurse Training School.

Because of the illness of the Health Education Officer, activities for the latter half of the year were very limited ; there were many cancellations and much ground was lost. I am most grateful to my colleagues for their support during a most difficult and disappointing time.

There was an increase in the number of sessions spent at Old Peoples' Clubs, the amount of useful education which can be carried out with older people should not be underestimated. We were asked to help with the preparation for retirement course held in October, and the members of the course welcomed one of our medical officers for a morning's discussion of such problems as obesity and the results of smoking.

Talks on Health Education and Public Health were given to student and pupil nurses, pupil midwives, District Nurses and Home Helps.

More and more people from students to General Practitioners are asking for help with their own Health Education activities and it would be pleasing to think that the Local Authority Health Department could become the centre for the much wider dissemination of Health Knowledge.

Education about sexually transmitted diseases was increased, although it is still difficult to persuade many employers and teachers that this is a problem which affects the community as a whole.

In some schools there is the feeling that this is a problem which affects only the less academic pupil, whilst in others it is considered that it would be unwise to suggest that any of the pupils are at risk of contracting a venereal disease.

The Health Education Council Posters were declined by all schools, the reason given was that parents might object.

In August a tape recorded telephone service was installed. This is a 24 hour recorded message service giving details of the mode of transmission of venereal diseases and times and places of special clinics. Due to technical difficulties the number of calls could not be metered until December, but it would appear that calls come in at an average of 5 a day.

Small stickers advertising this service were offered to local employers, youth clubs and public houses, many accepted. One brewery was particularly co-operative for which we are very grateful. The attitude of some employers was that there might be trouble if stickers were displayed suggesting that any of their staff could be infected. Cards were printed giving details of this service, and also cards giving details of the Bristol Clinics for distribution to crews of ships at Sharpness.

Talks were given in youth clubs, schools, factories and to parents associations, but there is still resistance to the idea that venereal disease is a problem of ordinary people.

Rikenel Family Planning Clinic

The Clinic which was opened in January 1970 has continued to expand. In 1971 there were 138 new patients and 495 attendances were made. The doctor sessions were increased to 3 per week to cater for the increase in numbers as it is imperative to give adequate time to each patient and her problems. Any feeling of hurry would destroy the confidence built up with care by the staff. The liaison between the Clinics and the homes was carried out by F.P.A. trained Health Visitors but the increase of work was such that it was planned to take on an F.P.A. trained nurse in the new year, for 3 sessions a week, to devote herself entirely to this work. A voluntary worker was available for part of the year to help mind babies and toddlers accompanying their mothers. Her help was greatly appreciated.

The clinic is providing a valuable service but experience is showing how much more work is required in the field of family planning. The staff are gratified to know that the City Council appreciates the need.

Report by the Chest physician.

In 1971, 24 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	Total
5	3	5	10	1	24

II of the cases were referred by their General Practitioners, 2 were picked up by the Mass Radiography Unit, 9 were referred from other hospital departments, and two were contacts.

There were 8 immigrants from India.

The register of persons notified as suffering from respiratory tuberculosis in Gloucester now stands at 114, and non-respiratory 31.

CONTACT EXAMINATION

Arising out of these notifications 75 adult contacts were called for examination and 58 attended. 54 children were called, of whom 33 were B.C.G. vaccinated, 13 were tuberculin positive, of which 8 were clinically well, and 4 were admitted for further investigations, the remaining child was referred to an out-patients clinic.

Venereal Disease—Report by Consultant Venereologist.

There was a further significant increase in the number of city residents seen at the Venereal Disease Clinic in Gloucester in 1971.

TABLE 1

NEW CASES GLOUCESTER CITY RESIDENTS 1969-1971

Year	New Cases
1969	238
1970	360
1971	477

Syphilis

The serious disease is now rarely seen in Gloucester. The number of new cases in 1971 was 5. Of these three were city residents. No new cases of congenital syphilis occurred in 1971.

Gonorrhoea

In spite of the world wide increase in the incidence of this disease the number of new cases seen in Gloucester city residents in 1971 showed only a very slight increase over the previous year.

TABLE 2

GONORRHOEA—GLOUCESTER CLINIC 1969-1971

Year	Total Cases	City Residents
1969	152	86
1970	258	153
1971	275	163

MEDICAL ASSESSMENTS 1971

Airport	0
Ambulance	3
Architects (includes Works Dept.)	29
Baths	2
Cemeteries	2
Education	56
Engineer/Surveyor	9
Fire	2
Health	23 plus 1 (dental)
Housing	2
Library	7
Markets	4
Museum	0
Parks	20
Social Service	47
Town Clerk	8
Treasury	5
Weights and Measures	1
Water Board	40

MEDICAL EXAMINATIONS OTHER THAN ASSESSMENTS 1971

Special Medicals :	Extension of Service	5
	Retirement	1
	Sickness Absence	19
	Other Authorities	7
	Training Courses — Sewage	1
	Firemen	5
	Teachers	3
Heavy Goods Vehicle Licences		51
Teacher Training		97
Teachers		3

EXAMINATIONS for Civil Air Authority

Air Traffic Control Officers	5
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MEDICALS CONCERNING CHILDREN 1971

Children in care seen in Clinic	61
Children in care seen at Russett Close	83
Examined prior to return to Special Schools	49
Adopted children	3
Parents in connection with Adoption	18
Special medicals for court cases	6
Special medicals for boxers	5
Special medicals at request of parents, audiograms, vision tests, missed medical at school, etc.	43
Special medicals prior to special holidays	26
Youth Employment medicals	207
Attendance at Obesity Clinic (Part year)	33
Attendance at Enuretic Clinic	103

SECTION D

ENVIRONMENTAL HEALTH

Environmental Circumstances of the Area.

Report by the Chief Public Health Inspector.

In 1966 a Compulsory Improvement Area was declared in the Melbourne Street, Adelaide Street area of Tredworth. Under this type of Improvement Area, the Department could only deal with tenanted houses. In spite of this however, it is very pleasing and encouraging to be able to report that of the 177 premises in the area, 117 are now fully improved. Of the 117 houses improved, 47 had been improved prior to the declaration of the Area and that means 70 houses have been improved to date. It is hoped that the owners of the remaining 60 houses will see the wisdom of improving their houses and so really give a long standing future to the area.

The 1969 Housing Act superseded Compulsory Improvement Areas by General Improvement Areas and it will be known that a larger Area within Tredworth was subsequently declared a General Improvement Area. It can only be hoped that the rate of improvement will be as successful as in the first Compulsory Area. The environmental improvements to the Area are practically completed and with the new Corporation Housing Development proceeding, I can only hope that this will give the impetus to owner/occupiers and owners of tenanted properties to seek grants and to improve their dwellings.

One aspect of the Area that proved successful was the show house at 27 Melbourne Street. This did give a practical demonstration of what can be achieved with the aid of grants.

With the environmental works of the first Tredworth area practically completed, I am hopeful that the Corporation will be in a position to declare a second Area within this coming year. This Department hopes that this second Area will be an area off the Bristol Road. The clearance within this Area that the Department had to undertake is now practically to the point of demolition, re-housing of occupants having proceeded at a very good rate.

It will be recalled that unfortunately there was a tragic fire involving a caravan in one of the City's residential sites. Since that date steps have been taken to revise the Conditions that caravan site operators have to observe. It is hoped that 1972 will see the fruition of this work and subsequently an improvement in the safety and welfare of caravan site residents within the City.

In my 1970 Report I did state that the new hospital chimney had come into commission and I was a little fearful of this, in that the fuel used, is pulverised coal. In 1971 we received complaints of smoke emission from this chimney, and after observations were carried out we were satisfied that contraventions against relevant regulations had been caused. A hospital is a Crown premises and our powers are not the same as with private industry. The Council has made representations to the Secretary of State but the outcome has not been very significant to date.

In the case of a local foundry, as I reported in 1968, complaints have been received over the years, of smoke from the cupolas caused by downdraught when the wind is in a certain direction. The Management have now fitted after burners and it is hoped that an improvement will be noticed. The cupolas do now come up to the suggested standards of the Memorandum on Cold Blast Cupolas.

A problem of laundrettes has been people being affected by the fumes used in dry cleaning operations. It is a question that the clothes and area in which this operation is performed must be adequately ventilated. A survey was carried out in 1971 of the City's Laundrettes to ensure that this was the case.

I reported in 1969 that the popularity of using an anticoagulant poison such as warfarin did carry the risk of mice becoming resistant to this poison. I appreciate the popularity of this poison because it is relatively safe to use and does not need pre-baiting. Unfortunately, however, its indiscriminate use is causing problems for this Department. Mice infestation complaints have risen and warfarin is no longer effective for their control. For private dwellings the Department does provide a free service for rodent control and we would prefer that the general public complain to this Department if they have a rodent problem. We also have a free service for the clearance of wasps and in this year a total of 518 wasp nests were destroyed by the pest control staff.

For the past two years a "pollen count" has been taken during the summer months, and as far as is known this is the only Health Department in the country doing this.

The method used to produce the daily figure involves trapping the pollen present in the atmosphere, then by microscopical examination counting the grains of grass pollen deposited on the slide from a known volume of air.

The count is then given as the average number of grass pollen grains per cubic meter of air over the previous 24 hours.

A count of 50 is the level at which the majority of "hay fever" sufferers are affected ; on the 22nd June a count of 560 was recorded.

After many years of relatively settled Inspectorate staff 1971 saw a change, Mr. D. F. M. Lodge, Mr. J. R. Partis, and Mr. A. E. Lewis all left within the year for posts with other Authorities.

Mr. J. A. Gillard, a student until July 1971, successfully qualified and was appointed to fill one of the vacant posts within that same month. The remaining two posts were not, however, filled within the year and this has reflected in the total number of visits carried out within the year. I must thank all staff who had to ensure that all urgent work was undertaken and this was successfully carried out during this time of staff shortage.

The following is a summary of the inspections made during the year 1971.

Public Health Acts

Dwelling Houses on Complaint	1235
Work in Progress	59
Drain Tests	133
Dirty and Verminous Premises	10
Insect Infestations	90
Caravan Sites	105
Caravans	38
Schools	—
Hairdressers	35
Cinemas, Fairs, etc.	11
Public Conveniences	467
Offensive Trades	34
Offensive Accumulations	8
Stables and Piggeries	11
Refuse Tips	22
Revisits	1,640
Swimming Pools	1
Cess Pools	4
Day Nurseries	4
Old People's Homes/Nursing Homes	3
	<hr/>
	3,910
	<hr/>

Housing Acts

Clearance Area—House Inspections	55
Improvement Grants	3
Individual Unfit Houses	11
Basement Dwellings	1
Rent Act Inspections	—
Overcrowding	12
Houses let in Multiple Occupation	19
Housing Improvement Area Survey	—
Housing Clearance Survey	—
Revisits	363
Housing Qualification Certificate Visits	37
	<hr/>
	501
	<hr/>

Food and Drugs Act

Complaints re Food	..	..	..	..	..	..	104
Visits re above	..	..	..	..	..	..	155
Bakehouses	..	..	..	..	..	..	15
Butchers	..	..	..	..	..	..	39
Canteens, Clubs, etc.	..	..	..	..	..	..	67
Cafes, Restaurants	..	..	..	..	..	..	47
Fishmongers	..	..	..	..	..	..	4
Fried Fish Shops	..	..	..	..	..	..	18
General Shops	..	..	..	..	..	..	104
Sweetshops, Tobacconists	..	..	..	..	..	..	35
Dairies	..	..	..	..	..	..	8
Milk Distributors	..	..	..	..	..	..	24
Ice Cream Manufacturers	..	..	..	..	..	..	6
Ice Cream Vendors	..	..	..	..	..	..	10
Preparation and Storage	..	..	..	..	..	..	7
Wholesalers	..	..	..	..	..	..	13
Public Houses	..	..	..	..	..	..	56
Vehicles—Food	..	..	..	..	..	..	12
Vehicles—Ice Cream	..	..	..	..	..	..	2
Vehicles—Milk	..	..	..	..	..	..	4
Merchandise Marks Act	..	..	..	..	..	..	13
Slaughterhouses	..	..	..	..	..	..	2,998
Food Poisoning Enquiries	..	..	..	..	..	..	9
Food Stalls	..	..	..	..	..	..	15
Guesthouses Residential	..	..	..	..	..	..	1
Greengrocers	..	..	..	..	..	..	17
Revisits	..	..	..	..	..	..	778

4,561
Sampling

Samples—Bacteriological	..	..	..	..	..	..	186
Samples—Biological	..	..	..	..	..	..	—
Samples—Food and Drugs Formal	..	..	..	..	..	..	198
Samples—Informal	..	..	..	..	..	..	35
Samples—Water	..	..	..	..	..	..	19
Samples—Fertiliser and Feeding Stuff Act Formal	..	..	..	..	..	..	25
Samples—Fertiliser and Feeding Stuff Act Informal	..	..	..	..	..	..	4
Samples—Others	..	..	..	..	..	..	26
Samples—Pesticides	..	..	..	..	..	..	—
Samples—Liquid Egg	..	..	..	..	..	..	6

499
Clean Air Act

Inspections—Dwelling Houses	..	..	..	..	..	..	1
Inspections—Commercial Premises	..	..	..	..	..	..	9
Inspections—Factories	..	..	..	..	..	..	17
Inspections—Other	..	..	..	..	..	..	11
Smoke Observations ($\frac{1}{2}$ hours)	..	..	..	..	..	..	103
Revisits	..	..	..	..	..	..	460

601

Factories Act

Factories—Power	17
Factories—Non-Power	2
Outworkers	2
	<hr/>
	21
	<hr/>

Port Health

Vessels—Foreign Going	362
Vessels—Coastwise	9
Rodent Control	39
Revisits	5
Imported Food	127
	<hr/>
	542
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Offices, Shops and Railway Premises Act

GENERAL INSPECTIONS

Offices	231
Retail Shops	289
Wholesale/warehouses	29
Catering establishments, canteens	45
Fuel storage depots	1
Other visits, revisits	247
	<hr/>
	842
	<hr/>

Miscellaneous

Rodent Control—Dwelling Houses	53
Rodent Control—Business Premises	64
Rodent Control—Others	17
Rodent Control—Revisits	21
	<hr/>
	155
	<hr/>

Pet Animals	21
Pet Animals Revisits	22
Riding Establishment Visits	1
Rag Flock Act	—
Rag Flock Act Revisits	—
Noise Nuisance	31
Noise Nuisance Revisits	96
Infectious Disease Enquiries	86
Infectious Disease Enquiries Revisits	26
Others	1,889
	<hr/>
	2,172
	<hr/>

TOTAL	13,804
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The following is a summary of the notices served and complied with during 1970 together with outstanding notices complied with :—

INFORMAL	<i>Served</i>	<i>Complied with</i>
Public Health Act	98	86
Food and Drugs Act	52	56
Factories—Power	2	3
Non-Power	—	—
Offices, Shops and Railway Premises Act	80	68
STATUTORY		
Public Health Act	51	45
Corporation Act	9	7
Housing Act (Section 9) Notices ..	3	—
Housing Act (Section 15) Notices ..	1	—
Housing Act (Section 16) Notices ..	1	—
Housing Act (Section 19) Notices ..	2	—

HOUSING 1971

Orders confirmed during 1971—Compulsory Purchase and Clearance Orders

<i>Title of Order</i>	<i>Clearance Area Numbers</i>	<i>No. of Houses in Order</i>
1. City of Gloucester (Bristol Road) (No. 1) Compulsory Purchase Order	189 and 190	37
2. City of Gloucester (Bristol Road) (No. 2) Compulsory Purchase Order	191, 192 and 193	28

Table of demolitions.

	<i>Number of Houses</i>
Houses Demolished	
1. IN CLEARANCE AREAS	
Houses unfit for human habitation	59
House in or adjoining Clearance Areas	4
2. NOT IN CLEARANCE AREAS	
As a result of formal or informal procedure under Sec. 16 or Sec. 17 (1) Housing Act 1957	1
Local Authority owned houses certified unfit by the Medical Officer of Health	5
	69
Unfit Houses Closed	
Under Sections 16(4), 17(1) and 35(1) Housing Act 1957 and Section 26 Housing Act 1961 ..	1
Parts of Buildings Closed	
Under Sec. 18 Housing Act, 1957	1

Table of Displacement of Occupants.

	Number of Persons	Number of Families
1. From houses to be demolished in or adjoining clearance areas	193	68
2. From houses to be demolished not in or adjoining clearance areas ..	42	9
3. From houses to be closed	1	1
4. From parts of buildings to be closed	—	—
TOTAL ..	236	78

Unfit Houses Made Fit

(1) After informal action by Local Authority	86
(2) After formal action under :—	
(a) Public Health Acts	13

Houses in Which Defects were Remedied

(a) Public Health Acts	39
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Qualification Certificates

Number of Provisional Certificates issued	7
Number of Qualification Certificates issued for premises already improved	7

Verminous Premises

Number of houses disinfested	72
--------------------------------------	----

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	34

Common Lodging Houses

There are no Common Lodging Houses within the City.

Offices, Shops & Railway Premises Act, 1963

1. ADMINISTRATION

Considering that the Department was short of two District Inspectors for nearly half of the year, the percentage of premises inspected (58%) compared favourably with previous years.

There still seems to be some reluctance, or ignorance of their legal duty, for occupiers of premises to notify that they are employing people. As in previous years the majority of new registrations have resulted from the visits of the District Inspectors, and it is very rare indeed to receive prior notification before the premises are occupied.

2. OPERATION OF THE ACT.

The number of possible contraventions of the Act remains very low in proportion to the number of inspections made, indicating a good general standard of compliance with the Act.

The main faults found related to the safety of Floors, Passages and Stairs (28) and to cleanliness of Premises (18). The former figure shows the necessity for aiming at an annual visit to each premises, with emphasis placed on accident prevention as one of the main reasons for the inspection.

There are no registered premises in the town with a completely mechanical system of handling goods, although most of the larger stores and warehouses use conveyor belts and/or fork lift trucks. No problems have arisen so far in connection with these. The local G.P.O. Sorting Office is progressing rapidly towards completely mechanical handling of the mail and a query was raised as to the effect the layout of the machines might have on the safety of the staff ; subsequently a better lay out was devised.

The use of mezzanine floors in warehouses has caused some difficulty in reconciling the need for easy access for the movement of stores with the requirement to guard openings in floors. The use of posts with detachable sections of chains seems to be an acceptable compromise.

Some anomalies have arisen in connection with (a) offices and shops on the periphery of the local cattle market and (b) covered market premises in part of a new shopping precinct due to the fact that the Sanitary Conveniences and washing facilities Regulations are not applicable in the first instance and the whole of the Act apart from registration in the second case — this six years after the passing of the Act !

3. ACCIDENTS

58 accidents on registered premises were notified, an increase of 20 over last year. None were fatal, and most occurred whilst handling goods.

The most serious was a typical bacon slicer accident, the first such notified to this Authority. The injured person had had many years of experience with these machines, which underlines their potential dangerousness.

All known food slicers in the City have been fitted with guards, and the leaflets on "The Safe Use of Food Slicing Machines" were distributed to premises having one, but there was apparently little reaction by the occupiers.

Two other cases showed how even the most trivial of things can still be a hazard. In one, the operator of an office calculating machine sustained a severe gash on her leg from a flange on the power plug retaining clip, and the other, the bad siting of a power point meant the flex to a floor cleaner acted as a trip wire — result a fractured collar bone.

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	27	360	231
Retail Shops	44	525	289
Wholesalers, Warehouses	6	62	29
Catering Establishments	2	82	45
Fuel Storage Depots	—	2	1
Totals ..	79	1031	595

Number of visits of all kinds to Registered Premises, 842.

2. NUMBERS EMPLOYED.

<i>Class of Workplace</i>	<i>Number of Persons employed</i>
Offices	4974
Retail Shops	3607
Wholesale Warehouses	1014
Catering Establishments	811
Canteens	82
Fuel Storage Depots	10
Total Males	4779
Total Females	5719
Grand Total	10,498

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	1,197	3
Number infested by :—		
Rats	344	3
Mice	732	—
Total number of properties inspected for rats or mice for reasons other than notification..	645	6
Number infested by :—		
Rats	101	6
Mice	283	—

No. of Sewer Manholes treated 1,624.

No. of Properties on the District :—	32,480	—	Non-Agriculture.
	26	—	Agriculture.
	518	—	Wasp nest plus one Hornets nest.

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	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	376	17	1	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	4	—	—	—
TOTAL	391	19	1	—

2. *Cases in which Defects were found.*

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

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	—	—	—	—	—	—
TOTAL	20	—	—	—	—	—

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Type of Premises	Number
<i>Registered or Licensed Food Premises</i>	
Dairies	2
Distributors of Milk	162
Untreated Milk—Dealer's Licences	—
Pasteuriser's Licences	2
Dealer's (Pre-packed Milk) Licences	162
Ice-Cream—Manufacturers, Hot Mix	3
Ice-Cream Vendors " Soft Mix	2
Preserved Meat	288
Slaughterhouses	32
	3

Food Hygiene (General) Regulations

Category	No. of Premises	Category	No. of Premises
Dairies	2	General Food shops including Supermarkets	195
Ice Cream Manufacturers	3 2	Greengrocers	42
Hot Mix		Public Houses including premises with catering establishments & Off Licences	115
Soft Mix			
Bakehouses	14		
Butchers	57	Wholesale Premises	30
Cafes, Restaurants Clubs & Canteens	195	Food Factories	14
Wet and Fried Fish Shops	41	Sweets and Tobacco	66

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	112	111	—	1	109	—	—	—	—	—	—	—
Sterilised	16	—	—	—	—	—	—	—	—	16	—	—
Untreated	3	1	—	1	—	—	—	—	—	—	—	2
TOTALS	131	112	—	2	109	—	—	—	—	16	—	2

Three Samples for Phosphatase test — Void.

POULTRY INSPECTION

No poultry processing plants within the Authority.

Food and Drugs Act, 1955

A total of 198 Formal samples and 35 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	9	7	16	—	—	—
Cheese	7	—	7	—	—	—
Cream	9	2	11	—	—	—
Butter	5	1	6	—	—	—
Margarine ..	6	1	7	—	—	—
Lard	4	—	4	—	—	—
Pure Fat .. .	1	1	2	—	—	—
Compound Fat	1	—	1	—	—	—
Sausage Rolls ..	5	—	5	—	—	—
Pork Sausage ..	13	—	13	1	—	—
Beef Sausage ..	10	—	10	—	—	—
Pork & Beef Sausage ..	1	—	1	—	—	—
Sausage Meat ..	—	1	1	—	1	—
Popular Sausage	1	—	1	—	—	—
Milk Powder ..	1	2	3	—	—	—
Soup	4	1	5	—	—	—
Tinned Veg. ..	6	—	6	—	—	—
Tinned Fruit ..	—	3	3	—	—	—
Ice Cream .. .	16	—	16	1	—	—
Beer, Cider, Ales & Stout ..	10	3	13	—	—	—
Pork Pies .. .	2	—	2	—	—	—
Condensed Milk	—	1	1	—	—	—
Drugs	5	—	5	—	—	—
Dried Fruit ..	9	—	9	—	—	—
Faggots	4	—	4	—	—	—
Black Puddings ..	2	—	2	—	—	—
Strawberry Mousse	1	—	1	—	—	—
Yoghurt .. .	1	—	1	—	—	—
Pork & Pepper Loaf	1	—	1	—	—	—
Polony & other meats ..	2	1	3	—	—	—
Beefburgers ..	5	—	5	—	—	—
Marzipan .. .	4	1	5	—	—	—
Shredded Suet ..	1	—	1	—	—	—
Ground Almonds	3	—	3	—	—	—
Dessicated Coconut ..	1	—	1	—	—	—
Meat & Fish Pastes ..	6	—	6	—	—	—
Hamburgers ..	1	—	1	—	—	—
Christmas Pudding	4	—	4	—	—	—
Vinegar	6	—	6	—	—	—
Sponge	1	—	1	—	—	—

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
Cooking Oil ..	—	1	1	—	—	—
Peeled Tomatoes ..	—	1	1	—	—	—
Spirits ..	6	—	6	—	—	—
Mackerel ..	—	3	3	—	—	—
Jelly & Agar ..	6	—	6	—	—	—
Preserves ..	4	—	4	—	—	—
Indian Tonic Water ..	1	—	1	—	—	—
Tomato Juice ..	1	—	1	—	—	—
Fruit Juice ..	2	1	3	—	—	—
Soft drinks ..	2	—	2	—	—	—
Flour S.R. ..	3	—	3	—	—	—
Flour Plain ..	3	—	3	—	—	—
Sliced beef in Gravy ..	—	1	1	—	—	—
Mincemeat ..	2	—	2	—	—	—
Foreign Bodies ..	—	3	3	—	—	—
TOTALS ..	198	35	233	2	1	3

Of the food samples examined during 1971, there were three unsatisfactory results — two formal and one informal.

FORMAL SAMPLES

1. Pork sausages which were 5.2% deficient in meat.
A warning letter was sent in this instance.
2. Ice Cream which contained only one per cent fat against the statutory requirement of 5%.

On investigation it was found that the product should have been sold as a water ice.

The refrigeration bore an outdated label stating it was ice cream.

A warning letter was sent to the firm and the matter was at once remedied.

INFORMAL SAMPLE

Sausage meat — this was 5.8% deficient in meat.

This sample was taken at the request of the Gloucester Prison Authorities who took the matter up with their Contractor.

Ice Cream

The number of samples taken for bacteriological testing by the Public Health Laboratory Service during the year was 55 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 ..	—	—	—	—	—	—	—	—
Others	42	21	6	1	—	7	—	7
Water Ices ..	7	—	—	—	—	—	7	—
TOTALS ..	49	21	6	1	—	7	7	7

2. Samples taken from Mobile Vans.

	Number Taken	Grade I	Grade II	Grade III	Grade IV	Plate Count	pH Value	Void
Soft Mix ..	4	—	—	3	1	—	—	—
Others ..	2	—	1	1	—	—	—	—
Water Ices ..	—	—	—	—	—	—	—	—
TOTALS ..	6	—	1	4	1	—	—	—

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	14	2	16	2	—	2
Feeding Stuffs ..	10	3	13	—	1	1
TOTALS ..	24	5	29	2	1	3

Of the 29 samples submitted for analysis, one bone meal was low in nitrogen and a garden manure was found to be low in soluble phosphate. An informal sample of Layers Mash was slightly high in fibre content. In each case the result was conveyed to the Supplier who took appropriate remedial action.

Meat Inspection

Carcases Inspected and Condemned during the year 1971

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected					
Slaughterhouse 1	13,145	189	18	50,918	57,234
Slaughterhouse 2	7,571	2,507	483	28,071	23,266
Slaughterhouse 3	2,037	32	3	6,516	4,888
TOTAL ..	22,753	2,728	504	85,505	85,388
CONDEMNATIONS					
<i>All Diseases except Tuberculosis and Cysticercus Bovis.</i>					
Whole carcasses condemned ..	7	53	42	117	252
Carcasses of which some part or organ was condemned ..	7,605	2,087	7	6,688	13,135
Percentage of the number inspected affected with disease other than Tuberculosis or Cysticercus Bovis	33.4%	78.4%	9.7%	7.96%	15.6%
<i>Tuberculosis Only</i>					
Whole carcasses condemned ..	—	1	—	—	—
Carcasses of which some part or organ was condemned ..	—	9	—	—	51
Percentage of the number inspected with Tuberculosis ..	—	0.36%	—	—	0.0059%
<i>Cysticercus Bovis Only</i>					
Whole carcasses condemned ..	—	—	—	—	—
Carcasses of which some part or organ was condemned ..	6	—	—	—	—
Carcasses submitted for refrigeration	6	—	—	—	—
Percentage of the number inspected affected with Cysticercus Bovis	0.026%	—	—	—	—

Slaughterhouses

Number of Licensed Slaughterhouses in the City 3

Number of visits to Slaughterhouses for inspection of carcasses 2,998

Total number of carcasses killed and inspected 196,878

Total amount of carcass meat and offals condemned
119 tons. 12 cwt. 22 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 ..	1	3	31		
2. Carcase meat and offal at retail shops		10	74		
3. Cooked meat and meat products		3	9		
4. Canned meats		12	87		
5. Other Canned foods	4	10	105		
6. Fish (fresh)		2	83		
7. Fruit and vegetables (fresh)		9	36		
8. Frozen foods due to cabinet breakdown	2	15	102		
9. Other Foods	1	16	63		
	12	5	30		

Food Poisoning

5 sporadic cases notified as follows :—

- 2 cases Salmonella Typhimurium
- 1 case Salmonella Munchen
- 1 case Salmonella Kapemba
- 1 case Salmonella Bredeney

Food Complaints

A total of 104 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	—	—
Butter	—	—	—
Cheese	—	1	2
Bread	12	—	9
Canned Meat	1	—	—
Cooked Meat	—	—	—
Meat Pies	3	—	7
Fish	—	—	—
Fruit	1	—	—
Vegetables	2	—	—
Confectionery	11	—	4
Other Food	14	—	6
TOTALS	50	1	28

A total of 104 food complaints were received within the year, made up as follows :—

Foreign matter in food	.. ..	51
Mould	.. ..	28
Dirty milk bottles	.. ..	4
Stale food or otherwise unfit	.. ..	21
Total		<hr/> 104 <hr/>

Of the 51 complaints of foreign bodies in food it was necessary to submit some to the Public Analyst. Following are some of the observations the Public Analyst made :—

1. Bread — foreign matter was a portion of soiled dough.
2. Bread roll with cheese and cress — foreign matter was a portion of jute fibre probably from sacking.
3. Part of an Apple Turnover contained fragments of an insect which was not specifically identified.
4. Minced beef — foreign body was a tuft of bovine hair attached to a piece of gristle.

Prosecutions.

Cases in 1971 arising from food complaints received within the Department are as follows :—

		<i>Fine</i>	<i>Costs</i>
1. Cornish Pasty	— Insect	£25	£5
2. Meat & Potato Pattie	— Cigarette	£20	£10
3. Loaf of Bread	— Piece of metal	£25	£5
4. Chicken & Ham Pie	— Mould	£10	—
5. Flagon of Cider	— Wasp	£10	£10
6. Packet of Garden Peas	— Sliver of wood	£10	£10
7. Cornish Pasty	— 2 pieces of wire	£10	£10
8. Sausage Roll	— Piece of plastic	£5	£5
9. Bottle of Milk	— Broken glass	£25	£10

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	362	141,162	—	362	—
Coastwise	1,251	254,242	—	60	—
TOTAL	1,613	395,404	—	422	—

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 — Fish meal, Maize, Soya Bean meal, Wheat, Barley, Shea nuts, Rape seeds, Timber.
	Principal Exports — Scrap Metal, Fertiliser, General cargo.
Principal Ports from which ships arrive —	France, Denmark, Low Countries, Scandinavia, the Baltic Countries & Russia

SECTION IV—INLAND BARGE TRAFFIC

The numbers and tonnage are included in the coastwise figure in Table B.

SECTION V—WATER SUPPLY

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

SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1970

A summary of the list of infected areas, amended weekly, is forwarded to the Chief Customs Officer at Sharpness.

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

Mooring stations are provided at (a) The Docks.

(b) The tidal basin.

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

SECTION VII—SMALLPOX

- (1) Name of Isolation Hospital to which smallpox cases are sent from the district is Ham Green Hospital, Pill, near Bristol.
- (2) Arrangements for transport of such cases to that Hospital by Ambulance, by Gloucestershire County Council.
- (3) Name of smallpox Consultant — Dr. McCrae. Ham Green Hospital, Pill, near Bristol.
- (4) Facilities for laboratory diagnosis of smallpox — Public Health Laboratory, Bristol.

SECTION VIII—VENEREAL DISEASE

Facilities for the diagnosis and treatment of venereal disease are available at the Clinic, Maudlin Street, Bristol. Tel. Bristol 23359. The Clinic is open weekdays 10 a.m.—11.30 a.m. and 5 p.m. to 6.30 p.m. Saturdays 10 a.m. to 12 noon. Sunday closed.

Information leaflets given to Shipping Agents for distribution to ships.

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

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 TAKEN AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

All ships arriving from foreign ports are inspected by the Port Health Inspector for evidence of rodents.

Bacteriological and pathological examination of rodents is carried out at the Public Health Laboratory, The Royal Hospital, Gloucester.

Deratting of ships if necessary would be done by fumigation.

The Firm who would carry out the fumigation would be — Messrs. Etoxin, 181, Eastern Road, Bristol.

TABLE E

Not Applicable.

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	39
					39

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	97	—	—	—
Foreign	325	—	—	—
TOTAL	422	—	—	—

SECTION XIV—PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948
Not Applicable.

SECTION XV—MEDICAL INSPECTION OF ALIENS AND COMMONWEALTH IMMIGRANTS

(Applicable only to ports approved for the landing of aliens and Commonwealth Immigrants).

Not Applicable.

SECTION XVI—MISCELLANEOUS

Arrangements would be made by the Medical Officer of Health for cremation at Gloucester.

Imported Food 1971

	<i>Tons</i>	<i>Cwts.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Mussels	29	10	—	—
Whelks	1	—	—	—
Fresh Apples	770	16	—	—
Canned Apples	18	10	—	—
Milk Powder	171	10	—	—
Honey	44	—	—	—
Spaghetti and other pastes	37	—	—	—
	1072	6	—	—

Imported Food Sampled and Examined — Chemically

Fruit Salad	1
Mandarin	1
Apricot Halves	1
Orange Juice	1
	—
	4
	—

SECTION G

STATISTICS

General Statistics

Estimated area of City	8,314 acres
Registrar General's Estimated Mid-year Home Population ..	89,980
Area Comparability Factors—Births	0.97
Deaths	0.99
Rateable Value, 1st April, 1971	£3,705,223
Estimated sum represented by Penny Rate—1971/72	
Before Rebates	£37,041
After Rebates	£36,964

Vital Statistics, 1962 - 1971

Live Births

Year	Legitimate		Illegitimate		Total	Rate per 1,000 estimated resident population	
	Male	Female	Male	Female		Gloucester	England and Wales
1971	744	685	77	71	1,577	17.5	16.0
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

Stillbirths

Year	Male	Female	Total	Rate per 1,000 live and still births	
				Gloucester	England & Wales
1971	12	7	19	12.0	12.0
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

Deaths

Year	Male	Female	Total	Death rate per 1,000 estimated resident population	
				Gloucester	England & Wales
1971	532	531	1,063	11.8	11.6
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

Causes of Death, 1971

Causes of Death	Sex	AGE					Total
		0-24	25-44	45-64	65-74	75+	
Respiratory Tuberculosis ..	M	—	—	1	—	—	1
	F	—	—	—	—	—	—
Cancer—All forms	M	1	2	38	37	19	97
	F	1	5	43	23	20	92
Heart and circulatory diseases	M	1	6	65	79	89	240
	F	—	—	31	65	183	279
All other causes	M	30	7	37	53	67	194
	F	14	7	20	37	82	160
Total Deaths	M	32	15	141	169	175	532
	F	15	12	94	125	285	531
		47	27	235	294	460	1063

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	
1971	25	5	30	19.0
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

Infant Mortality—England and Wales 17.9.

Causes of death of infants under one year of age

Pneumonia	5
Intestinal obstruction and hernia	1
Congenital abnormalities	6
Birth injuries, difficult labour etc.	13
Accidents	3
Other causes	2
	<hr/>
	30
	<hr/>

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

Pneumonia	1
Intestinal obstruction and hernia	1
Congenital abnormalities	4
Birth injuries, difficult labour etc.	13
Other causes	3
	<hr/>
	22
	<hr/>

The neo-natal death rate was, therefore, 14.0 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 ..	3	—	—	2
2 lb. 4 oz.—3 lb. 4 oz.	7	—	3	1
3 lb. 5 oz.—4 lb. 6 oz.	18	1	—	4
4 lb. 7 oz.—4 lb. 15 oz.	22	—	—	—
5 lb.—5 lb. 8 oz. ..	55	2	1	4
Total	105	3	4	11

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
1971	189	16.2	2.1	3	6	38	43	56	43
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
Total	3,422	—	—	110	123	752	589	965	883

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	
1971	8	9	44	15	—	16	3	45	49	97	92	189
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
Total	111	79	349	76	4	142	57	425	372	889	726	1615

Care of Mothers and Young Children Clinic Services

1. ANTE-NATAL AND POST-NATAL CLINICS						
Number of women in attendance—Ante-Natal examination ..						
						2,287
Post-Natal examination ..						
						52
Number of sessions held by—Medical Officers						
						—
Midwives						
						99
General Medical Practitioners ..						
						—
Hospital Medical Staff						
						151
Total						250
2. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES						
Number of women who attended during the year :						
(a)	Institutional booked	..	..	..	..	722
(b)	Domiciliary booked	..	..	..	..	4
Total						726
Total number of attendances during the year						
						2,301
3. CHILD WELFARE CENTRES						
Number of children who attended during the year :						
(a)	born in 1971	..	..	..	..	2,123
(b)	born in 1970	..	..	..	..	758
(c)	born 1966-1969	..	..	..	..	531
Total						3,412
Number of sessions held by (a) Medical Officers						
						355
(b) Health Visitors						
						395
(c) General Medical Practitioners						
						41
Total						791
Number of children on "at risk" register at end of year ..						
						899

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>
					<i>0 - 4</i>	<i>Nursing Mothers</i>
First visit	..	..	..	..	252	163
Subsequent visits	..	..	..	..	226	336

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

15

6

Treatment provided during the year.

Number of fillings	..	..	..	..	228	333
Teeth filled	..	..	..	..	214	289
Teeth extracted	..	..	..	..	225	160
General anaesthetics given	..	..	..	..	105	36
Emergency visits by Patients	..	..	..	..	50	13
Patients X-Rayed	..	..	..	..	1	12
Patients treated by Scaling and/or removal of stains from the teeth (Prophylaxis)	..	..	..	..	6	92
Teeth otherwise conserved	..	..	..	..	3	—
Teeth root filled	..	..	..	..	—	—
Inlays	..	..	..	..	—	—
Crowns	..	..	..	..	—	—
Number of Courses of Treatment completed during the year	..	..	..	..	61	83

2. PROSTHETICS.

Patients supplied with F.U. or F.L. (First
time)

3

Patients supplied with other dentures ..

11

Number of dentures supplied

18

3. ANAESTHETICS.

General Anaesthetics administered by
Dental Officers

53

4. INSPECTIONS.

Number of Patients given first inspections
during year

269

150

Number of these who required treatment ..

172

137

Number who were offered treatment ..

161

137

Number of patients re-inspected during year

15

6

5. SESSIONS.

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

For Treatment

100

For Health Education

—

Distribution of Welfare Foods

Number of items sold during the year :

National Dried Milk	..	..	..	..	..	..	2,853
Cod Liver Oil (withdrawn April 1971)	..	..	..	..	..	..	282
A and D Vitamin tablets	..	..	..	..	..	..	2,406
Orange Juice (withdrawn December 1971)	..	..	..	..	..	..	21,329
Ribena	..	..	..	..	..	..	3,040
Rose Hip Syrup	..	..	..	..	..	..	2,338
Ostermilk No. 2	..	..	..	..	..	..	2,558
Cow and Gate Milk	..	..	..	..	..	..	5,981
Trufood	..	..	..	..	..	..	1,662
Farlene food	..	..	..	..	..	..	593
S.M.A. Milk	..	..	..	..	..	..	933
Adexolin, large	..	..	..	..	..	..	482
Adexolin, small	..	..	..	..	..	..	311

SECTION H

SCHOOL HEALTH SERVICE

EDUCATION COMMITTEE

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

1971-72

Chairman :

Alderman A. G. Neal

Vice-Chairman :

Alderman K. A. H. Hyett

Members :

Councillor P. G. Harris, (Sheriff)
Alderman G. A. H. Matthews, M.B.E.
Councillor C. Collins
Councillor L. C. White
Councillor R. Dwyer
Councillor Mrs. G. C. Mathers J.P.
Councillor P. W. G. Pickthorn
Councillor M. C. Dalling
Councillor D. Knight
Councillor J. E. Logue
Councillor Mrs. M. Nurse
Councillor J. R. H. Martin
Councillor Mrs. E. E. Chandler
Councillor H. Morgan
Canon M. J. Roche
Canon K. F. Evans-Prosser
Rev. T. J. Lander
Mrs. A. D. W. Hall
Miss M. E. Colwell
Mr. H. J. Skinner
Mr. S. W. Smith

STAFF

P. T. REGESTER, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health and Principal School Medical Officer.
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T. A. LOCK, L.D.S., Dental Officer.
MRS. S. M. WALLACE, L.D.S., Dental Officer.
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Dental Officers (Part time).
MISS S. CARTWRIGHT, MRS. V. S. MATTHEWS, Dental Auxiliaries.
MRS. J. BUNCE, MRS. A. CAPEL, MISS J. CHESHIRE, MRS. E. FREEBURY,
MISS S. M. HOULT, MISS H. MORRIS, MRS. M. MILLER, Dental Surgery
Assistants.
MRS. M. L. BRICE, S.E.N., MRS. M. HOWAT, MRS. E. H. QUIRK, R.M.N.,
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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. M. HUMPHREYS, MRS. J. GILES,
MRS. J. MITCHELL, School Nurses.
MRS. I. O'CONNELL, Student Health Visitor.

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MRS. A. L. BRISTOW, MRS. S. A. GOODWIN, MRS. C. V. PEARCE, Speech
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MRS. C. COOPER, Audiometric Technician.
MRS. C. J. GREENWOOD, Physiotherapist (Part-time).

SCHOOL HEALTH SERVICES

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Telephone 29421

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

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

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

I have the honour of presenting my Annual Report on the School Health Service for 1971.

P. T. REGESTER,

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

Report of the Principal School Dental Officer for the year 1971.

The Annual Report for last year stated that our main aim was to inspect all the school population and to treat those accepting treatment during the year. It is very gratifying to be able to report that we achieved this aim. I think it is true to say that this is the first time in fifty years that it has been possible to do this and it is sincerely hoped that we will not only be able to hold this position but build on it in the future.

The balance was tipped in our favour by the increase in the establishment by one Dental Officer and one Dental Surgery Assistant, this highlighted the need for us to increase the clinical establishment in step with the increase in population. The amount of treatment required during the year was extremely high as we coped with the backlog from previous years and it may be that the year's figures represent the high water mark of treatment actually needed to render our schoolchildren dentally fit. Future courses of treatment should be less extensive and time consuming in nature.

The points worth emphasis from the appended statistics are as follows :—

						SCHOOL CHILDREN	
						1970	1971
Visits	..	..	..	..	..	13,641	16,536
Extractions	..	..	..	..	..	3,354	3,570
Fillings	..	..	..	..	..	12,299	15,844
General Anaesthetics	..	..	..	..	..	1,573	1,594
First Visits	..	..	..	..	..	4,320	5,409
Completions	..	..	..	..	..	2,399	3,822
Inspections	..	..	..	..	..	13,270	17,518
Re-Inspections	..	..	..	..	..	163	2,918

The number of extractions and general anaesthetics required rose slightly during the year as would be expected with the increased turnover of work. However, per patient attending the number of extractions has dropped significantly. It is hoped 1972 will see an overall reduction of these extraction figures.

When one studies the statistics presented with this report it is difficult to believe that responsible people can seriously suggest (as they do) that there is no need for a school dental service or that it should be a service confined to inspection only.

On further consideration one can see that the treatment we carried out only represents that required by those patients who accepted and attended for treatment. In addition to this there is a large amount of work required by those children who either do not see through a course of treatment or whose parents do not accept the constructive treatment they require. These patients purely attending as and when they have the inevitable and avoidable pain and trouble.

As can be seen from the report we offered treatment to 8,657 children of whom 5,409 actually attended for a first visit thus leaving 3,428 unaccounted for. Undoubtedly we will find that a percentage of this number have been stimulated to seek treatment elsewhere but this still leaves a hard core of some 2,000 or so children who do not receive the dental treatment they require. Somehow our service must guide the parents of these children in the right direction. Without the present system of compulsory inspection there would be little or no hope of reaching these children and, in fact, many of the others who come to us would not seek treatment elsewhere if we failed to bring this to the parents' notice as a result of our inspections.

Other comments that seem worthwhile on the year's work are the significant number of children undergoing treatment involving appliance therapy, with 107 new orthodontic cases commenced during the year. In addition to these a very considerable number of cases are being treated by the appropriate extractions at the right moment. It is intended to complete records of these cases for future years. The increased trend towards conservation of the deciduous dentition should prevent the occurrence of a number of problems for the future. The laboratory work associated with this work continues to go to both the City and County dental laboratories who between them provide us with a useful service.

Another well worthwhile project has been a scheme evolved with Oak Bank School. We are greatly indebted to Miss E. Martin the Head Teacher at this special school for her interest and help in personally seeing that the handicapped children in her care are brought weekly for dental treatment. It has been possible to do a great deal of useful treatment for these particularly needy children who now have a much happier view of dentistry.

Other Activities

There is almost unlimited scope for public service in a department such as ours. Activities with which we have been associated during the year have been as follows :—

Educational projects

The Dental Auxiliaries have spent a considerably increased amount of time in the schools giving appropriate talks to primary school children. Details of this are tabulated herewith.

TYPE OF SCHOOL			NO. OF TALKS TO CLASSES
SPECIAL	..	1	1
JUNIOR	..	11	107
INFANT	..	11	70
TOTAL NUMBERS			178

In addition to this work there is a steady process of instruction at the chairside by the Dental Officers and at the schools at the time of school inspections. A constant effort is being made to interest schools in substituting more suitable items in tuckshops to replace the unnecessary and harmful sweets and biscuits. Some authorities show a proportion of Dental Officer time devoted to dental health education automatically in their returns for time spent in this way, which is possibly the right and proper thing to do. We continue to be indebted to the Health Education Officer Mrs. M. Craig for her willing help in this kind of work.

We have been pleased to advise pupils, parents and representatives of the local employment exchange on the possibilities of careers in dentistry including posts as dental nurses, dental hygienists and auxiliaries. It is pleasing to report that the authority took a large part in the inauguration of a course of lectures at the Gloucester Technical College geared to the examination of proficiency held by the Dental Nurses Society. Mr. J. Cond is carrying out the lions share of this course with the willing backing of the College staff.

Courses

During the year Mr. T. A. Lock attended a course on the treatment of the handicapped patient arranged at the Cardiff Dental Hospital and School. Mr. R. Bell attended the Annual Conference of the British Dental Association. Courses of this sort always present opportunities to meet colleagues and keep up to date. The generosity of the Authority in this respect is much appreciated.

Mobile Dental Unit

This has been the main improvement to our service during the year but the impact will not have been made until well through 1972. The Unit arrived in November and after a period of staff training went out to the first schools to be used for 38 sessions. The children treated were all ones who had failed to complete courses of treatment at the clinic, so before the end of the year we had already commenced treatment for 121 children who would otherwise have fallen by the wayside.

All being well next year should see an increase in the number of courses of completed treatment related to the schools it serves and as the convenience of the service is realised by parents an increased acceptance rate for dental treatment may result.

Broken Appointments

This continues to be a serious problem. No fewer than 109 Maternity and Child Welfare and 3,111 school patients failed to attend the clinic for booked appointments during the year. This is a serious waste of our time. We continue to overbook appointments to allow for failures but when all the booked patients arrive it results in the dental staff having to work under considerable pressure. The mobile dental unit will obviate this problem in the schools it serves as no appointment system is required during term time.

Staffing the Service

The main improvement during the year was the recruitment of one additional Dental Officer and Dental Surgery Assistant. This increase in establishment lasted some eight months and contributed towards the much better position we now find ourselves in. Mr. S. Wallace left us to take a post with Cumberland County Council in November. We were pleased to welcome Mrs. E. Freebury, Mrs. M. Miller, Mrs. G. L. Coleman, Miss H. Morris and Miss S. Hoult as Dental Surgery Assistants during the year.

It is hoped that the establishment will be improved by provision of a part-time orthodontic session and a Senoir Dental Surgery Assistant post in the future.

The Current Scene

Plans for reorganised local authorities and a reorganised health service dominate the future and it seems inevitable that we will be involved in some considerable change in 1974.

It is fervently hoped that a priority dental treatment service will feature in the unified health service. Without a service like ours there is little hope that the children we see will receive the treatment they need so much. The public here in Gloucester receive a very valuable service from the staff here at Rikenel and one does wonder sometimes if this is sufficiently appreciated.

Having said this it remains for me to express my grateful thanks to the Committee Members, The Medical Officer of Health and his staff and the Chief Education Officer for their encouragement and backing during the year. Also to the staff of the dental department for their loyal support and hard work without which it would have been quite impossible to achieve so much during the year under review.

INSPECTIONS		Number of pupils		
		Inspected	Requiring treatment	Offered treatment
(a)	First inspection—school	16,419	10,071	8,657
(b)	First inspection—clinic	1,099		
(c)	Re-inspection—school or clinic ..	2,918	1,631	1,631
TOTALS ..		20,436	11,702	10,288

VISITS (for treatment only)		<i>Ages</i> 5-9	<i>Ages</i> 10-14	<i>Ages</i> 15 and over	Total
First visit in the calendar year		2,517	2,378	514	5,409
Subsequent visits		4,799	6,140	1,554	12,493
TOTAL VISITS		7,316	8,518	2,068	17,902

COURSES OF TREATMENT					
Additional courses commenced		155	116	33	264
Total courses commenced ..		2,672	2,494	547	5,713
Courses completed		—	—	—	3,822

TREATMENT					
Fillings on permanent teeth ..		3,414	7,368	2,018	12,800
Fillings in deciduous teeth ..		2,906	138	—	3,044
Permanent teeth filled		2,467	5,894	1,742	10,103
Deciduous teeth filled		2,641	113	—	2,754
Permanent teeth extracted ..		152	692	192	1,036
Deciduous teeth extracted ..		1,970	564	—	2,534
Number of general anaesthetics		945	566	83	1,594
Number of emergencies ..		388	178	46	612
Number of pupils X-rayed .. ..		..	378		
Prophylaxis .. ..		..	2,411		
Teeth otherwise conserved .. ..		..	236		
Teeth root filled .. ..		..	22		
Inlays .. ..		..	2		
Crowns .. ..		..	23		

ORTHODONTICS		
New cases commenced during the year		107
Cases completed during the year ..		62
Cases discontinued during the year ..		9
Number of removable appliances fitted		110
Number of fixed appliances fitted ..		0
Number of pupils referred to Hospital Consultants		7

(Include cases treated by appliance only)

DENTURES					
Number of pupils fitted with dentures for the first time :—		<i>Ages</i> 5-9	<i>Ages</i> 10-14	<i>Ages</i> 15 and over	Total
(a) with full denture		—	1	—	1
(b) with other dentures		2	14	8	24
TOTAL		2	15	8	25

Number of dentures supplied (first or subsequent time) ..		2	15	10	27
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ANAESTHETICS		
Number of general anasethetics administered by Dental Officers		828

SESSIONS :

	Number of clinical sessions worked in the year						Total sessions
	Adminis- trative 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.) ..	242	119	1,590	—	84	—	2,035
Dental Auxiliaries.. ..	—	—	785	79	16	—	880
Dental Hygienists ..	—	—	—	—	—	—	—
TOTAL ..	242	119	2375	79	100	—	2,915

Report by Speech Therapist

At the beginning of 1971 the establishment of one full-time therapist and the equivalent of one part-time therapist was complete, but within a few months, Mrs. Goodwin had moved to Croydon and Mrs. Pearce had left to await a new addition to her family. The numbers were thus depleted in an already small establishment, not yet large enough to cover the very pressing needs of the City.

Children of all ages are referred to the Clinic from a variety of sources which include the School Medical Officers, Health Visitors, Family Doctors, Paediatricians, Head Teachers, the Psychologist and the Audiometrician. The children are assessed and are either admitted for treatment or kept under close observation. This year has shown an increase in pre-school referrals. It is hoped that in the near future more attention will be given to this group of children.

Broadly speaking, the cases seen during 1971 have included children with language disorders, articulation defects, cleft palates and stammers, with causes ranging from a lack of motivation, emotional disturbance or immaturity, and structural abnormalities of the speech mechanism to neurological and intellectual impairment.

Twenty-three schools and a number of playgroups have been visited this year. Occasionally a visit is made to the home.

1972 should bring the results of the Quirk Report. A Committee of Enquiry has been established to look into the Speech Therapy Services and the findings should be published by the Department of Education and Science early next year. It is hoped that this will greatly benefit the profession.

STATISTICS

Population of Gloucester	..	..	..	..	..	..	89,980
School Population	..	..	..	..	..	..	18,528

Distribution of School Population

	<i>No. of Schools</i>	<i>No. on Rolls</i>
Primary Schools	39	10,983
Secondary Schools	16	7,246
Special Schools	2	299

Medical Inspections

1. Examination of Candidates for Teachers' Training Colleges .. 97

Handicapped Children

LONGFORD SCHOOL. This is a Special School for educationally subnormal children. Longford provides 249 places, of which 221 are occupied by City children.

OAK BANK SCHOOL. The total attendance at the end of 1971 was 50 of whom 28 were from the City. The City cases are as follows :

- 1 Speech defect.
- 25 Physically handicapped.
- 1 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.	8 children (two only City).
Longlevens Junior P.H.U.	10 children (four only City).
Longlevens Secondary P.H.U.	16 children (three only City).

HOME TEACHING. 4 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 :

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

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

DEFECT OR DISEASE		PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	Special Inspection
Skin	T	8	—	6	14	6
	O	29	3	1	33	19
Eyes—a. Vision	T	32	282	88	402	88
	O	94	821	361	1276	312
b. Squint	T	44	—	2	46	16
	O	17	5	22	44	26
c. Other	T	4	—	—	4	3
	O	4	28	49	81	16
Ears—a. Hearing	T	14	1	10	25	19
	O	33	9	13	55	61
b. Otitis Media	T	10	2	3	15	2
	O	24	—	4	28	9
c. Other	T	—	—	—	—	—
	O	3	—	4	7	6
Nose and Throat	T	36	1	11	48	17
	O	86	1	13	100	79
Speech ..	T	61	—	6	67	12
	O	46	2	1	49	59
Lymphatic Glands	T	3	—	2	5	5
	O	15	—	1	16	26
Heart	T	12	1	2	15	—
	O	10	—	8	18	16
Lungs	T	9	1	4	14	1
	O	26	1	11	38	41
Developmental a. Hernia	T	2	—	3	5	1
	O	20	—	4	24	5
b. Other	T	17	—	2	19	7
	O	43	—	—	43	49
Orthopaedic a. Posture	T	5	—	—	5	4
	O	16	—	3	19	12
b. Feet	T	30	—	6	36	14
	O	50	1	6	57	42
c. Other	T	14	1	3	18	7
	O	51	2	3	56	46

DEFECTS FOUND BY INSPECTIONS—contd.

DEFECT OR DISEASE		PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	Special Inspection
Nervous System	T	5	—	—	5	—
	O	—	6	5	11	15
	T	3	—	1	4	3
	O	4	—	3	7	3
Psychological	T	24	—	1	25	9
	O	25	3	23	51	—
	T	1	—	44	45	40
	O	31	—	35	66	35
Abdomen	T	1	—	3	4	—
	O	2	—	2	4	4
Other	T	11	14	23	48	9
	O	51	10	27	88	35

T=Requiring treatment

O=Requiring Observation

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)	12
Number of pupils for whom spectacles were prescribed	9

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

Received operative treatment —	
(i) for diseases of the ear	16
(ii) for adenoids and chronic tonsilitis	168
(iii) for other nose and throat conditions	15
Received other forms of treatment	8
Number of pupils in schools who are known to have been provided with hearing aids —	
(i) in 1971	10
(ii) in previous years	41

(c) *Orthopaedic and Postural defects :*

Pupils treated at clinics or out-patients departments	—
Pupils treated at school for postural defects	36

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

Ringworm—Scalp	—
Body	—
Scabies	—
Impetigo	4
Other skin diseases	305

(e) Child Guidance Treatment :							
Pupils treated at Child Guidance Clinics	..	..	..	..	..	..	84
(f) Speech Therapy :							
Pupils treated by Speech Therapist	..	..	..	..	..	..	173
(g) Other treatment given :							
Pupils with minor ailments	..	..	..	..	..	..	613
Pupils who received B.C.G. Vaccination	1,270
Accidents	24
Diabetes	—
Enuresis	42
Rheumatism	—



Acknowledgements . . .

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