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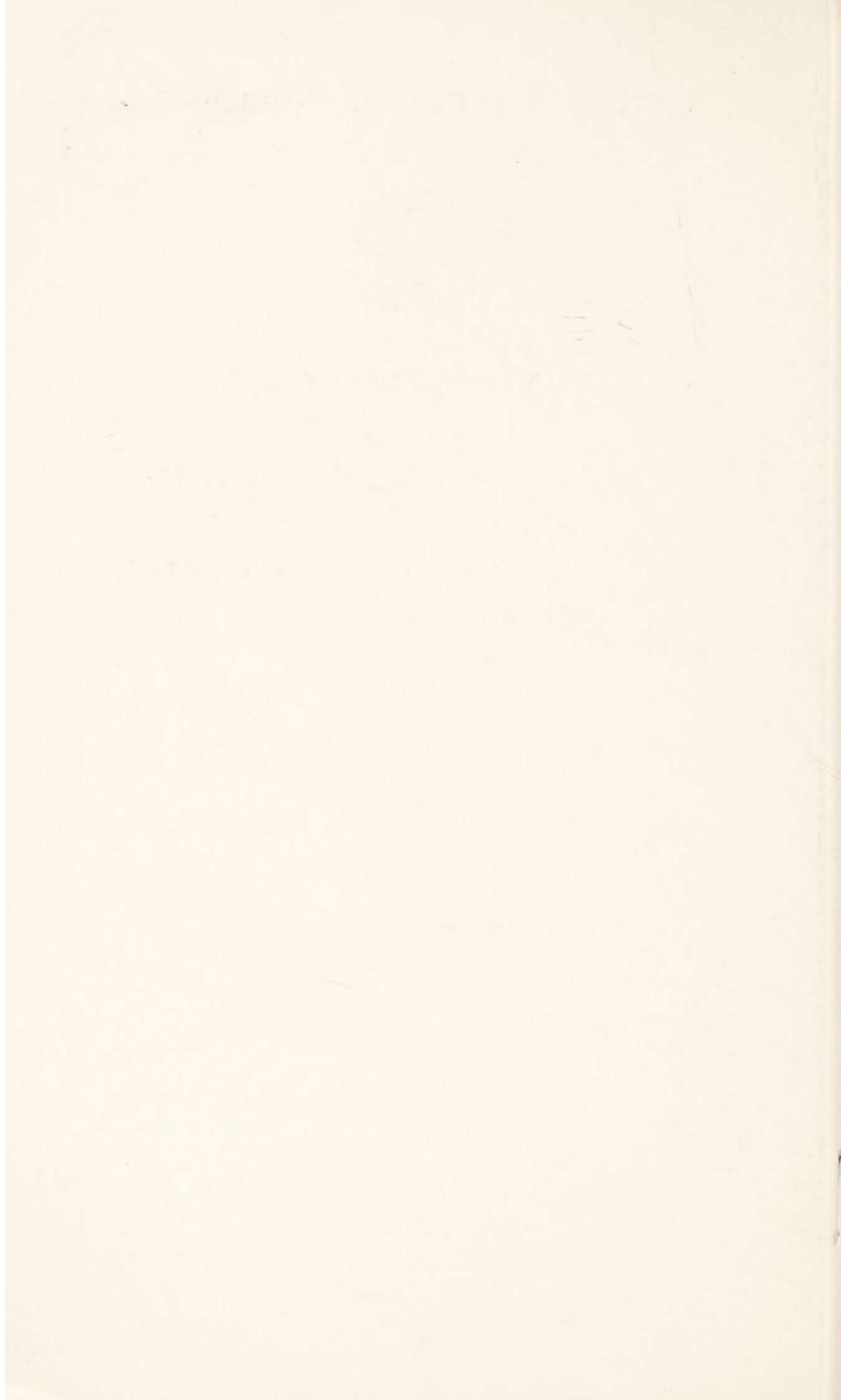


# County Borough of Gloucester



Annual Report of The Medical Officer of Health  
and Principal School Medical Officer, 1973  
and  
Health in the City of Gloucester, 1875-1974





**County Borough of Gloucester**



**ANNUAL REPORT**  
OF THE  
**MEDICAL OFFICER OF HEALTH**  
FOR THE  
**CITY AND PORT OF GLOUCESTER**  
FOR THE YEAR 1973

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**ANNUAL REPORT**  
OF THE  
**PRINCIPAL SCHOOL MEDICAL**  
**OFFICER**  
FOR THE YEAR 1973  
AND  
**HEALTH IN THE CITY OF GLOUCESTER 1875 — 1974**

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

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





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## COMMITTEES

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1972-73

### HEALTH COMMITTEE

*Chairman :*

Councillor D. Ferguson

*Vice-Chairman :*

Councillor Mrs. E. E. Chandler

*Members :*

The Mayor (*ex-officio*)

Alderman H. Worrall (Ex-Mayor)

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

Alderman Miss F. Wilton

Councillor Mrs. M. L. Reeves

Councillor L. C. White

Councillor D. Knight

Councillor R. C. Davies

Councillor T. Tucker

Councillor C. Barnfield

Councillor W. C. E. Goodenough

Councillor Mrs. R. Layton

Councillor Mrs. D. Marshall

Councillor D. R. W. Middlecote

1973-4

### HEALTH COMMITTEE

*Chairman :*

Councillor D. Ferguson

*Vice-Chairman :*

Councillor Mrs. E. E. Chandler

*Members :*

The Mayor (*ex-officio*)

Alderman Worrall (Ex-Mayor)

Councillor Mrs. R. Layton,  
(Deputy Mayor)

Alderman Miss Wilton

Councillor Mrs. M. L. Reeves

Councillor L. C. White

Councillor D. Knight

Councillor R. C. Davies

Councillor P. M. Jones

Councillor T. Tucker

Councillor C. Barnfield

Councillor W. C. E. Goodenough

Councillor D. R. W. Middlecote

Councillor E. H. Clayton



## STAFF

### Medical and Dental Staff

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

- \*F. J. D. KNIGHTS, M.D., M.R.C.P., M.R.C.S., Chest Physician.  
\*R. H. ELLIS, M.D., M.R.C.P., M.R.C.S., Chest Physician.  
\*H. A. HAMILTON, M.B., B.CH., M.R.C.S., L.R.C.P., F.R.C.O.G., Consultant Obstetrician.  
\*G. A. LEWIS, M.B., CH.B., M.R.C.O.G., Consultant Obstetrician.  
L. V. MARTIN, M.B., B.S., F.F.A., R.C.S., D.A., Anaesthetist, Dental Service.  
\*By arrangement with the South Western Regional Hospital Board.
- 

- R. BELL, B.D.S. (Edin.), Principal Dental Officer.  
T. A. LOCK, L.D.S., Dental Officer.  
D. M. COLYER, M.R.C.S., L.R.C.P., L.D.S., Dental Officer.  
J. D. BOUSFIELD, B.D.S., J. R. COND., B.D.S., MRS. E. M. GLEES, D.M.D. (Bonn), Dental Officers (Part time).  
MR. A. B. KEILLER, Orthodontist (Part time).  
MISS S. CARTWRIGHT, MRS. V. S. MATTHEWS, Dental Auxiliaries.  
MRS. J. BUNCE, MRS. E. FREEBURY, MISS S. HOULT, MRS. M. MILLER and MISS L. SCAIFE, Dental Surgery Assistants.  
MRS. M. L. BRICE, S.E.N., MRS. M. HOWAT, MRS. E. H. QUIRK, R.M.N. and MRS. G. RUST, Dental Surgery Assistants (Part time).

### Public Health Inspectorate

- G. W. ALEXANDER, B.A., D.M.A., M.A.P.H.I., Chief Public Health Inspector and Port Health Inspector.  
E. A. BLUNDELL, R. C. UPHAM, D. M. WISE, Senior District Public Health Inspectors.  
S. GRIMSHAW, Senior Meat Inspector.  
R. C. BEDDIS, J. K. DAVENPORT, J. GILLARD, D. C. SILVESTER, M. C. SMITH and D. A. TILLEY, District Public Health Inspectors.  
J. KING, M. SHEPPARD, P. C. TOMLINSON, Authorised Meat Inspectors.  
D. J. RALPH, M. J. RYDER, Student Public Health Inspectors.



### Health Visiting

- MISS B. C. DAY, S.R.N., S.C.M., Q.N., H.V., Director of Nursing Services.  
MISS A. E. NEWMAN, S.R.N., S.C.M., Q.N., H.V., Nursing Officer, (District Nursing).  
MISS P. S. BUXTON, S.R.N., S.C.M., Q.N., H.V., Nursing Officer.  
MRS. R. V. BIDDLE, MRS. D. G. GORDON-WILSON, MRS. E. P. GOULDING, MISS E. M. B. JAMES, MISS C. JONES, MRS. I. O'CONNELL, MISS P. S. OLIVER, MISS F. R. PHILLIPS, MRS. V. D. PUSEY, MRS. J. H. A. TRUMP, 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. O. M. BEVERIDGE, Clinic Sister, Rikenel Clinic.  
MRS. E. J. BEISLY, MRS. S. A. ELLISON, MRS. J. E. E. GILES, MRS. M. HUMPHRIES, MRS. M. E. JONES, School Nurses.  
MRS. M. E. KELLY, MRS. M. WRIGHT-NOOTH, Clinic Nurses.  
MISS B. D. MARKS, Student Health Visitor.  
MRS. M. ASHTON, MRS. M. BRADY, MRS. G. CORBETT, MRS. M. GODDARD, MISS P. HAMLIN, MISS M. HORSFIELD, MRS. D. JONES, MISS J. A. JONES, MRS. J. MILLS, MRS. M. MORGAN, MRS. P. MOSS, MRS. M. J. O'DONNELL, MRS. M. PHILLIPS, MRS. J. ROSE, MRS. S. THATCHER, MRS. F. VINSON, MISS R. WATKINS, MRS. N. YATES, District Nurses (F/T).  
MRS. J. W. TAYLOR and MRS. F. HACOCKS, District Nurses (Part time).  
MRS. E. GEORGE, MRS. C. A. MERRELL, MRS. J. PHELPS, MRS. G. RIGBY, MRS. G. SILLS and MRS. M. WILLIAMS, Nursing Auxiliaries.

### Health Centre

- D. SIBBALD, M.P.S., Pharmacist and Medical Supplies Officer.  
MRS. M. M. CARR, S.R.N., Q.N., Nurse.  
MRS. R. RAVEN, Pharmacy Technician (Part time).  
MRS. A. C. TANDY, Pharmacy Technician.  
MRS. I. BAIRD, MRS. K. L. CRIPPS, MRS. A. LAWRENCE, MRS. V. PRESTON, MRS. T. L. PROTHER and MRS. M. J. WILLIS, Receptionists.  
MRS. B. A. CLARKE, Secretary/Supervisor.

### Other

- A. J. HARRISON, M.CHEM.A., F.R.I.C., F.I.F.S.T., M.R.S.H., Public Analyst.  
D. J. TAYLOR, B.SC., M.CHEM.A., F.R.I.C., Deputy Public Analyst.  
MR. D. E. STRUGGLES, B.A., DIP.ED.PSYCH. and J. F. KELSALL, B.A. (HONS.), DIP.PSYCH., A.B.P.S.S., Educational Psychologists.  
MISS J. DAVIES, Speech Therapist.  
MRS. A. L. BRISTOW, MISS P. V. T. DAYBELL, Speech Therapists (Part time).  
MRS. C. COOPER, Audiometric Technician, (Part time).  
MRS. C. J. GREENWOOD, Physiotherapist (Part time).  
MRS. J. M. COLLINS, Chief Chiropodist.  
MR. W. GRANGER and MR. D. V. HARPER, Senior Chiropodists.  
MRS. J. F. NORTHCOTE, Chiropodist (Part time).  
L. J. RUST, Chief Ambulance Officer.  
G. A. JAMES, Deputy Chief Ambulance Officer.  
A. S. COOK, Rodent Officer.  
H. C. GRIBBLE, Disinfecting Officer.



### **Administrative and Clerical**

H. H. MEADOWS, A.M.B.I.M., L.H.A., L.M.R.S.H., Chief Administrative Officer.

D. R. WILLIAMS, L.H.A., Senior Administrative Assistant.

MRS. I. GALLAGHER, Administrative Assistant.

Clerical Staff: MRS. A. L. COLLIER, MISS G. E. COOPER, MISS H. M. COWEN, MRS. E. M. EDWARDS, M. J. ELLISON, MISS J. EVANS, MRS. P. EVANS, MISS C. A. FELLOWES, MISS M. HAINES, MRS. A. M. HARRIS, MRS. M. E. HARRIS (part-time), MRS. M. E. HAVARD, MRS. M. D. PEPPERELL, MRS. F. E. RUST (part-time), MRS. E. M. SIBBALD (part-time) J. W. THAYER, MRS. M. R. WHILE and MRS. D. A. WILLIAMS (part-part), MRS. R. M. WILSON (part-time).

Secretarial Staff: MRS. A. M. PUGH (Secretary to the Medical Officer of Health), MISS L. GILES, MISS A. SKERMAN and MRS. M. S. M. SMITH.

## 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 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 — Fridays, 4—5 p.m.

*Services provided at Rikenel :—*

Audiometry — By appointment.

Child Assessment Clinic — By appointment.

Chiropody — By appointment.

Educational Psychologist — By appointment.

Family Planning — 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, Rikenel, Montpellier.	Mondays and Thursdays, 2—4 p.m.
Community Centre, Windsor Drive.	Mondays, 2—4 p.m.
St. Aldate's Church Hall, Reservoir Road.	Tuesdays, 2—4 p.m.
Charles Cookson Clinic, Great Western Road.	Tuesdays, 2—4 p.m.
Longlevens Clinic, Church Road.	Tuesdays, 2—4 p.m.
Village Hall, Hempsted Lane	1st and 3rd Tuesdays, 2—4 p.m.
St. Stephen's Church Hall, Linden Road.	Wednesdays, 2—4 p.m.
Matson Community Centre, Red Well Road.	Wednesdays, 2—4 p.m.
Hucclecote Community Centre	2nd and 4th Thursdays, 2—4 p.m.
St. Michael's Church Hall, Lower Tuffley.	1st and 3rd Thursdays, 2—4 p.m.
Viking Youth Centre, Coney Hill	1st and 3rd Fridays, 2—4 p.m.
Church Hall, Lonsdale Road.	2nd and 4th Fridays 2—4 p.m.

## **Medical Officers of Health of County Borough of Gloucester :—**

### **Appointed**

- 1875 — Dr. John Wilton
- 1889 — Dr. John Campbell
- 1905 — Dr. W. M. Hope
- 1920 — Dr. J. R. Bibby
- 1923 — Dr. R. B. Berry
- 1934 — Dr. Charles Cookson
- 1963 — Dr. P. T. Regester
- 1974 — April 1st, termination of the County Borough.

All of these Medical Officers, I am sure, have been as I have been, much beholden to the Chairman with whom they served. Achievement in local authorities is a result of the partnership of members, the elected representatives of the people, and the appointed officers.

Unfortunately, the list of Chairmen of the Sanitary and Health Committees of the past is incomplete : I have been unable to trace those prior to 1897.

From that year onwards the record is continuous.

## **Chairman of the Sanitary and Health Committee County Borough of Gloucester :—**

### **Appointed**

### **Sanitary Committee**

- 1897 Mr. King
- 1901 Mr. D. Reardon
- 1905 Councillor F. H. Bretherton (Sheriff)
- 1907 Councillor J. A. Bell
- 1909 Councillor J. R. Bibby
- 1915 Councillor J. R. Bibby
- 1916 Councillor H. Hargreaves
- 1920 Councillor J. Wood
- 1923 Councillor J. W. Barnett
- 1927 Councillor W. C. Matthews (Mayor)
- 1928 Councillor D. E. Finlay
- 1931 Alderman D. E. Finlay
- 1935 Councillor W. H. S. Colborn
- 1938 Councillor H. H. Miller
- 1946 Alderman S. A. Stoddart
- 1949 Councillor M. G. Lewis
- 1950 Alderman S. A. Stoddart
- 1956 Councillor T. Thomas
- 1960 Alderman R. E. H. Moulder
- 1965 Councillor Mrs. S. F. Creese
- 1966 Alderman R. E. H. Moulder
- 1967 Alderman G. A. H. Matthews
- 1968 Alderman I. C. Pritchard
- 1969 Councillor L. C. White
- 1972 Councillor D. Ferguson
- 1974 April 1st, termination of the County Borough.

### **Health Committee**



HEALTH DEPARTMENT,  
RIKENEL,  
MONTPELLIER,  
GLOUCESTER.

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

I am pleased to present my Annual Report for 1973 which in the eschatological way of things is my last.

I need not tell you with what regret we in the health department leave the service not only of the County Borough, but of local government. It is sad to reflect that the Council meeting of 27th February 1974 will be the last opportunity that we will have, as participating public servants, to hear the healthy expressions of popular local democracy. For in April of the year we return to the 19th century, to the era of the ad hoc board.

### **The Alleged National Health Service Reorganisation**

*"April is the cruellest month".*

The Waste Land  
T. S. ELIOT.

If one is to judge by results, during 1973 more effective and creative thought was put into preparing the royal wedding cake than went into the reorganisation of the national health service. Indeed there are more than superficial resemblances.

So sorry was its state that (as those will know who read Hansard, rather than the Circulars by which we are governed), on 11th December, 1973 the House of Commons heard a motion expressing "grave concern at the way in which the re-organisation of the health services is currently taking place", a motion which was narrowly defeated and then only because it was conjoined with another motion that the reorganisation should not be proceeded with!! In addition, several unions not normally considered militant, threatened to withdraw co-operation from the re-organisation.

A staff commission which launched itself with great guff and bluff seems not to have given staff any sense of security, mainly because the commission did not know the meaning of the word, eroding it all the while with strings of conditional and qualificatory phrases. Meanwhile, centrally, insecurity was constantly being manufactured by an unrealistic timetable, delayed directions, protracted feasibility studies, circuitous negotiations. This was aided on the periphery by false surmise, and a fear of a plague of managers not to be dispelled by sniffing nosegays of rosemary and juniper.

Finally, an expression remarkable for its insensitivity was revealed to staff — "latching on". At a stroke, valuable and loyal workers were reduced to a lot of old hats hanging on a 3 tier hat rack, awaiting disposal.

Nor were the belated appointments procedures for senior posts any better. Whether conducted nationally or regionally, they proved to be inefficient (over 25% of them were re-advertised) enigmatic (the criteria for shortlisting or appointing were unfathomable in all but some particular



local cases) and heartlessly eschewed the ordinary decencies which prevail in the local government service. (One member of the City staff received her first intimation of the result of her interview for a senior post in the Gloucestershire Area Health Authority *one month* after that interview as a result of a copy of a circulated *press statement* sent as it happens, not to the City Health Dept., but to the Town Clerk. Ye gods, if they do those things in the green tree. . . . .

### **Public Health in Gloucester (in the Pre-Monitorial Era)**

Without wishing to enter a sort of administrative sulk but facing a present which is unfascinating and a future which must rely on the traditional British ability to muddle through (albeit in a thoroughly monitored fashion) one can find nothing better to do in the empty interim but to consult history. It occurred to me that members might find it interesting in this final year to have some thumbnail sketches of Gloucester past.

Public Health is as old as Moses but the modern public health system began in Gloucester, as in most other places in the mid-19th century, associated always with local authorities but at times also with the poor law. However, the system really became integrated and universally applied after the great magna carta of public health Act of 1875. Since then one can distinguish several eras of growth — the 19th century era of environmental health (mainly in the fields of hygiene and sanitation) ; then, beginning with the health visiting and midwifery professions, in the opening years of this century, an era of personal health services. This era we are still in, but it overlaps with another which has, since the 1960s become increasingly manifest, the medico-social era where the tasks of the health workers and the social workers are inextricably mixed, serving the same patients, looking towards the same ends which in an age of medicine where the chronic diseases predominate is towards care rather than cure.

The fabric of our service is the interweave of the State and the Community, the latter expressing itself most often through voluntary bodies, appeals and acts of individual philanthropy. Nowhere is this more evident than in Gloucester's Hospitals.

### **Of Hospitals**

Adjacent to the Cathedral the early English arches of the Infirmary of the old Abbey of St. Peter, our oldest hospital, are still standing, a monument to monkish medicine. However, it was in 1754 that some philanthropists of the city got together to form a charity to found and endow the Gloucester General Infirmary for "the cure of the sick and the lame of any County or National who are destitute of the means of support". For this purpose the Talbot Ground near the South Gate was purchased. There the hospital still stands, still functions. This same benevolent group purchased for use as a temporary hospital the Crown and Sceptre Inn in Westgate Street (for £300), it opened to patients 14th August, 1755 (celebrated by a dinner at the Bell Inn). On July 18th, 1761 the new building opened with 4 principal wards "Beaufort", "Berkeley", "Benson", "Talbot", and 116 beds. The south wing was built in 1827 (for 54 patients). In 1877 it became a training school for nurses.



It was a good hospital. In 1810 the Gloucester surgeon Mr. Charles Trye could write when advising on how a youth could be articled to an apothecary and apprenticed to a surgeon. He suggested that he "place himself in a city or town which has the advantage of a public hospital" . . . . . "As to situation — I can only recommend this town only as having perhaps the largest and best regulated hospital in the Kingdom, those of London excepted ; and even these want numerous advantages which ours possesses".

In 1878 the General Infirmary became the Gloucestershire General Infirmary and Eye Institution when the Gloucestershire Eye Institution was closed. The Royal prefix was added in 1909. The City General Hospital was inaugurated under the Poor Law. In 1929 it passed to the local authority and in 1948 joined with the Gloucester Royal Hospital as the Great Western Road branch. The original building of the Institution is now swamped with huts and other hospital buildings. In 1920 the Gloucester Royal Infirmary and Eye Hospital still had only 140 beds, the Poor Law Infirmary 148 (plus 6 "lying in" beds).

In 1823 the old County Lunatic Asylum was opened in what is now Horton Road and later in the century the new County Asylum at Coney Hill. The City Hospital opened at Over (for 40 beds) in 1900. In 1944 the new Maternity Hospital began taking patients to capacity (it had already been half completed and used in 1943) negotiations for its building having begun in 1939. With the completion of the new Maternity Hospital (111 beds) in 1966 the old hospital was converted into a General Practitioner Maternity Unit (opened 1967).

The most striking thing in the last 100 years of Gloucester's health history is the welter of small hospitals many of them for smallpox and isolation purposes, but others also for maternity. There was a Hospital for Sick Children of the Poor (30 beds) at Longford which was closed before World War II. The Fluck Convalescent Home at Longford was requisitioned as a Maternity Home in 1940 pending the building of the new maternity hospital already mentioned. The Children's Free Hospital at Kingsholm was founded in 1867 and had 24 beds. The home of the Gloucester District Nursing Society in Clarence Street at Fowlers Hotel (presented to them in 1900) still had, in 1935, 12 midwifery beds and two additional ante-natal beds and a nursery. It continued to function as a maternity home until 1943.

The Stroud Road Hospital established about 1875 with 16 beds, improved in 1884, extended in 1896, was superseded by Over Hospital. Hempsted Hospital (16 beds) served as the hospital for the port sanitary authority was also extended in 1896. A small hospital (with a mortuary) was set up at Sharpness Docks. Another was set up (with a mortuary) in Gloucester docks.

Besides several nursing homes and the private Barnwood House Asylum, there were what one would call quasi hospitals that at times and for considerable periods were used to nurse the sick poor or the sick and infirm aged. The United Hospitals of St. Margaret, St. Mary Magdalene and St. Kyneburgh were situated at Wotton — their history going back to the 13th century when they were lazar houses as Almshouses they continued



well into the 20th century. There were also St. Bartholomew's Hospital in the Island, Lower Westgate Street founded in the reign of Henry III and in use as almshouses up to 3 years ago, and St. Lucy's Home of Charity in Hare Lane once used to comfort the dying and to tend the sick but additionally afterwards as a girls orphanage and industrial home. The T.B. sanatoria which served the City were at Standish, Over, Cranham.

But all this has changed. The main tower block of the new district general hospital is due for opening at the end of 1974. It is phase III of a project to bring into being by 1977 a £15½ million complex with about 1,190 beds and up-to-date outpatient departments and all the essential services which go to support a modern hospital of these dimensions. The project is set in the scheme of the 10 year hospital building target dreamed up in 1962. This was a plan to build 230 new hospitals in England and Wales each having a bed complement of 600—800. The actuality falls very short of the mark: only 40 new hospitals have been built on new sites. Much of the rest of the programme has been "up-grading" of existing Victorian hospitals. In the South West we have the picture of half built hospitals, often half-built on restricted and unsuitable locations. In Gloucester there is likely to be a half built hospital for the next 10 years: Gloucester Royal Infirmary will remain disastrously split into two branches, Great Western Road and Southgate Street. The latter building, unsuitable to modern medicine, costly to run, ill-sited in relation to the rest of the essential and supporting hospital services will continue to function. The money has dried up and the development will cease or be delayed sine die in its Phase III stage.

The people of Gloucester as a whole have shown no great interest in the fate of their hospitals. They have viewed with comparative indifference, plans, some of which have materialised, some have not, to site alongside their hospitals, marshalling yards, speedways, ring roads, greyhound tracks, factories as well as tolerating with equanimity the delays and disappointments. The improvement that the workers and management committee have squeezed out from the powers that be have seldom had the support of the people.

At this moment of time if the people and the elected representatives of the people could combine with the new health authority and the community health council to press and petition Whitehall and all administrative points south, something might be achieved. You might in Gloucester find yourselves with a fully-finished hospital instead of a half-built one. It would also provide a great opportunity for good local relationships to be established early in the lives of the re-organised services.

### **Of Birth and Deaths**

The determinants of population size are the live birth rate (which you ought to know is influenced by many forms of human activity as well as the obvious one) and the crude death rate (derived from disease, drugs, fags and the internal combustion engine).

The hazards of population projections, which become annually more obvious, are due to the fact that the experts are unable to extrapolate in reproductive terms the mating behaviour of the human couple (So)!



When the County Borough's health service was born in 1875, the birth rate was still at a high level (1875 : 37.4/1000 population, 1876 : 43.8/1000 population, 1877 : 36.1/1000 population) whereas, in common with the rest of the country the crude death rate had begun to fall (1875 : 23.2/1000 population, 1876 : 21.4/1000 population, 1877 : 20.3/1000 population). As a consequence the estimated population, which in 1875 was 33,703 began to grow by about 500 persons per year every year until the end of the century when the city area was extended. From 1910 to 1933 the population remained fairly static (1910 = 54,683, 1923 = 52,860, 1933 = 53,000, rising again after World War II to 61,670 in 1945 (discounting the effect of the boundary extension) by 600 persons per year.

In 1910 one finds that the birth rate in the city was 20.7 and below the average for England and Wales, considerably below the rate for other towns, even towns of comparable size. However, the Infant Mortality Rate, always until recently considered the reliable health index of an area, was considerably below the national average as well as the urban parts of the county where it was always higher. (England and Wales 106/1000 births, Gloucester 85.5/1000 births). So far as the crude death rate was concerned Gloucester conformed with the national average over the first decades of its existence as an administrative entity. In 1923 began the very healthy comparisons which remain to this present time. The birth rate started to rise above the national average (20.0 in Gloucester, 19.7 in England and Wales) the crude death rate slipped below the national average (10.3 compared with 11.6) and the Infant Mortality Rate also (68.0 as against 69.0).

The birth rate reached its highest rate in 1964 when it was over 3/1000 over the national average (21.6 in Gloucester to 18.4 in England and Wales). By the early 30s the actual birth rate had, like the national average slipped to new low levels — Gloucester 1933:14.2/1000 population, 1938:15.5/1000 1945:19.9/1000, 1965:21.3 : Since that date it has declined to its present figure, a figure which almost conforms with that of the country as a whole and which is a new all-time low.

The Infant Mortality rate continued to fall reaching in 1944:32.1. A new low was reached in 1970 (11/1000), another in 1972 (10/1000 population compared with the England and Wales figure of 17.0/1000 population).

Maternal Mortality offers a less rewarding conspectus because one death immediately brings a locality with a small population to a rate above the average. However, the picture here is a fall from 5.54/1000 deaths to total births to the period 1948 onwards when the rate was either nil or less than one most of the time.

When the present writer was working in a dirty Northern town a prelate who was carrying out a survey of V.D. and illegitimacy wrote asking the going rates for these afflictions in the aforesaid dirty Northern town. They were not high and I was constrained to point out that a cursory glance at national figures tended to show (at that time) a rather higher rate in cathedral towns. I will say nothing about the V.D. rate which is not so easy to elucidate. I can only say that during 1972 our illegitimacy rate was 11% compared with the national average of 9%). In 1913 the ratio of



illegitimate births to legitimate was 1 to 22. In 1923 1 to 38: 1933 1 to 29, 1938: 1 to 26, 1941: 1 to 16, 1943: 1 to 11, 1945: 1 to 7, 1947: 1 to 15, 1948: 1 to 13.

### Of Diseases

The community is now free from the fatal or crippling effects of infectious diseases that were rife until a couple of decades ago. In 1875 when the crude death rate was 23.2/1000 the proportion of deaths due to infectious disease was 12.9. This gives no inkling of the handicaps, physical and mental, that the so called zymotic diseases left in their train. It also proves to be a fairly atypical year ; for 1876 the proportion was 26.2% (due to the incursions of Scarlet Fever) and in 1882 27.7% (due again to a large Scarlet Fever epidemic). It is worth while noting here that although in 18th century Scarlet Fever was the mild disease it now is, during the 19th century it grew in virulence killing in 1860 more children than measles and diphtheria put together. It is only in recent decades it has reverted to its mild type. In 1895-96 came the outbreak in Gloucester of major smallpox which killed 434 people out of the 1,766 attacked, in 13 months, compared with 151 over a period of 22 months in the previous outbreak in 1873-75.

The next time smallpox came to the fore in Gloucester was in 1923 with an epidemic of variola minor, a mild form of the disease. This was notable more for the turbulence it caused in the medical life of the city rather than for the severity of its effects. Ranged on one side were Dr. Hadwen (who disapproved of vaccination and disbelieved the microbial theory of disease) and Dr. Bibby the M.O.H. (who with Hadwen believed that the smallpox cases were chickenpox). On the other there were local doctors and, doctors from the Ministry and "over a hundred (Sic !!) Medical Officers of Health to visit the patients in Hospital" descending on Gloucester from all directions.

Result : an epidemic of doctors. Outcome : (1) no patient died out of the 800 cases, the treatment of the mild smallpox being no different from the chicken pox. (2) Dr. Bibby suspended, resigned and replaced by Dr. Berry.

There is another disease which ravaged the City and though it is before the era under review it is worth mentioning because of its re-appearance in Europe especially Italy, during 1973, namely cholera. The form of the disease is nowadays milder and the hold it can obtain in a modern community is minimal ; only where the sanitation or the water supply or the handling of sensitive foods is unhygienic is there any likelihood of spread.

But in the 19th century in 1817 it broke out of its Asiatic fastnesses, where it was endemic and devastated Europe in 6 deadly waves. The heaviest in-roads into Gloucester City were in 1832 when there were 123 deaths (366 cases) and in 1849 when there were 92 deaths (213 cases).

I have mentioned Scarlet Fever as one of the killer diseases in the City during the period prior to 1914. Among the other captains of death were measles, diphtheria and "diarrhoea". The latter was a potent cause of infant death, "infantile gastro-enteritis" or "diarrhoea of the new born"



being caused by many factors: poor hygiene and a considerable fly population (encouraged by horses and horse traffic and the considerable number of slaughterhouses, lairs, dairy cows and other live animals within the city precincts).

In 1913 when the Infant Mortality rate was still 87.8 "debility" and "marasmus" appeared alongside "prematurity" as a potent cause of loss of infant life.

Diphtheria is stated as causing 1 death in 1875, 1 in 1878 and always less than 10 per year during the period 1875 to 1884. There is doubt whether this is correct. Recognition of the disease and accurate diagnosis had to wait a new bacteriology. One finds therefore that by 1891 the figure for diphtheria mortality is 26, in 1892; 39. It continued to plague the city on and off until the second World War. (1920 64 cases notified, 1926, 92). The highest notification rate was in 1940 and 1941 when there were 419 (15 deaths) and 438 (21 deaths) cases respectively (due to evacuees from Birmingham and London producing an epidemic of the most severe "gravis" type of diphtheria). However, at that very moment of time the great change was occurring. Due probably to better nutrition and environmental conditions, as well as the preventative inoculations, the numbers of cases started to decline. By 1945 66% of children over 5 years and 34% of those under 5 years had been immunised, a very good result in a city which has always been "anti-vaccinationist".

Nowadays a single case would set the alarm bells ringing, and deaths are not to be expected. The last notification of diphtheria was in 1952, the last death in 1948.

Dangerous and disabling diseases like whooping cough and poliomyelitis either appear in their milder forms or do not occur at all (the last notification of poliomyelitis was in 1962). The regular steep increase in measles cases every other year does not now occur. Rubella vaccination of schoolgirls will eventually in a few years produce generations of mothers who will be fully protected and who will confer the same sort of protection on to their unborn children.

All of these have been due to the exhibition of immunising techniques. However, typhoid, a disease which with regularity caused deaths up to 12 per year at the turn of the century, was overcome by improved hygiene and sanitation, better water supplies and sewage disposal. So much so that the notifications in the 30s and 40s were never more than 6, (in 1923 there had been 64) and the last death recorded was in 1948.

Infectious disease was on the wane by 1933 before wholesale inoculations and before powerful antibiotics and chemo-therapy; no smallpox, no typhoid, no deaths from measles, 3 deaths from whooping cough, no deaths from diphtheria. Notifications of T.B. were still unaltered and deaths not much different (50 due to respiratory T.B., 3 to non-respiratory T.B.). There were 4 deaths from syphilis, a disease rarely occurring in the city.

Tuberculosis is a disease whose decline was brought about by the combined onslaught of preventive medicine (contact tracing, isolation, vaccination) and chemotherapy and antibiotics therapy.

In 1900, 67 out of a total of 772 deaths were due to pulmonary T.B. and 38 to non-pulmonary T.B. This figure had dropped to 44 and 14



respectively by 1913. In 1933; 50 and 3, 1943; 61 and 23, 1953; 16 and nil, 1963; 4 deaths.

The numbers of notifications of T.B. began to drop in 1949. The figures for 1943 were 119 pulmonary and 36 non-pulmonary, 1953, 91 and 11. (The death rate was still 0.24/1000 population, higher than the national average, but comparable with other towns; it stood then as the third most frequent cause of death after cardiovascular disease and cancer), 1963; 28 and 1. By this year it was no longer in the first 3 causes of death.

By 1953 more people were dying of cancer of the lungs than were dying of T.B. Tuberculin testing began in 1958 in the schools. In the last decade the number of tuberculin positive school-leavers have so declined that a positive reaction in a school-leaver is exceptional and deserves attention. If positive it indicates that the child has been exposed to tuberculosis infection. The child is X-rayed and the rest of the family investigated and if necessary the school.

Cancer deaths have gradually increased in proportion to other causes.

	1923	1933	1943	1953	1963
Percentage of registered deaths	12.0	11.7	13.0	13.4	15.4
Death rate/1,000 total population	1.2	1.56	1.9	1.47	1.9

Cardiovascular disease is another cause of death which has come to account for 50% of the total deaths, all forms of cancer being second with approximately 20%.

There was not a single case of Syphilis between 1959 and 1962, but in 1963 four cases of early syphilis were found, 8 in 1970 and in 1972 6 cases. In 1955 the re-surgence of gonorrhoea and a 12% per year increase began but the increase was less in amplitude and rate than was occurring in the country as a whole (1955 = 16, 1966 = 46, 1969 = 86, 1970 = 153, 1971 = 163, 1972 = 167). However, the number of city residents attending the clinic whether or not they finally were found to be infected with sexually transmitted disease, continued to increase. New cases 1960 = 101, 1965 = 162, 1970 = 360, 1972 = 487.

One of the most marked features of these decades and one of which the public is least aware is the disappearance of the blind child. Blindness in children could be due to a number of aetiologies most of them infective. By 1963 there were no newly registered persons under 40 years and this has pertained for most years since. Most of the newly registered blind are over 65 years and most often their handicap is due to cataract.

Another remarkable trend is the improved physical health of the school child. Children attain their maximum height at an earlier age, sexual maturation occurs sooner, their attainments are more advanced. Prior to World War II the standard of nutrition of schoolchildren reflected the poverty and hardship of a large section of the population.

The pace of growth and development in the individual child presents us with one index of the state of child health. Another is the level of absence from school. Uniformly throughout the country this has fallen to the merest nothing.



T.B. pulmonary and non-pulmonary is rarely found in the school child ; Rheumatic fever and carditis is a thing of the past ; scarlet fever is of little consequence.

Forty years ago even the school attenders were according to the standards of today in need of attention. As well as being poorly served as to diet, their hygienic state was questionable, pediculosis and other forms of infestation were rife. In any class a medical officer would have found pupils with discharging ears, conjunctivitis, blepharitis, rhinitis and an assortment of skin conditions.

### **Of Environment**

In 1913 the Annual Report begins with a geographical description of Gloucester and then goes on to devote 6 pages to Sewerage, House Refuse and Water Supply. Most of the rest of the document is occupied with infectious disease.

Many of the marvels attributed to modern medicine are partly attributable to the improvements in the environment (allied of course with adequate nutrition) during the last 100 years.

### **Of Housing**

The standard of workers housing has been mostly set by local councils, firstly by example in the sort of dwellings they built (following the Housing of Working Classes Act of 1890) and secondly by the activities of their Sanitary (later Health) Inspectors. At the turn of the century there had been considerable improvements in sanitation, water supply, refuse disposal, hygiene of food ; but the landscape was blotted by great tracts of slums and a vast stock of unfit dwellings occupied by the poor.

In 1913 with a population of 50,035 the number of inhabited houses was 10,781 (1911 census figures) the average number of persons housed being 4.64; 1923: 11,357 (pop. 53,000), 1933: 13,713 (pop. 53,000), 1953: 17,247 (pop. 66,400), 1963: 19,966 (pop. 70,000), 1973: 27,482 (pop. 92,000). A fair measure of improvement. However, these figures would point to an improvement of the average. Many families were worse off (and still are) e.g. in 1910/20 3,436 houses were inspected, 14.7% were occupied by 2 or more families. In 157 (out of these 502 houses) there were 1,388 occupants, about 8.8 /house.

In 1919 comment was made about the shortage of housing ; this shortage is still with us. Considerable overcrowding was reported in that year, and this is still with us to a lesser degree. It is, however, not often a statutory overcrowding according to the Housing Act ; for the standard of overcrowding (like the statutory standard of fitness) is 50 years old and is absurd as to its criteria (e.g. it is based on a room—person ratio, infants under 1 year not counting as a person and children 1 year to 10 years as  $\frac{1}{2}$  person).

In 1919 the overcrowding limited the ability of the authority to deal with the serious unfitness of many houses. In 1920 out of 2,350 houses inspected, 1660 were found not fit in all respects (and remember the standard was then, even as now, a very low one). In addition, many were dirty and



verminous. In fact vermin was the common concomitant of the human being: the steam disinfectant at Over Hospital and later in Great Western Road casual ward/reception centre did overtime in the putting down of clothes lice. Personal disinfection of head lice and body lice and scabies was the everyday thing. Ringworms and fungus infections were common. Fumigation of houses for bed-bugs, cockroaches, fleas a routine matter. Routine also was the terminal disinfection of rooms, bed-clothing and other articles after infectious disease had manifested itself.

At that time M.O.s.H. began to bother themselves much more about the housing state of the city. In 1930 the Housing Act introduced new procedures for slum clearance, the city still consisting of old houses in courts and alleys, many in the neighbourhood of the river and subject to frequent flooding. A large number of houses in 1930 were without indoor water supply and shared water-closet accommodation.

After a long period in abeyance slum clearance began again in 1955, and the 5 year and 10 year list of properties likely to be dealt with raised its head.

Now in 1973 the great majority of houses enjoy standards far above the statutory level. There are no great tracts of slums to be cleared. Small clearance schemes dealing with individual unfit houses are the orders of the day. Even before the Housing Act 1969 we had entered the new way of things by setting up improvement areas, the principal now being to conserve the housing stock by up-grading and at the same time embarking on environmental amenity improvements.

### **Of Canal boats and common lodging houses**

It is not easy to realise what problems these were prior to 1914. The canal-boat problem had some of the features of the "gypsy" problem (which itself is different from the "caravan site" problem with which one might feel it is cognate). The canal boats had health and hygiene implications and like the "gypsy problem" educational ones. They produced in one area of the city, in Westgate, a rough, tough and colourful way of life, which has now gone with a lot of the poverty which surrounded it. Registered with the Canal Boats Acts of 1877 and 1884 were 150 canal boats in the last years of the century. In 1906 there were 179 canal boats belonging to the district, 11 more than in the previous year.

Also in Westgate for many years there was the other health "problem" the 6 common lodging houses with a total of 254 lodgers which were registered under statute (1921 figures). These like casual wards and reception centres were places where there was a pool of t.b. and other infections. They were places to which the mentally ill, the chronic sick, and the alcoholic gravitated. The last one closed in 1963.

### **Of Slaughterhouses**

"Item: that alle maner of bochers that they kyll and sell good vytail and holsom for mannys body, and that they kyll and sell no rotyn shepe nor mesell swyne, apon payne of forfeiture of the same and to lose at every defaute xiid., nor honge ne lay noon oxe heedes apon their stalles ne



inwardes of bestes, apon payne of forfeiture of the said heedes and inwaresd and to pay xiid.

Item : that every bocher after that they spoyled or brake the oxe hedes or shyppes heedes, convey a wey the great bones and the scullys of the said heedes, so that the said bones and sculles be not caste into the strete. . . . And that they cast nor suffer non bludde nor lyvers in the strete”.

From Byelaws Concerning Gloucester Tradesmen (1500).

On October 24th, 1891 the M.O.H. submitted a report to the Sanitary Committee on the 31 slaughterhouses, pointing out how these 31 slaughterhouses fell below even the non-statutory requirements “I fear”, he said “that many of the Slaughterhouses in the City come far short of what ought to be the state of places where food is prepared for the use of Man”.

(Glos Corp. Records).

In 1905 there were 30 places where animals were slaughtered, in 1910, 29 (still in a very unsatisfactory state), in 1921 the number was reduced to 12. The slaughterhouses we now register are of quite a different sort, modern, well-equipped, working closely with the City Health Department, which has a strong “Meat Section” which spends all its time inspecting meat slaughtered in the abbatoirs. There are three registered slaughterhouses killing an ever-increasing number of beasts.

In 1953 when there were 5 slaughterhouses in the city the number killed and inspected was approximately 20,000. In 1963, when there were 3, killing 12,800 and in 1973 when there were still 3 slaughtering a total of over 200,000 animals in a year.

The banishing of the small ill-run private slaughterhouses, together with the 5 cowkeepers that existed in the city in the 20s and the 4 cowsheds and the 26 dwelling houses retailing milk, and also the falling off in usage of horse-drawn transport etc., meant that the fly population decreased and the human infant population increased.

## Of Water Supply

The provision of pure and palatable water is something which we all take for granted, but in times past it was a favoured and healthy city that had such a supply.

The original source (forgetting the Romans communal supply and the canalisations carried out by the Monastic Houses) were the reservoirs on Robinswood Hill. In 1855 the works at Witcombe were commenced, extended in 1868 (A few houses in Alma Street were supplied from a small reservoir at Hempsted). However, the total supply to the city was inadequate and in seasons of drought recourse had to be made to the waters of the Severn. In 1897 the Newent wells came into operation. In 1911 the Ketford boreholes came into use, and the Madam's Wood Reservoir was constructed.

Meanwhile, the Cheltenham Waterworks Company was developing in 1865—1869 the Mythe Waterworks by the Severn at Tewkesbury, which by the end of 1871 was supplying 1/8th population of Tewkesbury, but none to Cheltenham. By the 1930s the Tewkesbury supply was well



established. At this time the City was facing serious difficulties in obtaining an adequate supply. In 1928-29 they failed to obtain agreement with the Cheltenham Corporation for the provision of a supply from the Tewkesbury works and in 1955 the Corporation's Private Bill for a scheme to take the River Wye water was rejected by a Select Committee of the House of Lords (In recent years the N.W. Gloucestershire Water Board revived the scheme).

Therefore in 1936 the Cheltenham and Gloucester Joint Water Board came into being and 1965 saw the inauguration of the N.W. Gloucestershire Water Board, which itself will soon be swallowed up in the new mammoth Trent-Severn Water Authority.

Of recent years the question of fluoridation of water supplies came to occupy the forefront of the watery scene. Between 1963 and 1969 the City Council three times resolved to add fluoride to a level of 1 pp million, but on all 3 occasions was balked by the County's refusal to co-operate.

### **Sewage and Drainage**

In the late 19th century the 3 watercourses that traversed the City from east to west plagued the citizens (and was still doing so up to 1970 !!) They were the Sudbrook, the Tweenbrook and the largest of the three, the Twyver. In 1891 the Sanitary Committee asked the M.O.H. for a special report on its condition, cleanliness and contamination by sewage etc. History repeats itself for we are doing the same with the Wotton and the Twyver even last year. Sewage had found its way into the streams either by unauthorised discharge or by badly designed or ill-connected drainpipe work carried out by builders etc.

The older portion of the City was sewered in 1852 and extended with the boundary extension of 1875 and alterations to the outlets were made in 1886 when the New Quay wall was built and in the same year and immediately after many new sewers, extension and enlargements were made, especially after the boundary extension of the city in 1900. By 1920 a ventilated (by manholes) water carriage system was operative for almost the whole city.

Plans for a new sewage works came into being in the late forties, work beginning in the 50s on the Netheridge station. About the same time substantial re-laying of sewers began in the city.

The River Severn has always been a source of danger from flooding, the worst ever recorded being in March 1947 (exceeding the previous record of November 1852 24' 11" by 5 inches). These floods involved health and welfare workers on both relief work and prevention of diseases.

The standard of pollution of the Severn is, of course, considerably less than previous decades. However the Department of Environment's River Pollution Survey of 1972 showed that there is still room for improvement "The larger discharge is to the tidal waters of the Severn at Gloucester and has a dry weather flow of 5 million gallons/day. Although the effluent quality has not improved, the discharge is now regarded as satisfactory as it complies with an effluent standard which has been temporarily relaxed".



## Of Dustbins

In 1920 the M.O.H. was reporting that dustbins were being collected *3 times a week*. He was concerned that although the Corporation could enforce the use of dustbins (under a local act of 1911) in the majority of cases unsuitable receptacles were in use "an unsightly spectacle along the streets . . . to be utilised by dogs as well as depositions for breeding flies".

Amazingly, despite the 3 times a week collection he recommended a *more frequent collection* and that all refuse should be *collected by 8 a.m. !!*

## Of Rats and Bugs

I have already remarked on the fall in population of various insect vectors of disease such as flies, bed-bugs and lice. Verminous premises are still dealt with as will be seen from the statistics pages of the report but generally they are vermin of a different sort. Pests like wasp nests and cockroaches are more often dealt with.

Rodent control, however, is a matter of incessant war, both on ships, in the port, in business premises, in houses, in sewers. Warfarin-resistant rats are breeding in the same way as DDT & BHC resistant insects.

Black rats, carriers of the flea which bears the organisms of plague, were last caught at Sharpness in 1955. This does not mean they do not exist there, any less than other parts of the country. It does, however, indicate the smallness of number.

By the mid 1960s it was possible to say that constant treatment had effected a considerable decrease in the rat population in the sewers.

## Of Offensive Trades

We still have complaints regarding the effluvia from fat-boiler works in Lower Westgate Street. Undeniably this has been a cause for concern but equally undeniably there has been massive improvement. It is as well to recall how these sorts of offensive trades with highly redolent titles have declined in the city though they were once part and parcel of city life.

	1913	1920	1930	1973
Dealers in rags, bones and rabbit skins ..	11	13	8	
Dealers in hides, skins etc. .. ..	2	2	2	
Tripe boilers .. ..	16	15	13	1
Tallow and Fat Melters .. ..	1	1	1	2
Gut Scrapers .. ..			1	

## Of Air Pollution

It is striking to observe the clearing of the cities atmosphere. In 1962 the first smoke control area in the city was declared. Some years after that date the committee decided not to enforce this and its extension. Firstly, because both industrial and domestic users had of their own volition, without compulsion, altered their practices and type of fuel used (often as a result of the advisory service operating from the health department) and secondly because it was becoming impracticable to enforce orders as smokeless fuel was dear and difficult to come by.

Nevertheless the improvements were substantial.

Below is a comparative table of solid deposits from the atmosphere in the year ending March 1930.

	Solids collected			
	Monthly mean for Year	Monthly mean for Summer	Monthly mean for Winter	Annual Total
Gloucester	3.91	3.62	4.07	46.90
Birmingham (Central)	12.41	11.71	13.10	148.88
Burnley (Town Hall)	17.36	16.48	18.23	208.31
Cheltenham	6.36	6.84	5.88	76.29
Leeds (York Road)	10.02	10.13	9.90	120.20
Leicester (Town Hall)	10.30	7.30	13.29	123.56
Liverpool (Cambridge Street)	10.22	10.90	9.55	122.67
Southport (Marshside)	4.89	3.33	6.45	58.68
Sheffield (Attercliffe)	12.16	13.12	11.21	145.97
Wrexham	6.60	5.83	7.36	79.19

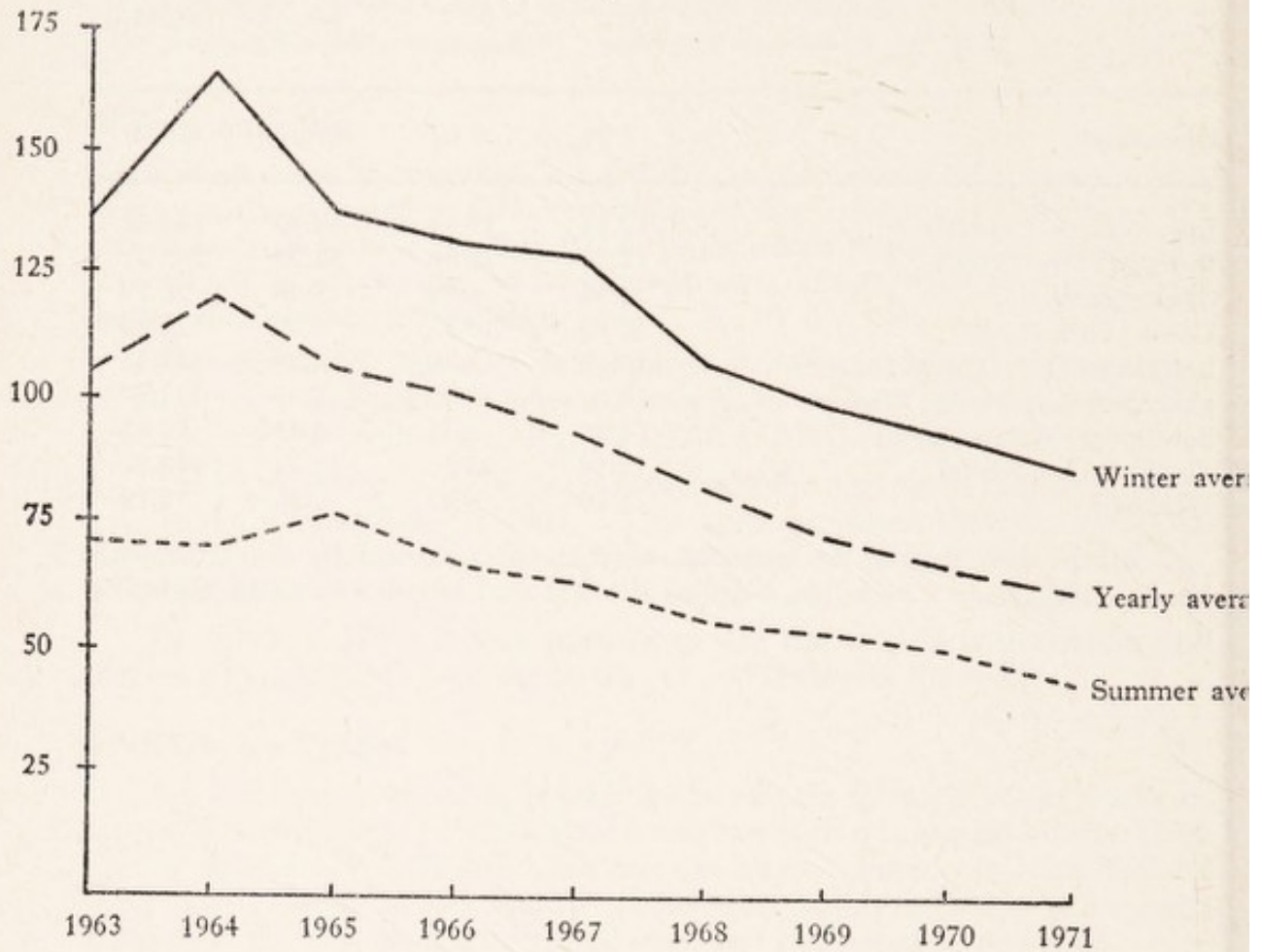
In the last decade or so measurement of pollution by solid deposits became too crude a measure, sulphur dioxide and smoke estimates replacing it.



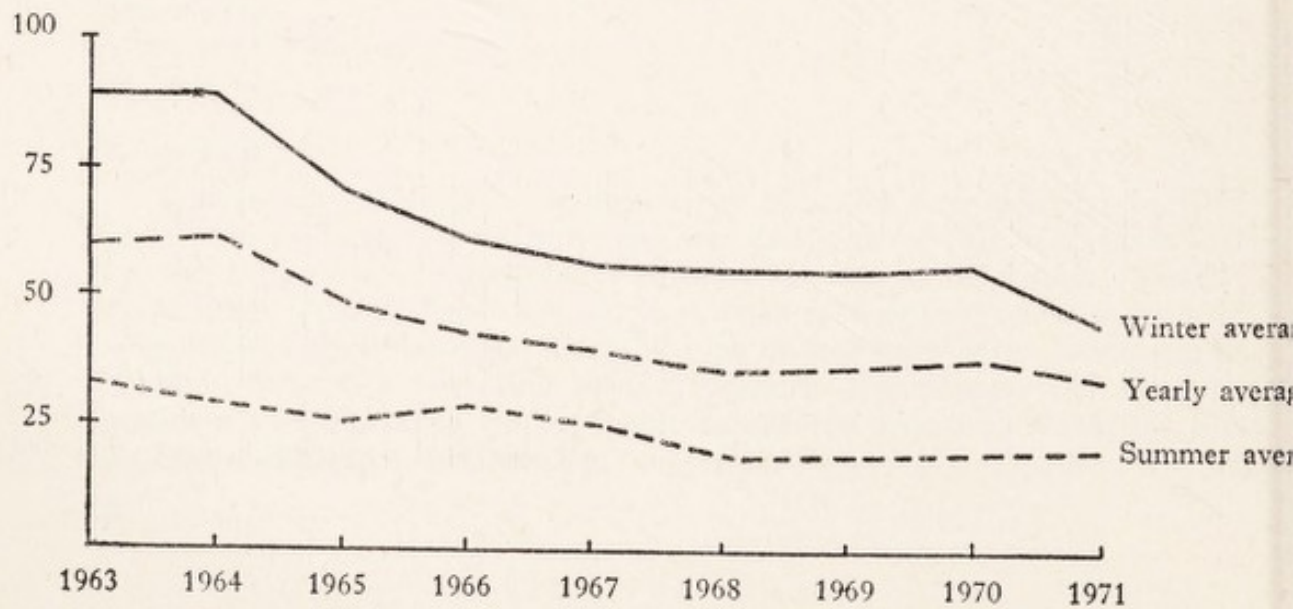
# Air Pollution Trend In City Centre

$\mu\text{gm}/\text{m}^3$

## Sulphur Dioxide



## Smoke



More latterly special monitoring equipment has been installed to measure other pollutants of metallic origin etc., in collaboration with the Severnside Advisory Committee on Environmental Pollution. Particulate matters in the air are now examined including a pollen count. The monitoring of rainfall for radioactive contents is also carried on.

One has only to look at the skies over Gloucester to see the nature of the change ; true black smoke still occasionally emits from the steel works and from the furnace chimney of the new District General Hospital, but generally those skies are very blue.

It was on such a day during the last year when the sky was a faultless blue that a writer on the local paper drew to my attention an article in a Sunday newspaper which showed maps of England and Wales indicating the black, grey or indifferent spots so far as atmospheric pollution was concerned, these graduations having been derived from a survey based on the sensitivity of certain lichens to pollution. There was an unidentified black spot in the middle of Gloucestershire, and, palpably, if a story was to come out of that very blue sky, the unidentified black spot had to be Gloucester. So we had to have a full length four column spread beginning "What's the truth about the air pollution in Gloucester" managing to imply that if there was a truth, the Health Department was not telling it !! The article was complete with what experts tell me was a nice darkly printed aerial photograph of Gloucester purporting to show the present shocking pollution.

Upon enquiry, that sinister black spot on the survey map proved not to be Gloucester but Stroud. And the photograph ? The photograph was taken *at very least* 5 years before, having, we found, been published in the Journal "Clean Air" in 1968 purporting at that time to show just that.

As the article said "Faced with such conflicting evidence (sic !) scared by the survey, pacified by the health authorities — what are we to believe ? . . . . . we can only hope that the City is correct in its pollution monitoring." Realising their eagerness to inform the public and to sooth unnecessary fears I wrote suggesting these factual corrections — only to be told in a letter 10 days later that the article was considered "a very fair and objective one".

Perhaps the daily pollution of the press is more dangerous than the hazards to which the press itself points the accusing finger. I recall in my 1971 report quoting the following (under "Epidemiology").

"Exchange of written question and answer in the House of Commons ; William Proudfoot (Cons) asked the Secretary of State for Social Services "What research has the Secretary undertaken into the health hazards of printing ink which rubs off newspapers", to which Mr. Alison replied "None".

All of us from our own experience know just how dirty newsprint is . . . . . do we not ?

Nevertheless to be as "fair and objective" as the article, while the air over Gloucester rooves is relatively pollution-free by the standards not only of the country as a whole but also it appears of the rest of Gloucestershire (incidentally the 1930 table just reproduced show Cheltenham to be more polluted than our own fair city) the growing number of cars on the road causes considerable pollutions at street level. This we have constantly



pointed out in reports, having, however, at the same time to say that many experts (*not us*) do not feel that these fumes have dangerous health implications.

Indeed, in 1964 we were (with the help of the Atmosphere Pollution division of Warren Springs Laboratory) one of the few authorities to carry out any research into or scientific measurements of air pollution caused by traffic flow and especially of diesel engined vehicles (as well as of assessment of noise levels).

### **Of the Pattern of Services**

The era of environmental services which began public health as we know it in our modern cities, has now merged into the era of personal health services, and that era into the era of personal social services.

However, the environmental services, though still performing the basic tasks, have grown in volume and complexity and the health inspector today is a man of many aspects and skills. More sophisticated apparatus for monitoring the environment is available ; he is concerned with the work environment in factories, offices and shops ; the growth of the concept of consumer protection, as well as his public relations type of work when dealing with the Housing Acts have very much changed his image. (In 1923 there were 3 sanitary inspectors. By 1946 the number had reached 5 and now stands at 12 plus 3 authorised inspectors and two students).

### **Of the Poor**

In 1930 the M.O.H. could say in his annual report (about the Local Government Act of 1929 which aimed at humanising the implacable stony features of a Poor Law which has lasted for almost a century). "As I view the Act I do not think we shall be satisfied until sick people are treated under Public Health Acts, children under 5 years cared for under the Maternity and Child Welfare Acts and the Poor Law Medical Service so modified that sick persons may choose their own medical attendant in a similar way to the panel system. The "Stigma of the Poor Law" still remains.....

In 1919 in Gloucester a town of 52,000 population only £3,867.14.7d was paid out in out-door relief.

In 1933 it has "not been found necessary for the local authority to make for provision for meals for schoolchildren". When I think of the numbers of my own school-mates at elementary school who that same year were receiving free school meals, I shudder to think that these words really mean in human terms.....

In the same year no special school existed but the open-air school for the delicate (finally to be Oak Bank School) was widely called for.

"Delicate". A category still exists under this name, a relic of the postwar handicapped pupils regulations. It now means very little. But in 1933 it meant much. A delicate child was in colloquial terms "a weed". A delicate child was a weak reed, a child who was constitutionally ailing or poorly developed, with chronic chest or chronic heart conditions, often malnourished, reared precariously, often against a family background of want, in an overcrowded, unfit house.



This is not to say that there are at present no children in need. Free school meals are still being given to 10.0% of children in Gloucester and "necessitous clothing to 2.2% (some individual schools are as high as 35.5% and 5.5% respectively).

Another surprising feature was that in 1933, "Arrangements were completed for giving instructions in methods of birth control to married women in whom there are definite medical grounds to justify such instruction". The birth control clinic continued during World War II and was housed firstly in the Health Clinic premises in Brunswick Road. In 1956 the clinic was merged with a newly-formed one run by the Family Planning Association. In 1970 the department started a special Family Planning Clinic at Rikenel for cases which need concentrated and constant medico-social attentions or where there were specific psychosexual, emotional, mental or familial considerations. In 1973 the work of the Family Planning Association was taken on jointly by the County and City in preparation for the re-organisation of the National Health Service. The special clinic continues as a separate entity run by the City and goes from strength to strength. It is a matter for congratulation of members of the City Council that the family planning service forged so far ahead. Before it was possible in the County, the City had already reached the point where it was offering a very nearly free service available to all. There is little doubt in my own mind that — quite apart from its social value — a free and universal family planning service is a necessary adjunct, and even a pre-requisite, of efficient ante-natal care, paradoxically speaking of course.

The services now available to the public fall readily into a perceivable pattern ; there are those which have evolved over the last 50 or 60 years, those that have swung into the ken of the community only of recent decades, and there are those prominent and important in their time which have utterly changed their character.

### **Of Child Health**

The child health services of today are the product of social evolution. It was in the final quarter of the last century that the non-conformist churches began feeding schoolchildren (as part of a spontaneous general drive which led to the welfare state of our own time). It was the poor physical quality of recruits in the Boer War which led to the School Medical Service. The setting up of this in Gloucester had begun well before the first World War. The inauguration of the School Dental Service had to wait until 1920. In 1921 a decision had to be made as to whether the child welfare clinics should be entirely under the municipality or the voluntary body (The Voluntary Association for Infant Welfare). A compromise was reached and though the service was by the second World War under the M.O.H. the voluntary body is still playing its part to this very day.

By 1935 the open air school and nursery classes schemes were almost accomplished. Minor ailment (school clinics) were well established by the 30s, though they did not proliferate into minor hospital out-patient departments as they did (indeed had to) in some parts of the country. The school clinic began in the Health Office in New Inn Lane in the early 20s, and afterwards moved to Brunswick Road. The dental clinic was also in New Inn Lane.



As has been stated elsewhere the physical condition and the health of pupils has improved out of all recognition. The minor ailment clinics have a limited role, and tend to be limited to skin infections (like veruccae) and disinfestation etc. The accent in the schools is not on routine medical inspections but on pre-school assessments based on earlier developmental assessment clinic findings, and selective forms of examinations based on the findings of teachers, health visitors and parental questionnaires. The early evaluation of variations from accepted norms, including careful testing of hearing by audiometry and of vision by the telebinocular apparatus (as well as by the more sophisticated screening measures) has meant early treatment or early correction of deviations. Prior to 1944 the ascertainment of handicaps in schoolchildren were limited to groups of blind, deaf or defective, but after that year ten categories of handicap were listed, the numbers of special schools catering for them grew, and the duty was placed on education authorities to make these ascertainments from 2 years of age onwards.

The post war school health service had a brighter newer look. Strangely, concern for such matters as schools environment (heating, ventilation, lighting etc.) and for the design of desks, blackboards, play areas etc., had to wait until then. However, in addition to the school nurse and the orthopaedic nurse we saw in the service more physiotherapists, speech therapists, audiometricians, health education lecturers etc. Instead of only the school dentists there were dental hygienists, dental auxiliaries, orthodontists. Instead of the battle against T.B. diphtheria, scarlet fever, infestation with vermin etc. or the pre-occupation with orthopaedic and postural defects, we saw the inception of services like the School Psychological Service and the Child Guidance Service, both of them growing at a prodigious rate, a reflection of the changing social patterns.

One of the peculiarities of recent decades is the high popularity of the Child Welfare Clinics. Even though, since 1948, every baby immediately went on to a G.P.s list and even though in latter years more and more were examined or followed up after birth in hospital by the hospital paediatrician, the numbers of children attending remained high. (In earlier years it was understandable because most children were without G.Ps and in 1923 the Superintendent of the Infant Welfare Clinics could report that half of the children were brought to the centres in the first 2 months, many in the first month of life, two-thirds of them were breast feeding their children).

This popularity has meant a good acceptance of the many immunisation schemes and an opportunity for the M. Os to make developmental assessments in the pre-school years. As long ago as 1920 under the Milk (Mothers & Children) Order of 1918, free or subsidised milk, glaxo and virol were distributed and free meals were given at the national kitchen. This is still a feature of the service in the sale of "welfare foods".

Nowhere is it more apparent than in the vital statistics of childbirth and children that there are two nations. In 1946 the Population Investigating Committee of the R.C.O.G. studying the effects of socio-economic class, found it. In the 1970s the National Birthday Fund found it in the 7 year olds and the 11 year olds. Countless other surveys found it. In the health



and education services the children of the lower-socio-economic classes are dis-advantaged in both the utilisation and the benefit derived.

In 1919 when there were two health visitors another was appointed. By 1936, this had reached 6 (including school nurse functions). The present figure is 19.

### **Of Maternity**

In 1902 the midwives admitted to the Midwives Roll as a consequence of the Act were of two kinds, qualified and bona fide. The number of midwives who have notified their intention to practice has gone from 29 in 1905 to 70 in 1973. In 1920 there were 11 bona fide and 6 qualified midwives but 2 of the former were struck from the Roll. In 1923 there were still no midwives employed by the local authority; there were 5 independent midwives but the bulk of the work was done by the 5 midwives of the Gloucester District Nursing Society. In 1936 the Midwives Act made it compulsory for the local authority to make available domiciliary midwives and for this purpose the Gloucester District Nursing Society became the agent of the City Council (The re-organisation of the midwifery services and the unification of maternity services is dealt with elsewhere).

Historically the City always seemed short of maternity beds. The first were opened in 1917 under the aegis of the Glos. District Nursing Society in Clarence Street (4 beds). These were extended to accommodate 10 beds in 1923 12 beds. In 1935, 2 ante-natal beds and a nursery were added. This building remained in use until 1943 when the long-awaited new Maternity Hospital was partially opened. From 1941 to 1943 the Fluck Convalescent Home at Longford was requisitioned and used as a Municipal Maternity Hospital. In 1966 the present Maternity Hospital opened and the older unit was converted to a General Practitioner Maternity Unit, opening in October 1967.

The picture is one of an increasing number of women having their children in hospitals though the length of stay tended to be shorter, about  $\frac{1}{3}$  staying for 48 hours. In 1957 the M.O.H. could say that the maternity accommodation which had not increased since World War II was below the national average (approx. 50% as against 65% of confinements were in hospitals in Gloucester). The advent of early discharge as a practice knocked this figure up to 67% in 1966 and the opening of the consultant unit and afterwards the G.P. unit increased the momentum. (1967 = 75%; 1968 = 89%; 1969 = 93%; 1971 = 96.5%; 1973 = 98%.

### **Of Health Centres**

Alhtough Health Centres should be listed amongst the new things happening post war, here in Gloucester they have a history. The so-called Health Centres which were established in 1948 under the National Health Services Act began much earlier and were continuations of institutions under two district medical aid schemes. The first, the Gloucester Provident Dispensary was founded in 1831 when the services and advice of the medical officers and staff were honorary and the treatment was free to the poor folk of the City. However, after 1872 the Dispensary continued on a provident and contributory basis. At the turn of the century it was rehoused in 11,



Barton Street where in 1948 it became Barton Street Health Centre. Its dilapidation was such that in 1963 it had to be closed. The Dispensary arrived at a membership of over 12,000 persons.

Longsmith Street Health Centre had begun its life early in the century as a dispensary (Foresters Hall) of the Gloucester Friendly Societies Medical Aid Association. It continued until 1971 when it was transferred to the new Health Centre at Rikenel. The Association reached a membership prior to 1948 of just under 10,000 persons.

The two post '48 Gloucester Health Centres were unusual in that they had pharmacies. Indeed Rikenel Health Centre still has a busy pharmacy.

### **Of Ambulances**

In 1923 there were 2 "motor ambulances" presented by the British Red Cross, one solely for infectious diseases at the City Isolation Hospital at Over and the other for "general town work". Remarkably, it was stated "it was felt that the best use was not made of this ambulance"! Up to 1938 the ambulance service remained in association with the Fire Brigade. During the war with the formation of the National Fire Service the service became part of A.R.P. (Air Raid Precautions) Casualty Service (1942). 1946 saw the beginning of the service as we now know it. In 1948, 5,519 patients were carried with a total mileage of 76,426. In 1949, 15,619 patients; in 1953, 29,907 patients and a total mileage of 158,189 and in 1972 it reached 75,631 patients and a total mileage of 343,972. By 1963 the ambulance service was housed in its new building. Radio control was in 1969 extended to social workers, midwives, district nurses and some g.p.s were also using the U.H.F. hand sets.

### **Of Seebohm**

Many of the services which tradition had placed in the health department setting, gained more and more social content, were less implicitly medical. Until the inauguration of the Social Services Department in 1971 the mentally handicapped, the physically handicapped, the blind, the deaf were all under the care of the Health Department. Home Help services and hostels and day centres as well. The new junior and adult training centres, the new sheltered workshops, the new centres for the blind and the physically handicapped and all social workers in the fields of mental health and physical handicap and home teachers of the blind etc. etc., passed from our purview.

### **Of Various Services**

It is impossible to list all the varied services individually. Those mentioned above are of the older sort which are on-going. Some like the T.B. dispensaries which were started in 1914 in 11, Barton Street are now long since gone as have the Sanatoria at Cranham Lodge and at Over Hospital; so have free milk and nutritional supplements and shelters for the sufferers.

Day nurseries reached their zenith in World War II; there were still 4 functioning in 1948; the last one closed in 1958.



But new services appeared. Chiropody facilities in clinics or in their own homes for old persons ; a fast growing service. Family planning which has already been mentioned. Cervical cytology clinics and well-women clinics ; special care baby clinics, developmental assessment clinics and so on.

An important step in 1968 was the appointing of a full-time Health Education Officer. When the highly successful incumbent left in 1973 it was deemed wise to combine in staff, equipment and material with the County Service in order to prepare for the re-organisation of the National Health Service.

The role of occupational health grew and a senior medical officer devoted more and more time to the task, being medical advisor to the N.W. Gloucestershire Water Board, the City (and afterwards the City and County) Fire Service, to the Airport, and to the sheltered workshops and adult training centres as well as to the staff of the city (and afterwards to the County).

### **Of Voluntary Services**

A great deal of the services which are now provided by statutory agencies, had their origins in the voluntary efforts of groups and associations meeting in taverns and pubs and the back rooms of houses. Many voluntary bodies still serve to supplement state and municipal services.

Of those that extended their history into the 20th century the oldest in age and service was the Royal Infirmary followed closely by the Gloucester Provident Dispensary of which mention has been made under "health centres".

Another ancient group going back five or six centuries was "The United Hospitals" (St. Margaret, St. Mary Magdalene and St. Kyneburgh, the Charity of John Garn) which first functioned as lazar houses or almshouses and which with St. Bartholomews Hospital (still extant on the Island, Lower Westgate Street) were first under the Charity Trustees and now the Gloucester Municipal Charities. St. Bartholomews was declared unfit for human habitation about 3 years ago and ceased to function as an almshouse. The Hospital in London Road does however continue this function.

A group of charities whose function has adapted itself to the changing needs of the communities are headed and deserve to be headed by the Gloucester District Nursing Society founded in 1884 to provide skilled nursing outside institutions in the homes of the people by nurses specially trained for the work. It had several homes in the city until it entered into occupation of the Home in Clarence Street which was demolished last year. In 1917 it extended its work to the provision of maternity wards and an "external midwifery service". In 1936 it became an agent of the corporation to provide domiciliary midwifery. After 1948 it remained an agent for both the City Corporation (with regard to the provision of District Nursing and Domiciliary Midwifery under the N.H.S. Act) and for the Gloucester, Stroud and Forest Group Hospital Management Committee (with regard to the staffing of the Maternity Hospital). After 1963 the local authority functions were brought more and more into direct relationship with and



control of the City Health Department. In 1971 the outstanding agency arrangement with the hospital group was terminated.

Once again the Society showed its adaptability. It re-organised itself to provide from its considerable accumulated funds an alternative service to meet another public need — the future function to be the provision of a District Night Nursing Service, a service for which there is a crying demand. I wish it well.

The Fluck Fund is the continuation of the body which ran the Fluck Convalescent Home at Longford and pays out considerable sums of money to help women and children. The Free Hospital and George Peters Fund for the Children of the Poor, although the Hospital at Kingsholm has long since closed, still dispenses funds to similar groups in the population. Such funds have an old fashioned ring about them but they have been and continue to be the salvation of many persons in tight spots.

The Diocesan Society for the Deaf (founded in 1919) still operates a home for the deaf and a variety of welfare services. The Blind Association and the British Red Cross are still working alongside the statutory services. I would be remiss if I did not add to these the ladies who work voluntarily in our child welfare clinics, the successors of the Voluntary Association for Infant Welfare which has already been mentioned.

In the last ten years newer voluntary bodies have been founded in the City and the staff of the department have been involved in them. The Association for Mental Health, the Gloucester Society for Mentally Handicapped Children, the Gloucester and District Spastic Society, the Council for Alcoholism, the Gloucester branch of the Samaritans — all are pressing ahead with schemes of betterment for the segments of the community which they serve. Of great value to the community in general has been the volunteers of the hospital car service ; I am sure the increase in demands placed on the ambulance service could not have been made without the work of these citizens.

I realise that I have fallen into the pernicious pitfall of naming particular bodies and I am quite certain that there will be some other groups who I have neglected to mention in my list. My only excuse for not mentioning everybody is that the title of this section of the final report has been the "pattern of services" and it has been one of the praiseworthy attributes of voluntary bodies that they do not always fit into the pattern of things and in this way have inaugurated their own form of social progress and community connection.

### **A true integration**

No account of the pattern of services would be complete without a description of the Rikenel complex in Montpellier overlooking the Central Park, how it was conceived, how it grew, and the service it gives to the public.

It was conceived in 1965 prior to the setting up of Seebolm committee when three departments, health, welfare and childrens were undertaking tasks which interlinked and relied on all three departments for their satisfactory fulfillment. The idea was that all these agencies shall come together in one building to foster close working relationships of staffs a



common staff-room and staff facilities, one reception and information unit to provide a single shop-window and a single point of contact with the public we served, growth towards common family files, a pooling of our knowledge of the community, a coming together of experts to confer on individual cases.

The aim in its final analysis was the attempt to offer the citizen a spectrum of service without regard to the tidiness of hierarchical systems. In a measure this was achieved and would have continued growing had it been allowed to do so.

In 1969 the Health Department moved out of its 4 dilapidated buildings (Priory House, 14, Brunswick Road, 11, Barton Street, 14, Barton Street) into a new building to be followed quickly by the general practitioner teams and our own pharmacy and then the Dental Unit as the building was extended (they were previously in Ivy House in Barton Street). In mid 1971 the newly formed Social Services Dept., moved into the original building (Rikenel House) which was linked with a common reception area to the newer structures. Already several years before two other units had been established on the Rikenel site — a centre for the physically handicapped and a centre for the blind.

At the time of writing it very much appears that this unified set-up will be ripped apart with the passing of the County Borough; the Social Services Department will go to the new County administration, the Environmental Health Services to the new Gloucester City District, and the main part of the complex, the new block, will become the headquarters of the new Health District of Gloucester (including Stroud and the Forest) of the new Gloucestershire Area Health Authority (though it must be confessed that it has not yet made up its mind on the latter).

Meanwhile in some localities there are desperate attempts to set up a complex of the nature of Rikenel, to create just this sort of amalgam of health services and social services.

The Health Dept., has had over the years from 1948 to 1974 when many local authority health departments drifted away from the mainstream of the health services, yet another link which it held valuable, that with the hospital services.

The maternity services of the Local Authority and Hospital Services had always worked well together in an easy-jointed fashion. This culminated in the Maternity and Child Welfare Centre (the "Charles Cookson Clinic") in Great Western Road where all the obstetric consultant maternity clinics were held, as well as those of the midwives, where child health clinics run by the L.A. operated alongside the special care baby clinics of the hospitals, where health education classes, relaxation classes, family planning clinics, well womens clinics were centred. A common, central filing system operated.

Another feature of recent years was re-organisation of the domiciliary midwifery services. Midwives who were already attached to general practices took as their base the G.P. maternity unit of the Maternity Hospital, where all but 1 or 2% of the City births took place. Virtually there was in fact a fully unified maternity service for Gloucester residents.



The other hospital link was that until 1974 the M.O.H. remained a clinical consultant physician for infectious diseases and the Superintendent of Over Hospital, the department looking after, as well, on a day to day basis, the geriatric beds at that hospital.

In this way the doctors of the health department never became cut off from the mainstream of medicine, or in any sense felt themselves to be isolated from the hospital services. Only, sadly, in 1974 did they really feel isolation and alienation.

### **The Diaspora of the M.O.H.**

“Wandering between two worlds one dead  
The other powerless to be born  
With nowhere yet to rest my head”

MATHEW ARNOLD

*“The Grande Chartreuse”*

Of all things worth remembering about human beings and human affairs it is that we are all very much alike and that it has all happened before.

When the National Health Service began in 1948 it was opposed in the early B.M.A. ballot by a majority of public health doctors (6 to 1 against) as well as by the bulk of the profession.

The former M.O.H. of Gloucester Dr. Cookson wrote on the effects of the new legislation in, as one would expect of him, a more philosophical vein.

....“this with the Nat. Asst. Act and the Children’s Act are so far-reaching and have so transformed our work and to some extent our lives that I have not yet obtained a clear and complete appreciation of them or other application”..... “Fortunately principles do not change and out of the present confusion may come a better service than before.....”.

.....“As the Act introduced at the same moment a new conception into the work of every branch, both hospital, local authority, Doctor, Dentist, Pharmacist and so on, everyone feels uncertain and in addition anxious of their new position in the new service. It will take years before those affected can feel contented and confident and to this extent the work will suffer in the meantime”.

But there were others like the late Dr. Grant of Gateshead and Yarmouth who had a more jaundiced view. Looking back with nostalgia to 1929 when the functions of the Boards of Guardians are transferred to the local health authorities who then became responsible for infectious disease hospitals, mental hospitals, sanatoria and municipal general hospitals. Many like him felt that in the realm of “community medical services” the M.O.H. in handling social problems had “an expert medical view which indeed carries no greater authority than other interests, official and lay”.

So he concluded

“All that was left to him (the M.O.H.) of the great preventive and curative ideals were the vaccination and immunisation arrangements against diphtheria and smallpox and the control, where possible, of the notifiable infectious diseases, the more serious of which now threatened only at long intervals. There also remained to him the education of the public in matters



of health, about the usefulness and scope of which there are two contrasting views...."

Both, as it turned out, captured aspects of the truth.

But it is also widely held that the Public Health system, under the aegis of local government, the County and County Borough Councils (more especially the latter) no better or more brightly justified itself than in the years 1948 to 1974.

The difference between the 1948 re-organisation and the present debacle is, of course, that after 1948 the M.Os.H. remained M.Os.H. and did not change their employers ; they retained their security of tenure which was to protect them from political pressures.

### **Final Note**

The health service is about people, its structures and its processes must be infused with humanity. Because this is so and because the service is what they call labour-intensive it should be the concern of the Health Authorities that all staff be treated with dignity and consideration and have a part to play in fashioning the service and in controlling the factors which have a bearing on the conditions in which they work.

I will not depart from the view that only when this is achieved will the patient receive the best of the service and that service be the best.

I have been fortunate whilst in Gloucester in working with colleagues of the health department who helped me to establish a department where co-operative enterprise and pooling of skills achieved the worth-while goals, and in which the work-a-day passed pleasantly in their company.

For this I thank them.

I thank also an amiable social services department which worked alongside us.

As I have said before in listing M.Os.H. and Chairmen, I am much beholden to the Chairmen with whom it has been my good fortune and pleasure to serve the community.

To every one of them I say : thank you, Mr. Chairman.

### **Envoi**

As I take my congé in this final annual report may I thank all elected members for the charity with which they have put up with it for over 10 years, swallowing facile effronteries and ponderous witticisms alike, without sugar coating or caution.

On the front of annual reports of some previous M.Os.H. there always appeared the words : "ordered to be printed".

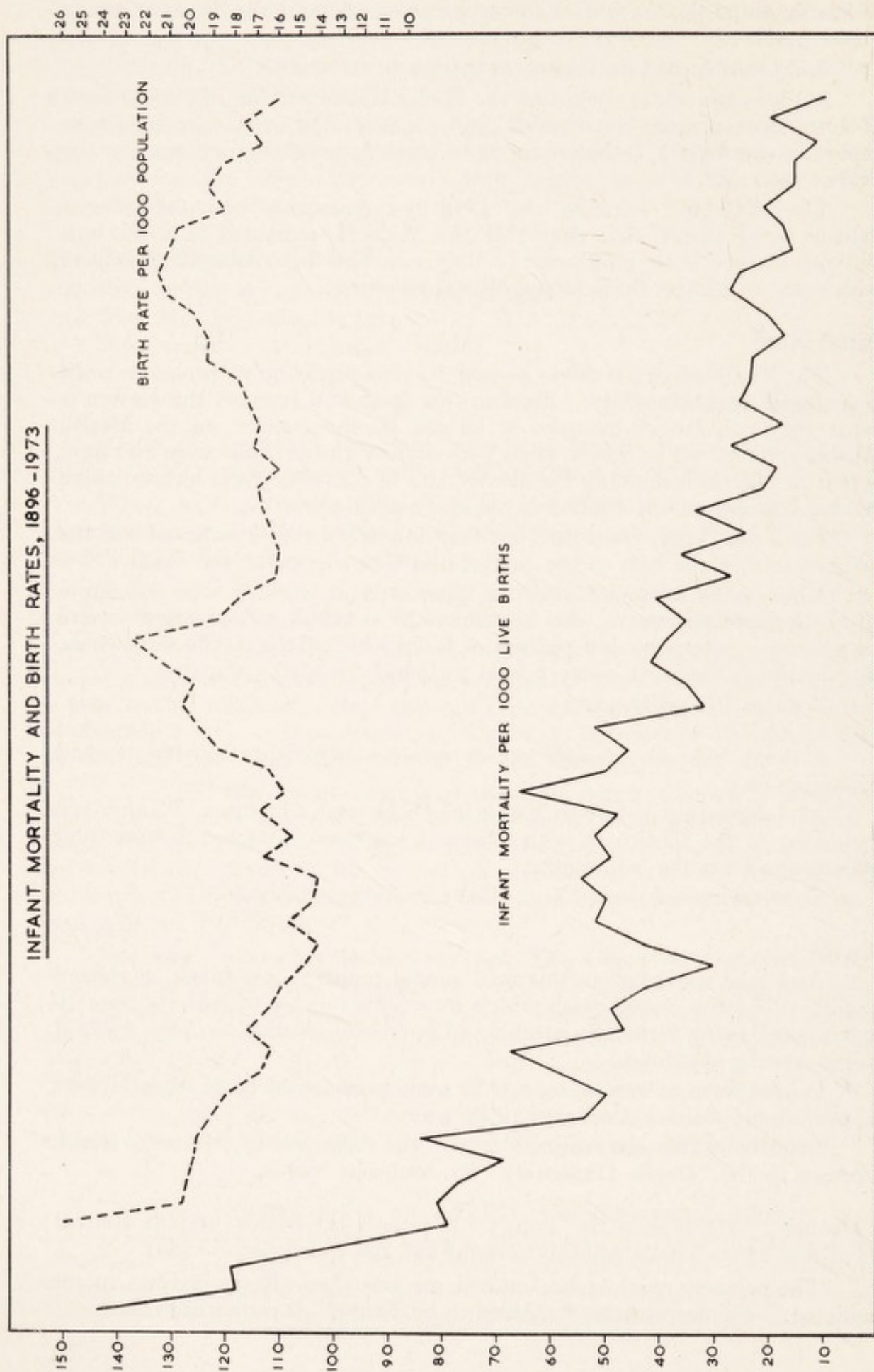
Irrisistably this has reminded me of the definition of "Datary" which appears in the "Devils Dictionary" by Ambrose Bierce.

**"Datary :** He brands the Pope's bulls with the words 'datum Romae' (For this he received a princely revenue and the friendship of God)".

The princely revenue has eluded me but God always inclines to the afflicted. The imprimatur "ordered to be printed" is now withdrawn.



INFANT MORTALITY AND BIRTH RATES, 1896-1973





## SECTION A

### NATIONAL HEALTH SERVICE ACT, 1946

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

Report by the Principal Dental Officer.

##### **Expectant and Nursing Mothers**

The picture here remains very similar. The number of mothers attending has remained the same to all intents and purposes. The staff at Charles Cookson Clinic continue to advise patients on our behalf and we are very grateful to them.

##### **Children under 5**

The scheme to visit play groups met with success at the commencement of the year and twelve play groups which expressed interest were visited by Mrs. V. Matthews. All children returned home from these meetings with literature emphasizing the importance of care and offering dental inspection if so desired. The medical staff continue with their screening and again the number of children inspected is similar to last year. We were disappointed in this respect as it had been hoped that the upward trend would continue. Further play group visits are planned for early next year.

The number of children who enter school with their teeth quite beyond repair is still distressing when a little attention at the right time could have prevented this damage.

Yet again it should be said that considerable avoidable dental damage and suffering which is unnecessary will continue until the fluoride content of our water supply is adjusted to one part per million. Perhaps the changes envisaged in the reorganized health service will make fluoridation of water supplies possible.

#### *Domiciliary Midwifery*

Report by the Director of Nursing Services.

All midwifery continues to centre around the General Practitioner Maternity Unit and very few domiciliary confinements have taken place.

Recruitment of Staff improved and three midwives were appointed this year, thus allowing for improved service to patients and families and midwife/general practitioner attachment schemes to continue.

Education programmes have been maintained and staff have attended management and refresher courses.

The Midwifery Training School is successful.

#### *Health Visiting*

Report by the Director of Nursing Services.

The year commenced on a sad note when Mrs. R. Hill, Sister, Rikenel Clinic, died suddenly in January. Her work for so many years in the Health Department contributed much to the Service and it was a sad and personal



loss to the community she served so well. Mrs. Hill was greatly missed by her colleagues and patients alike.

This has been another full year for health visitors, school and clinic nurses with an increase in sessions within group practice attachment schemes, and hospital/community liaison. The visiting of families remains constant.

In May Miss P. Buxton, joined the Staff as Nursing Officer, Health Visiting, thereby completing the implementation of the Mayston Nursing Management Structure.

Mrs. M. Gorton, transferred to the Health Education Department and Mrs. M. Trump was appointed to the Health Visiting Staff.

Training programmes continue with specialised and refresher courses being attended by all grades of staff.

The Charles Cookson Clinic facilities are in demand and well established relationships are maintained with hospital staff and services.

Students from nursing, social work and schools, visit the Department and we are happy to provide them with experience in community service.

### *Home Nursing*

Report by the Director of Nursing Services.

In January, Miss A. E. Newman, was appointed Nursing Officer, District Nursing, with special responsibility for the District Nurse Training School.

Although the overall number of home visits to patients has remained the same, there has been a considerable increase in the attendances at patient treatment sessions within group practice attachment schemes.

Miss L. Wadley and Mrs. Dawson, retired after many years of efficient and loyal service to the Community of Gloucester.

Some staff changes have therefore occurred through marriage and retirement, but recruitment poses no problem.

The pattern of Night Nursing changed in October with the appointment of a State Registered Nurse and the implementation of a "mobile service" thus providing greater benefit to patients.

Staff education has continued with opportunities afforded to nurses to attend Practical Work Instructor, Refresher and Specialised Courses.

The Home Nursing Service continues to provide an increasing part in Community experience for hospital nurse students and we are to participate within training and teaching programmes.

### **The District Nurse Training School**

The School recommenced in May with Students from Gloucestershire and the City.

All the State Registered Nurse candidates were successful in the September examination.

Further Training Courses will be held next year.



## AMBULANCE SERVICE

Report by the Chief Ambulance Officer.

It is with very mixed feelings that I present to you my last report as the Chief Ambulance Officer. I hope you will forgive me if I tend to look backwards rather than to the future, whatever that holds for many of us.

I am reminded of the days in March 1947 when I attained my ambition and joined the Ambulance Service as a very lowly Driver Attendant. The days when the unfortunate patient or the relatives paid for the services rendered by the Ambulance Service. Five shillings if you lived in the City or ten shillings turnout and one shilling per mile if you unfortunately lived in the R.D.A.

In July 1948 the National Health Service Act came into force, and from that date the work increased year by year, as the yearly figures show. In April 1963 I had the honour to become the Chief Ambulance Officer and you Sir became the Medical Officer of Health. From that time onwards to the present I felt, as did all my staff, that we were a team of dedicated persons whose sole object was the welfare of our patients. In my humble opinion we succeeded in our object, as my file of letters of appreciation shows.

I know not what the future holds for any of us but I take great pride in saying no one will surpass the standard that was set, and attained and it will always be my personal pride to be able to say that I was part of the City of Gloucester Ambulance Service, serving under you and the City Council, who always had the interests of us all at heart.

## HEALTH EDUCATION

Report by the Health Education Officer.

In March, 1973 an Assistant Health Education Officer was appointed and later in the year a Health Education Lecturer was also appointed thus bringing the staff of the Health Education Unit up to five in number :—

Health Education Officer—Mrs. R. H. Rice

Assistant Health Education Officer—Miss A. Gibson

Health Education Lecturer—Mrs. M. Gorton

Technician—Mr. P. Bennett

Artist—Miss W. Jones

This addition to the staff has made it possible to increase the amount of Health Education carried out within the City. The Health Education Unit's staff itself during the year has given a series of talks in most of the senior schools within the City. The main subjects have been :—

Personal Hygiene

Childbirth

Venereal Diseases

Family Planning

Smoking and Health



A total of,

- 94 talks involving 2,664 pupils
- 2 to Youth Clubs involving 150 teenagers

Lectures and talks given by field staff :—

- 14 to lay audiences, i.e. Womens Institutes etc.
- One talk in Junior School on Smoking and Health.
- 57 talks were given in schools where Child Care Courses are running.
- 4 Senior Schools in the City have these Courses running.
- 474 Mothercraft and Relaxation Classes were held.

Services given to the City by the Health Education Unit :—

- 80 films have been loaned to the City from the Unit.
- 49 other visual aids have been loaned.
- 6 large displays have been mounted at Rikenel Clinic.
- 6 small displays at the Charles Cookson Clinic.
- 6 special displays on the Stop Smoking campaign are still circulating within the City and are to continue into 1974.



# SECTION B—INFECTIOUS DISEASES

*Number of Notifications of Infectious Diseases, 1959-1973*

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Scarlet Fever ..	77	21	4	8	8	26	25	25	20	15	28	1	10	5	12
Whooping Cough ..	61	48	12	17	60	34	43	67	41	49	3	45	13	—	6
Acute Poliomyelitis :—															
Paralytic ..	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Non Paralytic ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	964	203	803	454	627	141	852	174	231	1072	77	1063	458	269	497
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	17	3	1	4	7	3	3	6	1	23	24	7	—	1	4
Meningococcal Infections ..	2	1	—	1	—	1	—	—	—	—	—	10	2	2	3
Smallpox ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis :—															
Infective ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Post-Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-typhoid ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ..	2	7	13	1	1	1	1	2	7	14	7	6	11	9	12
Tuberculosis :—															
Respiratory ..	38	49	25	21	28	24	25	18	15	11	17	12	15	10	12
Meninges and C.N.S. ..	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Other ..	7	5	5	2	1	7	5	8	2	1	3	5	6	7	4
Ophthalmia Neonatorum ..	—	—	2	—	—	—	5	1	1	3	—	2	—	—	—
Anthrax ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious Jaundice ..	—	—	—	—	—	—	—	—	—	—	83	17	13	46	33



*Report by the Chest physician.*

In 1973, 19 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
1	4	5	9	—	19

5 of the cases were referred by their General Practitioners, 1 was picked up by the Mass Radiography Unit, 10 from other hospital departments, 1 was a contact, and 2 were transferred from other hospitals.

3 of the 19 were immigrants ; 1 from Budapest, 1 from India, and 1 from South Africa.

The register of persons notified as suffering from respiratory tuberculosis in Gloucester now stands at 92, and non-respiratory 20.

CONTACT EXAMINATION

Arising out of these notifications 186 adult contacts were called for examination and 135 attended.

SEXUALLY TRANSMITTED DISEASES

Number of new cases treated during the year :—

Syphilis—Primary and Secondary .. .. .	1
Other .. .. .	2
Gonorrhoea .. .. .	149
Other genital infections .. .. .	202
Others conditions .. .. .	216



## SECTION C

### MEDICAL ASSESSMENTS 1972

Airport .. .. .	5
Ambulance .. .. .	4
Architects (includes Works Dept.) .. .. .	47
Baths .. .. .	11
Cemeteries .. .. .	3
Education .. .. .	101
Engineer/Surveyor .. .. .	45
Fire .. .. .	4
Health .. .. .	24
Housing .. .. .	10
Library .. .. .	10
Markets .. .. .	6
Museum .. .. .	2
Parks .. .. .	43
Social Service .. .. .	102
Town Clerk .. .. .	8
Treasury .. .. .	13
Weights and Measures .. .. .	1
Water Board .. .. .	60

### MEDICAL EXAMINATIONS OTHER THAN ASSESSMENTS 1972

Special Medicals :	Retirement .. .. .	3
	Sickness Absence .. .. .	27
	Other Authorities .. .. .	5
	Fire Service — Over 40 .. .. .	7
	Special .. .. .	56
	Sewage Works .. .. .	—
Heavy Goods Vehicle Licences .. .. .		41
Teacher Training .. .. .		123
Teachers .. .. .		21
Others .. .. .		9

### EXAMINATIONS for Civil Air Authority

Air Traffic Control Officers .. .. .	7
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### MEDICALS CONCERNING CHILDREN 1971

Children in care seen in Clinic .. .. .	104
Children in care seen at Russett Close .. .. .	115
Examined prior to return to Special Schools .. .. .	50
Adopted children .. .. .	3
Parents in connection with Adoption .. .. .	23
Special medicals for court cases .. .. .	4
Special medicals for boxers .. .. .	2
Special medicals at request of parents, audiograms, vision tests, missed medical at school, etc. .. .. .	23
Special medicals prior to special holidays .. .. .	42
Youth Employment medicals .. .. .	313
Attendance at Obesity Clinic .. .. .	—
Attendance at Enuretic Clinic .. .. .	141



## SECTION D

### ENVIRONMENTAL HEALTH

#### *Environmental Circumstances of the Area.*

Report by the Chief Public Health Inspector.

It is unfortunate that the Environmental Improvement work scheduled for the Bristol Road General Improvement Area has not yet commenced. It is hoped that this will not be too long delayed. Towards the latter end of this year we have surveyed premises off Barton Street which it is hoped will provide the next General Improvement Area if approved by the Council. The difficulty at the moment is that new legislation is expected which will lay down criteria for defining Housing Action Areas, General Improvement Areas, or that the area in fact needs no special treatment. The Housing Action areas will be those areas in which the highest degree of housing stress is evident, (the structural state, amenities available, overcrowding and multiple occupation). It is hoped that these areas will attract higher grant aid for improvement and that owners of rented property will find this a more attractive proposition. General Improvement Areas, it is hoped will also attract higher grant aid, but at the present time it is not possible to state which category the Barton Street area will satisfy.

In last year's report it was stated that a milestone in meat inspection had been reached in passing the number of 200,000 animals slaughtered and inspected. This year saw again a rise in the number of animals slaughtered and inspected. It does make one wonder when the plateau of slaughtering will be reached, especially as one of the slaughterhouses is carrying out extensive alterations to meet E.E.C. Regulations and it is expected to be completed in 1974. Members of the general public may be forgiven if they are led to believe that standards are apparently lower in this country than in Europe. The difficulty arises in that many of the Regulations required to be met, are of a technical nature and although it is true, designed to assist in the hygienic production of meat, it does not follow that the hygienic standards are necessarily low in those slaughterhouses which are not built to those specifications. I would like at this point, to thank the Senior Meat Inspector, Mr. S. Grimshaw and all the full time meat inspection staff for their efforts in the face of this increasing work.

A second site for the daily measurement of smoke and sulphur dioxide was opened in February, at Barnwood Primary School at the request of St. Thomas' Hospital. The results will be used in a survey of the height and weight of school children. So far there has not been any marked difference between the measurements of pollution here and those obtained at the site at Rikenel.

Despite the approaches previously made to the Minister and the Regional Hospital Board, smoke emissions from the new hospital chimney continued to be prominent, and the local Foundry was again the subject of a petition. Unfortunately the revised Memorandum on Cold Blast Cupolas, which is expected to impose more stringent standards requiring the installation of



more sophisticated grit and fume arrestment equipment, had not been published by the end of the year.

A wide variety of complaints relating to noise was dealt with, ranging from night shift working, to prayers at a local Mosque.

A report was presented to the Health and Leisure Committees, drawing attention to the risks to hearing, arising from the high noise levels commonly associated with discotheques and pop music. From talks given to various groups of people, it is clear that there is widespread ignorance of this danger, particularly among the younger generation who are at the greatest risk, and it has been agreed that every youth club should be visited and advised upon suitable levels. It is hoped that private clubs will come within the ambit of the proposed Safety and Health at Work Act, and that this may provide some legal sanction for controlling noise levels in this type of premises.

Most of the complaints, and especially those relating to pop music, have required evening or late night visits including many at weekends.

Regulations relating to the sound insulation of buildings against traffic noise were published during the year, and a considerable amount of work was done in connection with planning consents for development exposed to traffic noise from existing major roads.

Further noise measuring equipment, including a level recorder and a precision impulse meter, was purchased or ordered during the year, and the Department should in future be as well equipped as any in the country to meet the requirements of any future Noise Legislation.

This is the final report that will be made for the Authority as a County Borough. I find it a saddening thought as I have always thought that the County Borough with its comprehensive responsibility has been the best type of local authority unit. It is true that some have had too low a population to carry out all its functions at a peak efficiency, but this could have been remedied. In last year's report it was stated that we had a settled staff and looked with a degree of optimism and confidence to the changes proposed. In the event, however, I am sorry to say that this optimism and confidence has been shattered by circumstances. We now face the daunting prospect of losing practically 50% of our Public Health Inspectorate staff. Most of our work is undramatic and routine, meat inspection, investigation and remedying of complaints, infectious disease, food hygiene inspections, place of work inspections and many others of like nature. It is the persistent attention to routine inspection which keeps a standard, and many people including Public Health Inspectors would like to see a rise in the legislative standard, which ensures public health. A standard is hard to win and retain, but it does not take long to lose.

On the 1st October, 1973, Mr. R. I. Williams retired after many years of service with Gloucester, and since 1950 as Chief Public Health Inspector. Mr. Williams had seen, and been responsible for many changes in the Public Health section due to the growth of work in practically all matters for which we are responsible. As his Deputy for many years, I must pay tribute



to Mr. Williams for his help and encouragement and I am sure that this sentiment is echoed by all my colleagues in the Public Health Inspectorate and we do wish him a happy retirement.

My own term as Chief Public Health Inspector will be a short one, lasting only from my appointment at the beginning of October, 1973, and finishing on 31st March, 1974. I shall then be graced with the resounding title of Principal Environmental Health Inspector, which title I hope people will not find too awesome or too much of a mouthful !!

I appreciate that this is a report on 1973, but as this is being written in 1974 and reorganisation is only a few weeks away, I must digress and state how sad I feel that the Health Department is to break up. I have always found it a hard working but happy Department and my only hope is that the future will hold the same spirit for the new Environmental Services Department. Personal Health and Environmental Health split and go their separate ways. To all my colleagues in the Department who must now separate, I do wish success and happiness for the future in their working lives. I can only thank Doctor Regester for the help and encouragement that he has given me over the years and to hope that he obtains a position in the new reorganisation worthy of his experience.

The following is a summary of the inspections made during the year 1973.

#### Public Health Acts

Dwelling Houses on Complaint .. .. .	1289
Work in Progress .. .. .	55
Drain Tests .. .. .	68
Dirty and Verminous Premises .. .. .	15
Insect Infestations .. .. .	81
Caravan Sites .. .. .	127
Caravans .. .. .	42
Schools .. .. .	—
Hairdressers .. .. .	28
Cinemas, Fairs, etc. .. .. .	18
Public Conveniences .. .. .	688
Offensive Trades .. .. .	42
Offensive Accumulations .. .. .	4
Stables and Piggeries .. .. .	7
Refuse Tips .. .. .	10
Revisits .. .. .	1,455
Swimming Pools .. .. .	9
Cess Pools .. .. .	1
Day Nurseries .. .. .	—
Old People's Homes/Nursing Homes .. .. .	1
	<hr/>
	3,940



## Housing Acts

Clearance Area—House Inspections	..	..	..	..	55
Improvement Grants	..	..	..	..	3
Individual Unfit Houses	..	..	..	..	7
Basement Dwellings	..	..	..	..	5
Rent Act Inspections	..	..	..	..	—
Overcrowding	..	..	..	..	10
Houses let in Multiple Occupation	..	..	..	..	55
Housing Improvement Area Survey	..	..	..	..	504
Housing Clearance Survey	..	..	..	..	99
Revisits	..	..	..	..	292
Housing Qualification Certificate Visits	..	..	..	..	20
					<hr/> 1,050

## Food and Drugs Act

Complaints re Food	..	..	..	..	..	135
Visits re above	..	..	..	..	..	159
Bakehouses	..	..	..	..	..	18
Butchers	..	..	..	..	..	42
Canteens, Clubs, etc.	..	..	..	..	..	76
Cafes, Restaurants	..	..	..	..	..	69
Fishmongers	..	..	..	..	..	13
Fried Fish Shops	..	..	..	..	..	16
General Shops	..	..	..	..	..	117
Sweetshops, Tobacconists	..	..	..	..	..	20
Dairies	..	..	..	..	..	1
Milk Distributors	..	..	..	..	..	5
Ice Cream Manufacturers	..	..	..	..	..	4
Ice Cream Vendors	..	..	..	..	..	12
Preparation and Storage	..	..	..	..	..	8
Wholesalers	..	..	..	..	..	11
Public Houses	..	..	..	..	..	53
Vehicles—Food	..	..	..	..	..	1
Vehicles—Ice Cream	..	..	..	..	..	—
Vehicles—Milk	..	..	..	..	..	—
Merchandise Marks Act	..	..	..	..	..	—
Slaughterhouses	..	..	..	..	..	2,420
Food Poisoning Enquiries	..	..	..	..	..	50
Food Stalls	..	..	..	..	..	—
Greengrocers	..	..	..	..	..	24
Guesthouses Residential	..	..	..	..	..	3
Revisits	..	..	..	..	..	556
						<hr/> 3,813



**Sampling**

Samples—Bacteriological	..	..	..	..	..	93
Samples—Biological	..	..	..	..	..	—
Samples—Food and Drugs Formal	..	..	..	..	..	155
Samples—Informal	..	..	..	..	..	53
Samples—Water	..	..	..	..	..	24
Samples—Fertiliser and Feeding Stuff Act Formal	..	..	..	..	..	16
Samples—Fertiliser and Feeding Stuff Act Informal	..	..	..	..	..	—
Samples—Others	..	..	..	..	..	104
Samples—Pesticides	..	..	..	..	..	—
Samples—Liquid Egg	..	..	..	..	..	—
						<hr/> 445

**Clean Air Act**

Inspections—Dwelling Houses	..	..	..	..	..	2
Inspections—Commercial Premises	..	..	..	..	..	4
Inspections—Factories	..	..	..	..	..	34
Inspections—Other	..	..	..	..	..	42
Smoke Observations ( $\frac{1}{2}$ hours)	..	..	..	..	..	40
Revisits	..	..	..	..	..	191
						<hr/> 313

**Factories Act**

Factories—Power	..	..	..	..	..	13
Factories—Non-Power	..	..	..	..	..	—
Outworkers	..	..	..	..	..	—
Revisits—Power	..	..	..	..	..	7
Revisits—Non Power	..	..	..	..	..	—
						<hr/> 20

**Port Health**

Vessels—Foreign Going	..	..	..	..	..	320
Vessels—Coastwise	..	..	..	..	..	80
Rodent Control	..	..	..	..	..	58
Revisits	..	..	..	..	..	39
Imported Food	..	..	..	..	..	72
						<hr/> 569

**Offices, Shops and Railway Premises Act**

GENERAL INSPECTIONS						
Offices	..	..	..	..	..	148
Retail Shops	..	..	..	..	..	239
Wholesale/warehouses	..	..	..	..	..	28
Catering establishments, canteens	..	..	..	..	..	31
Fuel storage depots	..	..	..	..	..	2
Other visits, revisits	..	..	..	..	..	264
						<hr/> 712



## Miscellaneous

Rodent Control—Dwelling Houses	..	..	..	..	51
Rodent Control—Business Premises	..	..	..	..	68
Rodent Control—Others	..	..	..	..	27
Rodent Control—Revisits	..	..	..	..	29
					<hr/> 175
Pet Animals	..	..	..	..	17
Pet Animals Revisits	..	..	..	..	3
Riding Establishment Visits	..	..	..	..	—
Rag Flock Act	..	..	..	..	—
Rag Flock Act Revisits	..	..	..	..	—
Noise Nuisance	..	..	..	..	42
Noise Nuisance Revisits	..	..	..	..	212
Noise Survey	..	..	..	..	50
Infectious Disease Enquiries	..	..	..	..	68
Infectious Disease Enquiries Revisits	..	..	..	..	19
Poisonous Waste Act	..	..	..	..	—
Poisonous Waste Act Revisits	..	..	..	..	—
Others	..	..	..	..	1,541
					<hr/> 1,952
				TOTAL	<hr/> 12,989

The following is a summary of the notices served and complied with during 1973 together with outstanding notices complied with :—

INFORMAL	<i>Served</i>	<i>Complied with</i>
Public Health Act .. .. .	80	81
Food and Drugs Act .. .. .	61	71
Factories—Power .. .. .	2	1
Non-Power .. .. .	—	—
Offices, Shops and Railway Premises Act .. .. .	80	85
STATUTORY		
Public Health Act .. .. .	42	34
Corporation Act .. .. .	6	6
Housing Act 1961 (Section 19) Notices	9	4
Housing Act 1961 (Section 16) Notices	15	3
Housing Act 1957 (Section 15) Notices	15	4
Housing Act 1957 (Section 9) Notices	9	2
Housing Act 1964 (Section 19) Notices	1	—
Prevention of Damage by Pests Act 1949	3	3



## HOUSING 1973

Orders confirmed during 1973—Compulsory Purchase and Clearance Orders.

<i>Title of Order</i>	<i>Clearance Area Numbers</i>	<i>No. of Houses in Order</i>
City of Gloucester (High Street) (No. 1) Compulsory Purchase Order	198	3
City of Gloucester (Park Road) (No. 1) Compulsory Purchase Order	200 and 201	7
City of Gloucester (Millbrook Street) (No. 1) Compulsory Purchase Order	203 and 204	10

*Table of demolitions.*

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

*Table of Displacement of Occupants.*

	Number of Persons	Number of Families
1. From houses to be demolished in or adjoining clearance areas .. .. .	32	16
2. From houses to be demolished not in or adjoining clearance areas .. .. .	30	5
3. From houses to be closed formally ..	7	2
4. From houses to be closed informally	23	6
5. From parts of buildings to be closed formally .. .. .	—	—
6. From parts of buildings to be closed informally .. .. .	5	—
TOTAL ..	97	30



### **Unfit Houses Made Fit**

(1) After informal action by Local Authority	.. .. .	81
(2) After formal action under :—		
(a) Public Health Acts	.. .. .	23

### **Houses in Which Defects were Remedied**

(a) Public Health Acts	.. .. .	12
------------------------	---------	----

### **Qualification Certificates**

Number of Provisional Certificates issued	.. .. .	1
Number of Qualification Certificates issued for premises already improved	.. .. .	5

### **Verminous Premises**

Number of houses disinfested	.. .. .	121
------------------------------	---------	-----

### **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	.. .. .	42

### **Common Lodging Houses**

There are no Common Lodging Houses within the City.

## **OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963**

### **Annual Report 1973 — Narrative**

This is the tenth year of operation of the Act, and may well be the last one, as proposals for a comprehensive Health and Safety at Work Act are well advanced.

During the decade a total of 1,741 premises were registered, 9,747 visits of all kinds were made, including 5,550 general inspections. The Act has brought about a considerable improvement in the working environment, particularly in relation to washing facilities ; in the first two years of operation over 300 contraventions of this section of the Act were found — this had dropped to 10 last year.

The examination of all plans of proposed development has helped by making it possible to eliminate faults before the building is constructed, although some difficulty has been caused by speculative developments where the final nature of occupation is not known.

The majority of problems in this respect have concerned ventilation. More and more architects are relying upon mechanical ventilation, but



this trend may will be changed by the future availability and cost of energy, particularly electricity. There would seem to be a good case for siting all toilets on external walls, a reversal of present practice.

Two aspects which the Act has neglected are noise and the provision of proper staff rooms and facilities for refreshment ; it is to be hoped that these matters will be included in future legislation.

The City has been fortunate in that there have been no fatal or really serious accidents. The effectiveness of the safety provisions of the Act is difficult to judge owing to the absence of statistics prior to 1964, but going on the low numbers of accidents reported as having been caused by machinery and defective floors, stairs, etc., the attention paid to these matters would appear to have paid a dividend.

Perhaps the most significant feature has been the number of complaints made by employees — a total of six, five of which related to heating. It would be gratifying to think that this is due to the efforts of the inspectorial staff rather than apathy on the part of those the Act was meant to protect.

#### 1. REGISTRATIONS AND GENERAL INSPECTIONS.

Class of premises	Registered during the year	On register at the end of the year	Premises receiving one or more inspections during the year
Offices .. .. .	34	396	148
Retail Shops .. .. .	36	551	236
Wholesalers, Warehouses	4	66	28
Catering Establishments	5	83	31
Fuel Storage Depots ..	—	2	2
TOTALS	79	1098	448

Number of visits of all kinds to Registered Premises 712.

#### 2. NUMBERS EMPLOYED.

<i>Class of Workplace</i>	<i>Number of Persons employed</i>
Offices .. .. .	5534
Retail Shops .. .. .	4474
Wholesale Warehouses	985
Catering Establishments	957
Canteens .. .. .	104
Fuel Storage Depots ..	8
Total Males .. .. .	4503
Total Females .. .. .	7559
Grand Total .. .. .	12,062

#### 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	1,158	—
Number infested by :—		
Rats .. .. .	305	—
Mice .. .. .	686	—
Total number of properties inspected for rats or mice for reasons other than notification ..	662	5
Number infested by :—		
Rats .. .. .	128	5
Mice .. .. .	246	—

No. of Sewer Manholes treated — 747

No. of Properties on the District :— 34,583 — Non-Agriculture.  
23 — Agriculture.

No of Wasp Nests Dealt with — 193

No of Bees Nests Dealt with — 5

## Factories Act, 1961

### PART I OF THE ACT

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

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority	10	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	409	20	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .. ..	2	—	—	—
<b>TOTAL</b> .. .. .	421	20	2	—



## 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)	2	1	—	2	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ..	—	—	—	—	—
(b) unsuitable or defective	—	—	—	—	—
(c) not separate for the sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
TOTAL ..	2	1	—	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
<b>Wearing apparel. Making, etc.</b>	12	—	—	—	—	—
<b>Cleaning and Washing</b>	—	—	—	—	—	—
<b>TOTAL</b>	<b>12</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>



# SECTION E

## INSPECTION AND SUPERVISION OF FOOD

Type of Premises	Number
<i>Registered or Licensed Food Premises</i>	
Dairies .. .. .	1
Distributors of Milk .. .. .	191
Untreated Milk—Dealer's Licences .. .. .	—
Pasteuriser's Licences .. .. .	1
Dealer's (Pre-packed Milk) Licences .. .. .	191
Ice-Cream—Manufacturers, Hot Mix .. .. .	3
Ice-Cream—Manufacturers, Soft Mix .. .. .	1
Ice-Cream Vendors .. .. .	291
Preserved Meat .. .. .	35
Slaughterhouses .. .. .	3

### Food Hygiene (General) Regulations

Category	No. of Premises	Category	No. of Premises
Dairies	1	General Food shops including Supermarkets	189
Ice Cream Manufacturers	3	Greengrocers	42
Hot Mix	1	Public Houses, including premises with catering establishments & Off Licences	114
Soft Mix	1		
Bakehouses	13	Guest Houses	24
		Wholesale Premises	33
Butchers	53	Food Factories	16
Cafes, Restaurants Clubs & Canteens	207	Sweets and Tobacco	65
Wet and Fried Fish Shops	41		

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

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

Designation	Taken	Meth. Blue			Phosphatase		T.B.		Turbidity		Br. Abort.	
		Sat.	Unsat.	Void	Sat.	Unsat.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Pasteurised	32	32	—	—	32	—	—	—	—	—	—	—
Sterilised	7	—	—	—	—	—	—	—	—	7	—	—
Untreated	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	39	32	—	—	32	—	—	—	—	7	—	—

POULTRY INSPECTION—No poultry processing plants within the Authority.



# Food and Drugs Act, 1955

A total of 232 Formal samples and 86 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
Bread and Butter	5	—	5	2	—	2
Butter .. ..	6	1	7	—	—	—
Butter	—	—	—	—	—	—
Confectionery	4	—	4	1	—	1
Cakes and Buns	3	—	3	—	—	—
Canned Fruit ..	—	15	15	—	—	—
Canned Juice	—	8	8	—	—	—
Canned	—	—	—	—	—	—
Vegetable ..	—	3	3	—	—	—
Non Dairy Coffee	—	—	—	—	—	—
Whitener ..	—	1	1	—	—	—
Coffee and	—	—	—	—	—	—
Chicory Essence	1	—	1	—	—	—
Demerara Sugar	9	—	9	—	—	—
Fish Cakes ..	1	—	1	—	—	—
Preserves ..	6	1	7	—	—	—
Instant Coffee	5	—	5	—	—	—
Margarine ..	1	3	4	—	1	1
Meat Products	25	—	25	—	—	—
Milk .. ..	5	2	7	—	—	—
Nut Mixture ..	1	—	1	—	—	—
Pate .. ..	3	—	3	—	—	—
Desserts ..	2	1	3	—	1	1
Tea .. ..	6	—	6	1	—	1
Trifle .. ..	1	—	1	—	—	—
Take-away Meal	—	1	1	—	1	1
Beer .. ..	4	—	4	—	—	—
Beverages ..	5	—	5	—	—	—
Bread .. ..	—	4	4	—	3	3
Cooking Oil ..	—	1	1	—	—	—
Corned Beef ..	3	—	3	—	—	—
Cream .. ..	—	1	1	—	—	—
Dried Potatoes	2	—	2	—	—	—
Dried Milk ..	4	—	4	2	—	2
Pork Sausages	6	—	6	—	—	—
Beef Sausages ..	1	—	1	—	—	—
Shortening ..	—	1	1	—	—	—
Vinegar ..	4	—	4	—	—	—
Beef and Pork	—	—	—	—	—	—
Sausages ..	1	1	2	—	—	—
Chicken ..	—	1	1	—	1	1
Cider .. ..	2	1	3	—	1	1
Dried Fruit ..	2	—	2	—	—	—
Ice Cream Mix	1	—	1	—	—	—
Soft Drinks ..	7	—	7	—	—	—
Soup .. ..	1	—	1	—	—	—
Swiss Roll ..	—	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
Textured Soya Protein ..	1	—	1	—	—	—
Alcoholic Spirits	6	—	6	—	—	—
Almond Marzipan ..	1	—	1	—	—	—
Baby Food ..	—	1	1	—	1	1
Canned Fish ..	6	1	7	—	—	—
Cheese ..	4	—	4	—	—	—
Cheese Spread	2	—	2	—	—	—
Christmas Pudding ..	1	—	1	—	—	—
Evaporated milk	2	—	2	—	—	—
Jelly ..	1	—	1	—	—	—
Rice ..	—	1	1	—	1	1
Drug ..	4	1	5	—	—	—
TOTALS ..	155	51	206	6	10	16

Six Formal samples failed to satisfy the standards of the appropriate regulations, details are as follows :—

**Bread and Butter**—Of five samples taken from cafes analysis proved that the “fatty spread” on two of the samples were not of the substance demanded by the purchaser, viz. butter. In one sample the “fatty spread” contained no butter and in another the “fatty spread” consisted of a mixture of butter and other fat.

Due to practical difficulties, legal proceedings were not taken in these two cases. Letters were sent to the vendors drawing attention to the serious nature of the offence and warning that legal proceedings would be instituted should the offence occur again.

**Butter Mints**—A sample of this confectionery failed to satisfy the new labelling of Food Regulations which require a content of at least 4% of butter fat. A further sample taken at the request of the Public Analyst proved satisfactory.

**Tea**—Of six samples taken, one was found to contain two fragments of wood, 20 x 2 m.m. and 10 x 2 m.m. respectively. Microscopical examination showed the characteristic structure of wood of the conifer group. The sample was therefore held to be not of the quality demanded by the purchaser. Legal proceedings were considered, but to the advice of the Public Analyst were not instituted, as in his opinion the small amount of wood present in the sample could not be held to be to the prejudice of the purchaser. Further, the presence of wood fragments might easily be accounted for as splinters from a plywood tea chest.

**Low Fat Skimmed Milk Powder**—Of four samples taken from a food store, one showed a moisture content 25% in excess of the maximum



limit specified by the dried Milk Regulations, 1965. A further sample taken from a different branch shop of the same chain gave a similar result. No legal action was taken pending a report from the suppliers of this product.

### Ice Cream

The number of samples taken for bacteriological testing by the Public Health Laboratory Service during the year was 54 and the results were as follows :—

#### *Samples taken from Premises.*

	Number Taken	Grade I	Grade II	Grade III	Grade IV	Plate Count	pH Value	Void
Soft Mix	2	2	—	—	—	—	—	—
Others	38	30	—	1	—	2	—	5
Water Ices	14	—	—	—	—	—	13	—
TOTALS	54	32	—	1	—	2	13	5

### 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 ..	10	—	—	—	—	—
Feeding Stuffs ..	6	—	—	—	—	—
TOTALS ..	16	—	—	—	—	—

Of the ten formal samples of fertilisers taken, one rose fertiliser was found to have a potash content in excess of the prescribed limits of variation.

The producers were unable to account for the irregularity. The Weights and Measures Department for the area in which the fertiliser is produced, confirmed that samples are regularly taken from the premises of the producers and could only suggest that slight variation in packaging may lead to such a result.



## Meat Inspection

### Carcases Inspected and Condemned during the year

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected					
Slaughterhouse 1 .. ..	13,708	9	5	69,337	56,907
Slaughterhouse 2 .. ..	7,556	1,964	135	40,225	19,956
Slaughterhouse 3 .. ..	—	—	—	—	219
TOTAL ..	21,264	1,973	140	109,562	77,082
<b>CONDEMNATIONS</b>					
<i>All Diseases except Tuberculosis and Cysticercus Bovis.</i>					
Whole carcases condemned ..	16	47	18	98	334
Carcases of which some part or organ was condemned ..	8,741	1,504	4	11,256	16,538
Percentage of the number inspected affected with disease other than Tuberculosis or Cysticercus Bovis	41.1%	77.9%	15.7%	10.3%	21.8%
<i>Tuberculosis Only</i>					
Whole carcases condemned ..	—	5	—	—	—
Carcases of which some part or organ was condemned ..	33	89	1	—	11
Percentage of the number inspected with Tuberculosis ..	.001%	.047%	.007%	—	0.001%
<i>Cysticercus Bovis Only</i>					
Whole carcases condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned ..	3	—	—	—	—
Carcases submitted for refrigeration .. ..	3	—	—	—	—
Percentage of the number inspected affected with Cysticercus Bovis .. ..	.0001%	—	—	—	—

### Slaughterhouses

Number of Licensed Slaughterhouses in the City .. .. . 3

Number of visits to Slaughterhouses for inspection of carcases .. .. . 2,420

Total number slaughtered and inspected 210,021

Total amount of carcase meat and offals condemned at Slaughterhouses 133 tons. 5 cwts. 2 qtrs. 15 lbs.

Although three slaughterhouses were licenced to operate within this year, one in fact was closed during the whole of the year except for one brief period when it was used as an emergency measure.



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

### Condemnation of Food Other Than at Slaughterhouses

	Tons	Cwts.	Qrs.	lbs.
1. Carcase meat and offal at Wholesale Premises .. .. .	..	12	1	1
2. Carcase meat and offal at retail shops		5	—	8
3. Cooked meat and meat products		1	3	6
4. Canned meats .. .. .		13	—	4
5. Other Canned foods .. .. .	2	3	2	9
6. Fish (fresh) .. .. .		8	—	23
7. Fruit and vegetables (fresh) ..	11	5	—	11
8. Other Foods .. .. .		2	2	13
9. Frozen foods due to cabinet break- down .. .. .	4	5	3	1
	19	17	1	20

### Food Poisoning

1 general outbreak, 2 family outbreaks and 9 sporadic cases notified as follows :—

4 Salmonella Typhimurium	1 Salmonella Inoiana
2 Salmonella Enteritidis	1 Salmonella Haifa
1 Salmonella Agona	3 Salmonella S. Paul
2 Salmonella Stanley	7 Bacillus Cereus

### An Outbreak

During the hot spell in August, 1973 an outbreak of food poisoning affecting two groups of people occurred following the consumption of a meal in a Chinese restaurant. Six young men from one office and two other people, all of whom had consumed the "meal of the day" were taken ill with vomiting 1½ to 2 hours later. The meal consisted of soup followed by rice, prawns and beanshoots. The sweet was ice-cream.

No specimen of the vomit was available but *Bacillus cereus* was isolated from the faeces of seven patients affected, the count in one instance being  $2.5 \times 10^6$  organisms per gram. No other pathogens were isolated. A visit to the restaurant revealed that any rice left over was kept for use the following day. The unused rice was placed in a bowl after cooking and was refrigerated overnight but it was thought that the relatively large quantities were likely to prevent cooling for an appreciable time after refrigeration and that any organisms present might continue to grow in the depths of the rice. Although no rice from the actual incident was obtainable, subsequent samples prepared in the same way and collected the day after the incident yielded high count of *B. cereus* ( $> 30 \times 10^6$  organisms per gram).



The method of preparation of the beanshoots was also of interest for it appeared that this restaurant, like many others, grow their own. The beans are placed in an ordinary sack in a plastic dustbin, large quantities of water are added and the sack kept moist during the ensuing two to four days. During this time the beanshoots grow but the liquor of the resultant shoots yield enormous counts of organisms ( $5.8 \times 10^7$  organisms per gram) mainly coliforms. No *B. cereus* were isolated from this source. Under experimental conditions in the laboratory where the bench temperature reached  $33^\circ\text{C}$  ( $90^\circ\text{F}$ ) counts on beanshoot liquor rose in the course of the day from  $5 \times 10^7$  to  $1.5 \times 10^9$  organisms per gram in five hours.

The circumstantial evidence is that *B. cereus* in rice was the cause of this food poisoning outbreak but the method of preparation of the beanshoots also appears to be unsatisfactory.

(Contributed by Gloucester Public Health Laboratory).

### Food Complaints

A total of 131 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 .. .. .	3	—	—
Butter .. .. .	—	—	1
Cheese .. .. .	—	—	4
Bread .. .. .	11	—	6
Canned Meat .. .. .	1	1	1
Cooked Meat .. .. .	—	—	1
Meat Pies .. .. .	5	—	11
Fish .. .. .	1	—	—
Fruit .. .. .	1	1	—
Vegetables .. .. .	7	—	—
Confectionery .. .. .	6	—	5
Other Food .. .. .	13	—	10
Cereals .. .. .	3	—	—
TOTALS .. .. .	51	2	39

These complaints can be analysed further, as follows :—

Foreign matter in food .. .. .	53
Mould .. .. .	39
Dirty milk bottles .. .. .	—
Stale food or otherwise unfit .. .. .	39
Total	131



Of the fifty-three complaints of foreign bodies in food, it was necessary to submit some to the Public Analyst. Following, are observations made by the Public Analyst on the specimens found to be true foreign bodies :—

#### AUSTRALIAN RICE

The Foreign Body, black in colour and 15 mm. long was identified as a species of cricket in a dried up and damaged condition. Other small fragments, probably from the same insect, such as a wing and part of a leg were also found in the sample. Its poor condition made further classification difficult, but it was a foreign species (Australian) and similar to a bush cricket.

#### BABY MILK

From an opened 1 lb. carton of babymilk the live foreign body, cream in colour and 3 mm. long was identified as a miniature moth larva, with the characteristics of a species of the Ephestia Moth. As a family these are common food infesters mainly of cereal products, dried foods, spices, chocolate and milk products.

Strenuous efforts are continually made in all food factories to control such pests, but it is most difficult to eradicate them completely.

#### CIDER

Suspended matter in the form of a thin brown film 50 mm. long and not more than 10 mm. wide was concluded to be part of a pellicle of mould growth.

#### Prosecutions 1973

Take-away Chinese Meal (unfit) ..	Fine £75	Costs £10
Cornish Pasty containing scouring Pad	Fine £25	No Costs
Loaf of Bread containing wire ..	Fine £20	Costs £20
Sausages with Mould Growth ..	Fine £40	Costs £10
Chicken and Mushroom Pie with Mould Growth .. .. .	Fine £10	Costs £10

#### CONDITION OF ICE CREAM VAN

6 Summonese under the food hygiene (Market stalls and delivery vehicles) Regulations 1966.

Fine £37                      Costs £10



## SECTION F

### PORT HEALTH

#### 1—STAFF.

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., M.F.C.M.	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.Obst., R.C.O.G., D.C.H., M.F.C.M.	Deputy Medical Officer of Health, City of Gloucester
R. I. Williams	Port Health Inspector (Retired)	1.1.52 1.10.73)	D.P.A., M.A.P.H.I.	Chief Public Health Inspector, City of Gloucester.
G. W. Alexander	Assistant Port Health Inspector (Appointed CPHI)	24.9.56 2.10.73)	B.A., 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 M.N.I.	Harbour Master

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

Telegraphic Address—Portelth, Gloucester.

#### 2—AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR.

Ships from	Number	Tonnage (gross)	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	320	434,111	2	320	—
Coastwise	511	215,774	—	80	—
<b>TOTAL</b>	<b>831</b>	<b>649,885</b>	<b>2</b>	<b>400</b>	<b>—</b>

Two ships were inspected by the M.O.H. following two deaths aboard thought to have been caused by infectious disease.

No infectious disease was discovered.



### 3—CHARACTER OF SHIPPING AND TRADE DURING THE YEAR.

---

Passenger Traffic . . . . .	Number of Passengers inward — Nil
	Number of Passengers outward — Nil
Cargo Traffic {	Principal Imports — Fish meal, Maize, Soya Bean meal, Wheat, Barley, Shew nuts, Rape seeds, Timber, Ground nut expellers, Rubber.
	Principal Exports — Scrap Metal, Fertiliser, General cargo.
Principal Ports from which ships arrive —	France, Denmark, Low Countries, Nigeria Scandinavia, the Baltic Countries & Russia

---

### 4—INLAND BARGE TRAFFIC

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

### 5—WATER SUPPLY

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

### 6—PUBLIC HEALTH (SHIPS) REGULATIONS, 1972

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.

### 7—SMALLPOX

- (1) Isolation Hospital to which smallpox cases are sent from the district is Ham Green Hospital, Pill, near Bristol.
- (2) Arrangement for transport of such cases to that Hospital is by Ambulance (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.



# 8—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 are given to Shipping Agents for distribution to ships.

# 9—CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS.

Nil

# 10—OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

Nil

# 11—MEASURES TAKEN AGAINST SHIPS WITH, OR SUSPECTED OF, PLAGUE.

Nil

# 12—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.

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	58	58

# 13—INSPECTION OF SHIPS FOR NUISANCES.

*Inspections and Notices.*

Nature and Number of Inspections		Notices Served		Result of Serving Notices
		Statutory	Others	
British	52	—	2	1 Complied with
Foreign	348	—	—	—
TOTAL	400	—	2	—

14—MISCELLANEOUS.

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

15—IMPORTED FOODS.

No foods for human consumption were handled by the Port of Gloucester.

72 visits were made in the City of Gloucester in connection with foods imported from other ports and notified under the imported Food Regulation 1968 as amended.

**Principal Imports**—Tinned goods, fruit juices, Meat.



## SECTION G

### STATISTICS

#### *General Statistics*

Estimated area of City .. .. .	8,314 acres
Registrar General's Estimated Mid-year Home Population ..	90,550
Rateable Value, 1st April, 1973 .. .. .	£10,928,795
Estimated sum represented by Penny Rate—1972/73	
Precept, with Rebates accounted for .. .. .	£108,174

#### *Vital Statistics, 1963 - 1972*

#### Live Births

Year	Legitimate		Illegitimate		Total	Rate per 1,000 estimated resident population	
	Male	Female	Male	Female		Gloucester	England and Wales
*1973	1,164		111		1,275		
1972	609	602	85	60	1,356	15.0	14.8
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

#### Stillbirths

Year	Male	Female	Total	Rate per 1,000 live and still births	
				Gloucester	England & Wales
*1973	10		10		
1972	10	9	19	14.0	12.0
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

\*Figures for 1973 are taken from locally kept records and not Registrar-General's

### \*Deaths

Year	Male	Female	Total	Death rate per 1,000 estimated resident population	
				Gloucester	England & Wales
1972	493	558	1,051	11.4	12.1
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

### \*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	
1972	11	2	13	10.0
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

Infant Mortality—England and Wales 17.0.

\*1973 figures not available at time of going to press.

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

Pneumonia	..	..	..	..	..	1
Congenital abnormalities	..	..	..	..	..	4
Birth injuries, difficult labour etc.	..	..	..	..	..	5
Accidents	..	..	..	..	..	1
Other causes	..	..	..	..	..	2
						—
						13
						—



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

Congenital abnormalities	..	..	..	2
Birth injuries, difficult labour etc.	..	..	..	5
Other causes	..	..	..	1
				<hr/>
				8
				<hr/>

The neo-natal death rate was, therefore, 6.0 per 1,000 live births.

### Prematurity and Stillbirths

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

Birth Weight Groups	Premature Live Births	Deaths within 24 hours of birth	Deaths within 28 days of birth	Premature stillbirths
2 lb. 3 oz. or less ..	1	—	—	—
2 lb. 4 oz.—3 lb. 4 oz.	8	1	3	3
3 lb. 5 oz.—4 lb. 6 oz.	16	—	1	—
4 lb. 7 oz.—4 lb. 15 oz.	28	1	1	2
5 lb.—5 lb. 8 oz. ..	54	—	1	1
Total .. ..	107	2	6	6

## \*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
1972	203	19.3	2.0	6	3	40	31	64	59
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
Total	3,517	—	—	112	117	775	597	1,000	916

\*1973 figures not available at time of going to press.



**\*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	
1972	14	11	45	7	—	15	4	51	56	110	93	203
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
<b>Total</b>	<b>116</b>	<b>82</b>	<b>363</b>	<b>78</b>	<b>4</b>	<b>143</b>	<b>56</b>	<b>436</b>	<b>405</b>	<b>919</b>	<b>764</b>	<b>1683</b>

\*1973 figures not available at time of going to press.

## Care of Mothers and Young Children Clinic Services

1. ANTE-NATAL AND POST-NATAL CLINICS	
Number of women in attendance—Ante-Natal examination ..	1,905
Post-Natal examination ..	48
Number of sessions held by—Medical Officers .. ..	—
Midwives .. ..	98
General Medical Practitioners ..	—
Hospital Medical Staff .. ..	150
Total .. ..	<hr/> 248 <hr/>
2. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES	
Number of women who attended during the year :	
(a) Institutional booked .. .. .	428
(b) Domiciliary booked .. .. .	2
Total .. ..	<hr/> 430 <hr/>
Total number of attendances during the year .. .. .	1,933
3. CHILD WELFARE CENTRES	
Number of children who attended during the year :	
(a) born in 1973 .. .. .	1,214
(b) born in 1972 .. .. .	1,042
(c) born 1968-1971 .. .. .	438
Total .. ..	<hr/> 2,694 <hr/>
Number of sessions held by (a) Medical Officers .. ..	127
(b) Health Visitors .. ..	511
(c) General Medical Practitioners	30
Total .. ..	<hr/> 668 <hr/>
Number of children on "at risk" register at end of year ..	960



## 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> 0 - 4	<i>Expectant and</i> <i>Nursing Mothers</i>
First visit	..	..	..	..	376	115
Subsequent visits	..	..	..	..	350	228

Number of additional courses of treatment  
other than the first course commenced  
during year .. .. . 22 1

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

Number of fillings	..	..	..	..	361	210
Teeth filled	..	..	..	..	309	187
Teeth extracted	..	..	..	..	209	120
General anaesthetics given	..	..	..	..	106	24
Emergency visits by Patients	..	..	..	..	34	15
Patients X-Rayed	..	..	..	..	1	4
Patients treated by Scaling and/or removal of stains from the teeth (Prophylaxis)	..	..	..	..	20	81
Teeth otherwise conserved	..	..	..	..	13	—
Teeth root filled	..	..	..	..	—	—
Inlays	..	..	..	..	—	1
Crowns	..	..	..	..	—	—
Number of Courses of Treatment completed during the year	..	..	..	..	137	69

### 2. PROSTHETICS.

Patients supplied with full upper or full lower dentures (First time)	..	..	..	1
Patients supplied with other dentures	..	..	..	7
Number of dentures supplied	..	..	..	8

### 3. ANAESTHETICS.

General Anaesthetics administered by Dental Officers	..	..	..	..	130
---	----	----	----	----	-----

### 4. INSPECTIONS.

Number of Patients given first inspections during year	..	..	..	..	376	118
Number of these who required treatment	..	..	..	..	285	108
Number who were offered treatment	..	..	..	..	285	106
Number of patients re-inspected during year	..	..	..	..	22	1

### 5. SESSIONS.

Number of Dental Officer sessions devoted to Maternity and Child Welfare Patients :					
For Treatment	..	..	..	..	107
For Health Education	..	..	..	..	6

**Family Planning Service  
(Directly Provided)**

	Number of new patients seen during the year		
	Married (including the widowed separated or divorced)	Unmarried	Total
Male .. ..	7	—	7
Female .. ..	174	14	188
TOTAL ..	184	14	195

Number of new patients seen during the year who were :—	Medical cases	—
	Non-medical but needy	186
	Other non-medical cases	2
	Unclassified	7
	TOTAL	195

Number of new patients seen during the year who were initially advised to use	Sheath	7
	Pill	82
	Diaphragm	9
	I.U.D.	82
	Other methods	7
	No method advised	—

Total number of attendances during the year (including new patients)		1,196
Number of premises regularly used for family planning sessions at end of year		1
Number of "doctor" sessions or "nurses only" sessions held during the year	Doctor sessions	217
	Nurse only sessions	—
	TOTAL	217



## Distribution of Welfare Foods

Number of items sold during the year :

National Dried Milk	..	..	..	..	..	..	2,284
Vitamin C drops	..	..	..	..	..	..	1,915
A and D Vitamin tablets	..	..	..	..	..	..	1,653
Ribena	..	..	..	..	..	..	1,576
Rose Hip Syrup	..	..	..	..	..	..	1,377
Ostermilk	..	..	..	..	..	..	1,331
Cow and Gate Milk	..	..	..	..	..	..	1,764
Trufood	..	..	..	..	..	..	2,388
Farley's food	..	..	..	..	..	..	318
S.M.A. Milk	..	..	..	..	..	..	2,758
Adexolin, large	..	..	..	..	..	..	223
Adexolin, small	..	..	..	..	..	..	122
Farex	..	..	..	..	..	..	146
Farex fingers	..	..	..	..	..	..	397
Triple pack	..	..	..	..	..	..	158
Horlicks (from June 1972)	..	..	..	..	..	..	544

## REGISTRATION OF NURSING HOMES

Sections 187 to 194, Public Health Act 1936, as amended by the Nursing Homes Act, 1963.

No. of homes on Register at end of year	..	..	..	4
Beds provided — Maternity	..	..	..	—
Other	..	..	..	71

## DOMICILIARY MIDWIFERY

Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives	Discharged within	
	2 days	106
	3-7 days	400
	8 or more days	333
	TOTAL	839
Number of domiciliary confinements attended by midwives under NHS arrangements		15
Number of hospital confinements conducted by domiciliary midwives		299

## HEALTH VISITING SERVICE

### HEALTH VISITING—CASES SEEN BY HEALTH VISITORS DURING YEAR

TYPE OF CASE	Total number of cases seen	Number of cases seen at special request of:—	
		Hospital	GP
Children born in 1973 .. .. .	1427	2	9
Other children aged under 5 .. .. .	2777	1	14
Persons aged between 5 and 16 seen as part of health visiting, (i.e. excluding those seen as part of school health service) ..	102	3	21
Persons aged between 17 and 64 .. .. .	218	10	29
Persons aged 65 and over .. .. .	520	39	98
Households visited on account of tuberculosis .. .. .	33	7	1
Households visited on account of other infectious diseases .. .. .	127	—	111
Households visited for any other reason ..	101	2	30
TOTAL	5305	64	313
Number of persons Mentally handicapped included above who are :-	7	—	—
Mentally ill	14	—	1

### HEALTH EDUCATION SESSIONS

Number of health education sessions attended by health visitors :—	At health centres .. .. .	—
	At GP premises (excluding those in health centres) ..	—
	At maternity and child health centres .. .. .	4
	At school .. .. .	57
	In hospital .. .. .	70
	Elsewhere .. .. .	14
	TOTAL ..	145
Number of health education sessions attended by school nurses	.. .. .	—

### CASE CONFERENCES

Number of case conferences attended by health visitors with :—	Social Workers .. .. .	3
	Hospital Staff .. .. .	6
	General practitioners .. .. .	—
	Any combination of above .. .. .	5
	Others (i.e. none of the above present) .. .. .	7
	TOTAL	21



## HOME NURSING

Place where first treatment during year by the home nurse took place	Number of persons treated during year aged			
	Under 5	5—64	65 and over	Total
Patient's home .. .. .	55	879	1239	2173
Health Centres .. .. .	4	38	6	48
GPs' premises (excluding those in health centres) .. .. .	188	1564	470	2222
Maternity and child health centres ..	—	—	—	—
Hospital .. .. .	—	—	—	—
Residential homes .. .. .	—	—	7	7
Elsewhere .. .. .	—	—	—	—
TOTAL ..	247	2481	1722	4450

## VACCINATION AND IMMUNISATION

Against Smallpox						<i>Vaccinated</i>	<i>Re-vaccinated</i>
1 year .. .. .	..	..	..	..	..	66	—
2—4 years .. .. .	..	..	..	..	..	28	—
5—14 years .. .. .	..	..	..	..	..	23	350
Total .. .. .						117	350

Against Tuberculosis						<i>Contact Scheme</i>	<i>School Children Scheme</i>
Number skin tested .. .. .	..	..	..	..	..	10	1,300
Number found positive .. .. .	..	..	..	..	..	4	83
Number found negative .. .. .	..	..	..	..	..	6	1,217
Number vaccinated .. .. .	..	..	..	..	..	6	1,217

## Other Vaccination of Persons under Age 16

### Completed Primary Courses

Type of vaccine or dose	Year of Birth					Others	Total
	1973	1972	1971	1970	1966-69		
Quadruple DTPP	—	—	—	—	—	—	—
Triple DTP	10	756	283	38	13	—	1100
Diphtheria/Pertussis	—	1	—	—	—	—	1
Diphtheria/Tetanus	—	2	4	2	21	—	29
Diphtheria	—	—	—	—	—	—	—
Pertussis	—	—	—	—	—	—	—
Tetanus	—	—	—	1	47	10	58
Salk	—	—	—	—	—	—	—
Sabin	24	755	287	40	45	—	1151
Measles	—	205	276	49	7	—	537
Diphtheria	10	759	287	40	34	—	1130
Whooping Cough	—	757	283	38	13	—	1091
Tetanus	10	755	287	41	81	—	1174
Polio	24	755	287	40	45	—	1151

### Rubella

Number of girls vaccinated between their 11th and 14th birthday

482



### 3. Reinforcing Doses

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1973	1972	1971	1970	1966-69		
Quadruple DTPP	—	—	—	—	—	—	—
Triple DTP	—	—	—	—	—	—	—
Diphtheria/Pertussis	—	—	—	—	—	—	—
Diphtheria/Tetanus	—	—	—	—	985	—	985
Diphtheria	—	—	—	—	—	—	—
Pertussis	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—
Salk	—	—	—	—	—	—	—
Sabin	—	—	—	—	983	—	983
Diphtheria	—	—	—	—	985	—	985
Whooping Cough	—	1	4	10	—	—	15
Tetanus	—	—	—	—	985	—	985
Polio	—	—	—	—	983	—	983

### AMBULANCE SERVICE

	SECTION 27				NON-SECTION 27			
	STRETCHER		SITTING		STRETCHER		SITTING	
	Cases	Miles	Cases	Miles	Cases	Miles	Cases	Miles
Accident and Emergency ..	4,135	30,573	629	4,987	—	—	—	—
Accident and Emergency H/L	—	—	62	327	—	—	—	—
Other .. ..	5,414	41,866	28,864	88,691	—	774	52	1,012
Rail .. ..	—	—	110	14,516	—	—	1	123
Hospital Car Service	—	—	6,657	92,418	—	—	6,164	32,651
Ambulance Bus	—	—	1,309	2,144	—	—	1,259	1,535
Hydraulic Lift Vehicles ..	—	—	12,386	38,542	—	—	4,763	10,054
Van Mileage ..	—	—	—	—	—	—	—	4,195
Out-Patients Carried— ..	32,173							
Total Mileage—							Cases	Miles
Ambulances .. ..			73,213		Amb. Service		48,873	225,691
Sitting Case Vehicles ..			94,681		H.C. Service		12,821	125,069
Hydraulic Lift Vehicles ..			49,923					
Bus .. ..			3,679				61,694	350,760
Van .. ..			4,195					
			225,691					
Total cases carried .. ..			48,873					

## Accidents, 1973

	Road Accidents			Home Accidents			Other Accident Calls			Road Accidents Peak Hours		
	1971	1972	1973	1971	1972	1973	1971	1972	1973	1971	1972	1973
JANUARY	54	39	45	29	20	26	158	169	165	20	18	13
FEBRUARY	33	35	36	27	24	25	155	145	149	8	6	13
MARCH	33	36	35	32	29	20	176	164	176	4	5	2
APRIL	37	40	34	32	30	35	173	164	175	7	3	1
MAY	42	33	42	31	36	35	171	179	175	—	2	1
JUNE	40	38	44	30	35	35	192	160	233	1	—	2
JULY	34	61	43	54	34	39	185	225	167	1	1	9
AUGUST	47	41	36	34	33	33	147	185	200	21	24	17
SEPTEMBER	45	29	45	38	27	23	161	179	205	27	30	33
OCTOBER	41	40	47	33	29	27	181	191	201	19	11	18
NOVEMBER	38	51	46	35	30	18	144	192	198	21	14	23
DECEMBER	51	49	35	28	26	25	193	235	192	22	12	25
	495	492	488	399	353	341	2036	2188	2236	37	29	21
MOTORWAY ACCIDENTS 1973			16							28	32	33
MOTORWAY ACCIDENTS TO DATE			31							25	34	25
										30	34	26
										33	38	50
										38	52	50
										36	35	26
										20	19	19
										13	18	14
										22	20	16
										30	26	17
										32	29	24
										495	492	488
Daily Road Accidents	1971	1972	1973	Daily Home Accidents			Total Accident Calls			Patients Involved		
MONDAYS	67	66	81	1971	1972	1973	1971	1972	1973	1971	1972	1973
TUESDAYS	69	54	65	56	48	59	2930	3033	3066	3111	3216	3215
WEDNESDAYS	55	58	69	56	42	60						
THURSDAYS	64	76	66	56	61	51						
FRIDAYS	91	94	67	61	47	41						
SATURDAYS	82	83	81	66	53	37						
SUNDAYS	67	61	59	73	50	39						
				31	52	54						
	495	492	488	399	353	341						



## CHIROPODY SERVICE

### Number of persons treated during year

	By local authorities	By voluntary organisations	Total
Persons in receipt of Retirement Pension	2079	—	2079
Physically handicapped or otherwise disabled persons under age 65	10	—	10
Expectant mothers	—	—	—
Others	—	—	—
<b>TOTAL</b>	<b>2089</b>	<b>—</b>	<b>2089</b>

### Number of treatments given during year

	By local authorities	By voluntary organisations	Total
In clinics	5229	—	5229
In patients' homes	1983	—	1983
In old people's homes	892	—	892
In chiropodists' surgeries	265	—	265
<b>TOTAL</b>	<b>8369</b>	<b>—</b>	<b>8369</b>

Number of treatments included above which were paid for by the Authority on the basis of fees per treatment	Local authorities	271
	Voluntary organisations	—
	<b>TOTAL</b>	<b>271</b>

### CERVICAL CYTOLOGY CLINIC

Appointments sent .. .. .	1,534
Women attending for cervical cytology ..	1,225

*Findings obtained from cervical smear.*

Definite Malignancy .. .. .	—
Papanicolaou—Grade III .. .. .	7
Papanicolaou—Grades I and II .. .. .	1,183
Inflammation—Organism not specified ..	160
Trichomonal Infection .. .. .	31
Monilial Infection .. .. .	14

*Findings obtained from physical examination.*

Cervical erosion .. .. .	357
Cervical polyp .. .. .	23
Masses in breast .. .. .	4
Pelvic cyst .. .. .	—
Fibroids .. .. .	8
Cervical ulcer .. .. .	—
Vaginal cyst .. .. .	3
Cervicitis .. .. .	23
Cyst on Cervix .. .. .	1
Number of women in whom these conditions were found .. .. .	529

All findings were reported to general practitioners concerned.

### VISITS TO RECENT IMMIGRANTS YEAR ENDING 31st DECEMBER, 1972

COUNTRY where passport was issued, as stated by Port Health Authority	Number of advice notes received during the year from ports and airports relating to arrival of immigrants	Number of first successful visits paid to immigrants during the year
COMMONWEALTH COUNTRIES :		
1. Caribbean .. .. .	7	6
2. India .. .. .	11	8
3. Pakistan .. .. .	2	1
4. Other Asian .. .. .	14	12
5. African .. .. .	4	4
6. Other .. .. .	5	2
TOTAL .. .. .	43	33
NON-COMMONWEALTH COUNTRIES :		
1. European .. .. .	—	—
2. Other .. .. .	—	—
TOTAL .. .. .	—	—



# SECTION H

## SCHOOL HEALTH SERVICE

### EDUCATION COMMITTEE

1972-73

#### *Chairman :*

Councillor P. G. Harris, M.B.E.

#### *Vice-Chairman :*

Councillor R. Dwyer

#### *Members :*

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

Alderman A. G. Neal  
Alderman I. C. Pritchard  
Alderman K. A. H. Hyett  
Councillor C. Collins  
Councillor F. H. Gibbs  
Councillor L. C. White  
Councillor Mrs. G. C. Mathers,  
J.P.

Councillor M. C. Dalling  
Councillor N. P. Partridge  
Councillor Mrs. E. E. Chandler  
Councillor Mrs. M. Barber  
Councillor C. Barnfield  
Councillor Mrs. D. Marshall  
Canon M. J. Roche  
Canon K. F. Evans-Prosser  
Rev. D. Rose  
Mr. F. Stephenson  
Mr. H. J. Skinner  
Mr. F. B. Wilton  
Dr. C. G. Silcocks

1973-4

#### *Chairman :*

Councillor P. G. Harris, M.B.E.

#### *Vice-Chairman :*

Councillor R. Dwyer

#### *Members :*

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

Alderman A. G. Neal  
Alderman K. A. H. Hyett  
Alderman Miss Wilton  
Councillor C. Collins  
Councillor G. H. Gibbs  
Councillor L. C. White  
Councillor Mrs. G. C. Mathers  
Councillor Wathen  
Councillor R. C. Davies  
Councillor Partridge  
Councillor Mrs. E. E. Chandler  
Councillor Mrs. M. Barber  
Councillor E. H. Clayton  
Canon M. J. Roche  
Canon K. F. Evans-Prosser  
Rev. D. Rose  
Dr. C. G. Silcocks  
Mr. F. Stephenson  
Mr. H. J. Skinner  
Mr. F. B. Wilton

### STAFF

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

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

CHARLES R. OYLER, M.R.C.S., L.R.C.P., Senior Departmental Medical Officer, School Medical Officer.

RONALD C. MCGREGOR, M.R.C.S., L.R.C.P., Departmental Medical Officer, School Medical Officer.

S. DUGGAL, M.B., B.S., Departmental Medical Officer, School Medical Officer.

R. BELL, B.D.S. (Edin.), Principal Dental Officer.  
T. A. LOCK, L.D.S., Dental Officer.  
D. M. COLYER, M.R.C.S., L.R.C.P., L.D.S., Dental Officer.  
J. D. BOUSFIELD, B.D.S., J. R. COND., B.D.S., MRS. E. M. GLEES, D.M.D. (Bonn),  
Dental Officers (Part time).  
MR. A. B. KEILLER, Orthodontist (Part time).  
MISS S. CARTWRIGHT, MRS. V. S. MATTHEWS, Dental Auxiliaries.

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MISS B. C. DAY, S.R.N., S.C.M., Q.N., H.V., Director of Nursing Services.  
MISS P. S. BUXTON, S.R.N. S.C.M., Q.N., H.U., Nursing Officer.  
MISS A. E. NEWMAN, S.R.N., S.C.M., Q.N., H.V., Nursing Officer.  
MRS. R. V. BIDDLE, MRS. D. G. GORDON-WILSON, MRS. E. P. GOULDING,  
MISS E. M. B. JAMES, MISS C. JONES, MRS. I. O'CONNELL, MISS P. S.  
OLIVER, MISS F. R. PHILLIPS, MRS. V. D. PUSEY, MRS. J. A. TRUMP,  
MRS. I. M. WATHEN, MRS. G. M. WILLIAMS, MISS D. M. WOOD,  
Health Visitors/School Nurses.  
MRS. O. M. BEVERIDGE, Clinic Sister, Rikenel Clinic.  
MRS. E. J. BEISLY, MRS. S. A. ELLISON, MRS. J. E. E. GILES, MRS. M.  
HUMPHRIES, MRS. M. E. JONES, School Nurses.

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MRS. J. BUNCE, MRS. E. FREEBURY, MISS S. HOULT, MRS. M. MILLER and  
MISS L. SCAIFE, Dental Surgery Assistants.  
MRS. M. L. BRICE, S.E.N., MRS. M. HOWAT, MRS. E. H. QUIRK, R.M.N.,  
and MRS. G. RUST, Dental Surgery Assistants, (part-time).

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### **SCHOOL HEALTH SERVICES**

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

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

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



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

I have the honour of presenting my Annual Report on the School Health  
Service for 1973.

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

### STATISTICS

Population of Gloucester .. .. .	90,550
School Population .. .. .	19,983

#### *Distribution of School Population*

	<i>No. of Schools</i>	<i>No. on Rolls</i>
Primary Schools .. .. .	39	11,352
Secondary Schools .. .. .	16	8,328
Special Schools .. .. .	2	303

### Medical Inspections

1. Examination of Candidates for Teachers' Training Colleges .. 123

### Handicapped Children

LONGFORD SCHOOL. This is a Special School for educationally subnormal children. Longford provides 254 places, of which 240 are occupied by City children.

67 Educationally subnormal	2 Partially hearing
3 Partially sighted	117 Maladjusted
1 Epileptic	52 Speech defect
12 Physically handicapped	

OAK BANK SCHOOL. The total attendance at the end of 1973 was 49 of whom 33 were from the City. The City cases are as follows :

- 1 Speech defect.
- 28 Physically handicapped.
- 3 Maladjusted.
- 1 Blind.

There were 4 admission from the City during the year.

SANDFORD SCHOOL. 5 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 (3 only City).
Longlevens Junior P.H.U.	8 children ( Nil City).
Longlevens Secondary P.H.U.	13 children (4 only City).
Moat Junior P.H.U.	7 children (3 only City).
Moat Infants	6 children (2 only City).
Quedgeley P.H.U.	3 City children.

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 :

- 3 Blind.
- 1 Partially sighted.
- 5 Physically handicapped.
- 13 Maladjusted.
- 17 E.S.N.
- 4 Epileptic.
- 2 Deaf.
- 3 Partially hearing.
- 3 Delicate
- 19 Mentally handicapped (S.E.C.N.)

*Report of the Principals School Dental Officer for the year 1973.*

This will be my fifth and last report as Principal School Dental Officer for this City as our service will be absorbed into the new Area Health Authority on 1st April, 1974. It is perhaps appropriate to say something of the service at this stage.

The School Dental Service commenced in this City in 1920 and there have been considerable changes during that time. The population has risen dramatically from 50,000 to 91,000 and the school population is 20,000 at the time of writing. For many years the School Dental Surgeon was single handed and Mr. L. Machin had no additional help until 1936 when Mr. Rex Boodle joined him on a part time basis. It is pleasing to record that the connection with this practice has continued since this time and has made a valuable contribution to the service. For many years the service was accommodated in temporary premises. Hare Lane, 1 Belsize House, Brunswick Road and Ivy House were all regarded as temporary. However gradual improvements in terms of premises and in the level of staff needed to provide an adequate service have brought it to its present level. (No fewer than twenty-one staff were associated with the service during the last year). The service now boasts a modern six surgery clinic and two mobile dental units which are used to serve the City outskirts. Not all schools on the outskirts are yet fitted with the appropriate power points but this development is being pushed forward.

Past reports give some idea of the effort that has gone into providing a satisfactory service and in fact there has been difficulty in inspecting and treating all the children requiring treatment in most years. During the last three years this has been possible and over this period it is quite true to say that no child in Gloucester has lacked dental examination coupled with the offer of the appropriate treatment. A considerable number of children do still fail to benefit from treatment which is available but this in all cases is either due to failing to attend appointments which have been made or lack of parental consent. The difference between dental need and public demand has been discussed in many publications and our experience certainly bears this out. A major task for the future is to convince the public that given an average dentition and proper care there is no reason to assume that teeth cannot last for life. Until this is really believed and we come to value regular dental care the extraction, emergency and denture



figures will continue. The need for effective dental health education is certainly there, but conventional methods have not been as successful as had been hoped in just the same way as the considerable continuing efforts with regard to smoking and lung cancer. Despite our disappointments there is no doubt that an effective children's service can lay the foundation for dental health through life, for by the very nature of dental disease treatment and prevention must be from the earliest possible stage. To achieve this there is a need for an active inspection/prevention and treatment service as without the initial inspection at school many people would fail to be stimulated to seek treatment in time.

What of the year under review? Particular points which seem of interest are as follows:—

### Mobile Dental Service

Our second mobile dental unit was added in December of the year and entered service on the 10th December. 16 sessions were worked before the end of the year and there is no doubt that this will prove a valuable addition to the service. The completion rate for completed courses of treatment has risen to 86% this year as against the figures for previous years.

	1960	1970	1971	1972	1973
No. of course commenced	3,594	4,389	5,713	5,206	5,186
No. of courses completed	1,752	2,399	3,822	4,038	4,480
Not completed	1,842	1,990	1,891	1,168	706
Percentage of courses completed	49%	55%	67%	78%	86%

Mobile services commenced in 1971.

This figure represents a considerable increase in the effectiveness of our treatment as the usefulness of uncompleted treatment is considerably reduced. The expansion of the mobile service has been well received and it is hoped that expansion of the power points will continue in the future.

### Orthodontics

Mr. A. B. Keiller joined us as Orthodontist in September. It has taken some time to evolve a new system but the benefit of this service to our patients will be considerable. There is now no need for our patients to journey to Cheltenham for treatment and fixed appliance treatment is now available for those patients who require it.

### Dental Health Education

All Juniors and Infant Schools unvisited during 1972 were visited during the year and the scheme of talks and films was extended to play groups. Some success has been achieved with the co-operation of schools in the substitution of nuts and crisps for the potentially harmful sweets and biscuits in school tuck shops. As usual we continue to produce display material and instruct patients at the chair side. No sessions of Dental Officer time are



specifically allocated at present, but in fact a proportion of treatment sessions have been spent in this way.

#### DENTAL HEALTH EDUCATION 1973

<i>Location</i>	<i>Visits</i>	<i>Numbers of Talks and Films</i>
Special Schools	2	2
Infant Schools	12	76
Junior Schools	11	91
Play Groups	12	12
TOTALS	37	181

#### Staff Changes

The major change the year was the retirement of Mr. A. J. Lane our Senior Dental Officer who retired in October. It was with great regret that we let him go, we greatly miss his quiet competence and his loyal help. We all wish him a long and happy retirement. Another major change was the loss of Dr. L. Martin our Consultant Anaesthetist. Rearranged duties made it impossible for Dr. Martin to continue with us. Consultant anaesthetic help is hard to come by and this shows itself in the increase in the numbers of anaesthetics administered by dental officers. Our thanks go to Dr. Martin for his skilled help over many years. During the year Miss H. Morris left us to take up a post in South Wales soon after passing the dental nurse's examination.

We are pleased to welcome Mr. A. B. Keiller as Orthodontist and Miss L. Scaife as Dental Surgery Assistant.

#### Problems

Some of our problems are the age old ones which try as we may go on from year to year. Some school tuckshops continue to sell sweets and biscuits quite regardless of our advice which is incredibly short sighted.

Considerable numbers of patients continue to fail appointments made without prior warning which wastes time, effort and expenditure. No less than 2,427 school and 127 M. & C.W. patients failed to arrive for booked appointments during the year. In addition to this large numbers of children are failing to return consent forms from school. Second forms are sent home in selected cases but many of these fail to return. In the 1930's this represented a serious problem which Mr. Machin dealt with by refusing treatment from one inspection to the next school inspection when consent was not returned. This is not a popular measure but faced with the present indifference perhaps a move of this sort should be considered again.

Another problem is the increased size of the senior schools coupled with shortage of suitable medical rooms. Due to great pressures on



accommodation the medical rooms have to be used for other purposes and then eventually it is forgotten that the room was ever a medical room. It is not too difficult to make do and mend in the junior situation but in the enlarged senior schools there is a real need for systematic handling of pupil's records and the necessary peace and quiet to make the correct decisions. In addition our willingness to make do and mend is sometimes mistakenly construed as being willing to accept low standards which is to the disadvantage of the service. I can see it becoming necessary to take a much firmer line with regard to arrangements for school dental inspections in these circumstances. However, this is the debit side of the sheet, let us come to the credit side.

## Progress

Progress during the year has been the increased rate for completion of treatment and the new mobile dental unit already referred to.

Other progress has been an extension of service by application of 1.23% acidulated phosphate fluoride solution to selected cases. Current literature suggests this is the best way of topical treatment and the auxiliaries here carried this out on 676 cases. A note is being kept of treatment requirements of these children on reinspection as a matter of local interest. Public acceptance of this measure could help to accelerate demands for water fluoridation.

The Adult Dental Health Survey 1968 suggested that the idea of regular dental treatment is something which persists through life. A regular pattern of attendance as a child tends to persist in adult life and even where there is a tendency to drift some benefit continues. Bearing this in mind one of our consent forms has been reworded to suggest the idea of regular treatment more forcibly in the hope that this may have some effect in this direction. The difficulty with these forms is the suggestion that consent is for school life rather than from year to year but we hope that this has been obviated by appropriate wording. Figures for work carried out during the year remain reasonably satisfactory, and it is noticeable that an increased number of older children are remaining with us till school leaving age. Fortunately we are in a position to cope with these children and to us it represents a vote of confidence in our service.

We continue to advise school leavers on careers and those expressing an interest are invited to spend a day with us. One of our visitors is training at the School for Dental Auxiliaries at the present time.

We have made enquiries concerning the provision of service to our social service patients with an eye to the future. The Area Health Authorities will almost certainly be asked to provide a service for these patients in the near future. These needy people have a right to adequate dental treatment. By its nature this treatment can be time consuming and laborious and treatment under an item of service system presents problems. In addition to this transport for these patients particularly for a course of treatment involving several visits can be very difficult.

The central clinic was partially redecorated during the year and it is to be hoped that the idea of dealing with a proportion of the premises each



year may be continued. This seems a realistic way of maintaining clinical standards.

During the year a dental working group has been looking at the total needs for the future in Gloucestershire and we have participated fully in this.

### **Training and Courses**

The Authority has continued to be most generous in this respect. Miss S. Cartwright attended the Dental Auxiliaries meeting during the year and Mr. D. M. Colyer attended the British Dental Association Annual Conference. Mr. R. Bell attended Bristol University for an extended period culminating in a success with the Diploma in Dental Public Health examination. In addition to this he was enabled to attend integrated courses on the reorganized health service at Leicester Polytechnic and Bristol University. These opportunities afforded to us have been most generous and it is to be hoped that the new Area Health Authority is as enlightened in this respect.

Miss H. Morris successfully passed the Dental Nurses Examination and we now have two other members of staff working towards this.

A further development on this front has been the inauguration of a Gloucestershire Branch of the Dental Surgery Assistants Society and the meetings are being held here at Rikenel. We were pleased to welcome the President of the Dental Surgery Assistants Society at the inaugural meeting.

### **Finale**

At the time of writing this service has three months to run in its present form. The Area Health Authority will inherit a well equipped active service and it is to be hoped that they will be able to continue and build on what has been achieved over the past 54 years. It is to be hoped that change will not be made for the sake of change and the goodwill of the staff preserved by consideration and an intelligent appreciation of what has gone before.

A great deal of excellent treatment in a kindly manner has been carried out for our young patients for very many years. All the public here in Gloucester have cause to be grateful to them.

In addition I would like to express my gratitude to the Members, The Medical Officer of Health and his staff, The Chief Education Officer and his staff, in particular the Headteachers and school secretaries from whom we have received so much help over the years, and last but not least the staff of the dental service without whom nothing whatsoever could have been achieved.



INSPECTIONS		Number of pupils		
		Inspected	Requiring treatment	Offered treatment
(a)	First inspection—school	17,022	9,519	7,181
(b)	First inspection—clinic	1,305		
(c)	Re-inspection—school or clinic ..	1,756	1,115	1,115
TOTALS ..		20,083	10,634	8,296

VISITS (for treatment only)		Ages 5-9	Ages 10-14	Ages 15 and over	Total
First visit in the calendar year		2,010	2,010	607	4,627
Subsequent visits .. ..		4,551	5,269	1,636	11,456
TOTAL VISITS		6,561	7,279	2,243	16,083

COURSES OF TREATMENT					
Additional courses commenced		267	230	62	559
Total courses commenced ..		2,277	2,240	669	5,186
Courses completed .. ..		—	—	—	4,480

TREATMENT					
Fillings on permanent teeth ..		2,285	5,353	1,753	9,391
Fillings in deciduous teeth ..		3,367	202	—	3,569
Permanent teeth filled .. ..		1,783	4,332	1,617	7,732
Deciduous teeth filled .. ..		3,058	200	—	3,258
Permanent teeth extracted ..		97	521	175	793
Deciduous teeth extracted ..		1,481	642	—	2,123
Number of general anaesthetics		731	482	74	1,287
Number of emergencies ..		228	157	35	420
Number of pupils X-rayed .. ..		..	408	..	..
Prophylaxis .. ..		..	2,851	..	..
Teeth otherwise conserved .. ..		..	164	..	..
Teeth root filled .. ..		..	11	..	..
Inlays .. ..		..	—	..	..
Crowns .. ..		..	55	..	..

ORTHODONTICS					
New cases commenced during the year		..	85	..	..
Cases completed during the year ..		..	80	..	..
Cases discontinued during the year ..		..	12	..	..
Number of removable appliances fitted		..	87	..	..
Number of fixed appliances fitted ..		..	—	..	..
Number of pupils referred to Hospital		..	..	..	..
Consultants .. ..		..	12	..	..

DENTURES					
Number of pupils fitted with dentures for the first time :—		Ages 5-9	Ages 10-14	Ages 15 and over	Total
(a)	with full denture .. ..	1	—	—	1
(b)	with other dentures .. ..	2	11	9	22
TOTAL		3	11	9	23

Number of dentures supplied (first or subsequent time) ..		3	15	13	31
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ANAESTHETICS					
Number of general anaesthetics administered by Dental Officers		..	1,287	..	..

## SESSIONS :

	Adminis- trative sessions	Number of clinical sessions worked in the year					Total sessions
		School Service			M. & C.H. Service		
		Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education	
Dental Officers (Incl. P.S.D.O.)	250	111	1,491	—	80	—	1,932
Dental Auxiliaries	—	—	760	84	27	6	877
Dental Hygienists	—	—	—	—	—	—	—
TOTAL	250	111	2,251	84	107	6	2,809



## Dental Auxiliaries

**Details of work carried out by Dental Auxiliaries and included in main Summary.**

### VISITS (for treatment only)

	Ages 5—9	Ages 10—14	Ages 15 and over	Total
First visit in the calendar year	580	424	160	1,164
Subsequent visit .. ..	1,824	1,570	513	3,907
Total visits .. ..	2,404	1,994	673	5,071

### COURSES OF TREATMENT

Additional courses commenced	140	76	22	238
Total courses commenced ..	720	500	182	1,402
Courses completed .. ..	—	—	—	1,730

### TREATMENT

Fillings in permanent teeth	831	1,582	554	2,967
Fillings in deciduous teeth ..	1,739	55	—	1,794
Permanent teeth filled ..	605	1,284	492	2,381
Deciduous teeth filled ..	1,589	48	—	1,637
Deciduous teeth extracted ..	19	19	—	38
Prophylaxis .. ..	—	—	—	1,498

# MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

## A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded	Total individual pupils
		No.	No.				
1969 and later	526	—	—	—	8	49	57
1968	772	—	—	—	4	93	96
1967	559	—	—	—	2	46	45
1966	103	—	—	—	5	5	7
1965	142	—	—	—	18	10	27
1964	112	—	—	—	18	7	25
1963	106	—	—	—	13	3	16
1962	152	—	—	—	26	6	32
1961	123	—	—	—	43	1	44
1960	122	—	—	—	29	0	29
1959	99	—	—	—	28	1	29
1958 and earlier	208	—	—	—	29	0	29
Total	3024	3024	—	—	223	220	666

## B.—SPECIAL INSPECTIONS

NUMBER OF SPECIAL INSPECTIONS .. .. . 571



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

DEFECT OR DISEASE		PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	Special Inspection
Skin .. ..	T	12	—	—	12	2
	O	33	—	2	35	13
Eyes—a. Vision	T	42	144	70	256	66
	O	108	380	122	610	272
b. Squint	T	32	—	1	33	4
	O	24	1	1	26	34
c. Other	T	2	—	—	2	1
	O	3	—	23	26	26
Ears—a. Hearing	T	46	—	8	54	8
	O	75	1	14	90	62
b. Otitis Media	T	7	—	—	7	—
	O	12	—	2	14	3
c. Other	T	—	—	—	—	—
	O	37	—	1	38	—
Nose and Throat	T	30	1	1	32	8
	O	113	2	7	122	54
Speech ..	T	82	—	1	83	5
	O	129	—	2	131	35
Lymphatic Glands	T	—	—	—	—	—
	O	23	—	—	23	11
Heart .. ..	T	10	—	—	10	1
	O	26	—	—	26	14
Lungs .. ..	T	6	—	—	6	—
	O	38	2	3	43	29
Developmental a. Hernia	T	6	—	—	6	5
	O	8	—	—	8	5
b. Other	T	6	1	—	7	29
	O	37	—	1	38	46
Orthopaedic a. Posture	T	3	—	—	3	—
	O	7	—	—	7	4
b. Feet	T	43	1	9	53	12
	O	79	—	1	80	40
c. Other	T	22	—	2	24	7
	O	79	1	—	80	23

# DEFECTS FOUND BY INSPECTIONS—contd.

DEFECT OR DISEASE		PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	Special Inspection
Nervous System	T	—	—	—	—	—
a. Epilepsy	O	2	2	3	7	8
b. Other	T	—	—	—	—	1
	O	6	1	—	7	3
Psychological	T	1	1	1	3	3
a. Development	O	50	—	10	60	26
b. Stability	T	12	1	6	19	11
	O	42	3	12	57	105
Abdomen	T	—	—	—	—	1
	O	1	—	—	1	2
Other	T	14	—	—	14	4
	O	66	1	6	73	65

T—Requiring treatment

O—Requiring Observation

## INFESTATION WITH VERMIN

- Total number of individual examinations of pupils in schools by school nurses or other authorised persons 36,681.
- Total number of individual pupils found to be infested 1,265.
- Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 38.
- Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) nil.

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Nursery and Special Schools).

### A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .. .. .	—
Errors of refraction (including squint) .. .. .	8
Number of pupils for whom spectacles were prescribed .. .. .	12



## B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear .. ..	14
(b) for adenoids and chronic tonsillitis ..	157
(c) for other nose and throat conditions ..	3
Received other forms of treatment .. ..	17
Total ..	191

Total number of pupils still on the register of schools at 31st December, 1972 known to have been provided with hearing aids :—

(a) during the calendar year .. ..	—
(b) in previous years .. ..	55

## C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments .. ..	—
(b) Pupils treated at school for postural defects ..	30
Total ..	30

## D.—DISEASES OF THE SKIN (excluding uncleanliness)

	Number of pupils known to have been treated
Ringworm — (a) Scalp .. ..	—
(b) Body .. ..	—
Scabies .. ..	—
Impetigo .. ..	1
Other skin diseases .. ..	228
Total ..	229

## E.—CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics ..	70

## F.—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists .. ..	277

## G.—OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments .. ..	Nil
(b) Pupils who received convalescent treatment under School Health Service arrangements .. ..	—
(c) Pupils who received B.C.G. vaccination ..	6
(d) Other than (a), (b) and (c) above. Please specify .. ..	—
Enuresis .. ..	36
Total ..	112

### Report by Speech Therapist

There have been a number of changes during 1973, the major one being the long awaited increase in staff. Mrs. Bristow has taken the second full-time post and Miss Daybell has taken the remaining sessions. The secondary changes have occurred as a direct result of extra staffing.

The waiting list is being cleared more quickly, the workload is more evenly spread and enables each therapist to spend more time in the schools in her area. Every Infant and Junior School now receives a routine visit every 3 months in place of 6 monthly visits. Special requests from schools for assessment or advice on a specific problem can be attended to more promptly. More children are being treated at school and more time has been allocated to Longford and Oakbank.

The pre-school medicals continue to be a very valuable source of referral and the results of this relatively new advisory service have been most rewarding. It will continue to be a priority. Pre-school referrals are on the increase too, from General Practitioners, Health Visitors and parents. Many of these children between the ages of 20 years and 5 years require very careful long term assessment.

The report published by the Department of Education and Science to look into Speech Therapy Services recommends that the first priorities should be :—

- (a) the provision of facilities for the early detection and assessment of delayed or abnormal speech or language.
- (b) the provision of services for the mentally handicapped.

Some headway is being made in both these directions, but is so minimal in relation to the demand that one hopes the recommendations will be seriously considered as soon as possible.

Earlier in the year, a course was held for stammerers from the City and county areas and proved successful enough for a second course to be considered early next year.

Time has been found during the year to attend day meetings and in service training courses as well as a refresher course at Manchester University on the " diagnosis and assessment of pre-school children".





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





### **Acknowledgements . . .**

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