

[Report 1972] / Medical Officer of Health, Gosport Borough.

Contributors

Gosport (England). Borough Council.

Publication/Creation

1972

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Borough of Gosport



ANNUAL REPORT

OF THE

Medical Officer Of Health

AND

Divisional Medical Officer

I. D. M. NELSON

M. B., M. F. C. M., D. P. H., F. R. S. H.,

1972

C O N T E N T S

	Page
PREFACE	1 - 4
GOSPORT'S GOLDEN JUBILEE	5 - 7
HEALTH COMMITTEE	8
STAFF	8

Section

1	VITAL STATISTICS	9-11
	Employment in Gosport	12-13
2	HEALTH SERVICES FOR THE AREA	
	Care of Mothers and Young Children	
	Births	14
	Early Discharges from Maternity Units	14
	Premature Infants	14
	Congenital Abnormalities	14
	Ante-Natal Clinics	15
	Ante-Natal Relaxation Classes	15
	Child Health Clinics	15
	Dental Treatment	16
	Welfare Foods	16
	Day Nursery	16
	Registered Nurseries & Daily Minders	16
	Midwifery	17
	Health Visiting	17
	Developmental/Audiology Clinic	17 - 18
	Home Nursing	18
	Vaccination and Immunisation	18 - 19
	Prevention of Illness, Care & After-Care	
	Tuberculosis	19
	B.C.G. Vaccination	19
	Cervical Cytology Clinic	20
	Family Planning	20
	Medical Loan Equipment	20
	Chiropody	21
	Health Education	22
	Nursing Homes	22
	Hospitals	22
	Ambulance Facilities	22 - 23
	Sexually Transmitted Diseases	23 - 24
	Laboratory Facilities	24

Section		Page
3	ENVIRONMENTAL HEALTH SERVICES	
	PREFACE	25 - 26
	Public Water Supply	27
	Swimming Pools	27 - 28
	Housing	28 - 30
	Noise Pollution	30 - 31
	Offices, Shops & Railway Premises Act	31 - 33
	Factories Act	33
	Food Hygiene	34 - 36
	Food Premises in the Borough	36
	Food and Drug Sampling	37
	Food Complaints	37 - 38
	Prosecutions - Food & Drugs Act 1955	38
	Ice Cream	38 - 39
	Immigrants	39
	Infectious Diseases	39 - 40
	Public Conveniences	40 - 41
	Dumping	41 - 42
	Mosquito Control	42
	Rodent and Pest Control	43
4	CLERGY AND SOCIAL WORKERS' MEETINGS	44
5	SCHOOL HEALTH SERVICE	
	Gosport Committee for Education	45
	School Provision	45
	Clinics	46
	Special Clinics	47 - 49
	Periodic Medical Examinations	49 - 50
	Handicapped Pupils	51
	Foxbury Assessment Unit	51
	Provision of Milk in Schools	51
	Youth Employment Service	52
6	SCHOOL DENTAL SERVICE	
	Staff	53
	Returns of Work	53
	Buildings and Equipment	53
	General	53
	Future Trends	53
	Dental Treatment of School Children	54

B O R O U G H O F G O S P O R T

1.

Health Department,
Town Hall,
GOSPORT.

August 1973.

To the Mayor, Aldermen and Councillors,

This year my report has changed on account of variation of responsibilities and changes in legislation.

The department continued to act as agents for the County Social Services Department in administering Play Groups, Child Minders and the Day Nursery, but handed over the two former matters in October and the Day Nursery will be supervised by the County Council from 1st April 1973.

As mentioned last year, the area office of the Hampshire County Council Social Services Department is now located in Field House, Forton Road, and the co-operation between the health and social services is good: there is reference to this in Section 4.

Two important documents were published in 1972 about the reorganisation of the National Health Service due in April, 1974. The main features are set out in the White Paper "National Health Service Reorganisation". In 1974 the present three parts of the National Health Service will come together. The hospital and specialist services, the family practitioner services and the personal health services will be under a unified administration together with the School Health Service.

It is known, but not always appreciated, that the National Health Service is by far the biggest employer in this country. Naturally, the coming re-arrangements required close consideration so the Government set out the details in September, 1972, in a report called "Management Arrangements for the Reorganised National Health Service." With this report and further directives since, all senior staff in the present three parts of the National Health Service have been meeting in Joint Committees and making reports in Working Parties to write down how the various parts of the present service could best work together, especially pointing to problem areas of administration and proposing action on matters which require urgent consideration.

These meetings have been most constructive and if the goodwill fostered can be carried over to the new organisation, the reconstructed management should get off to a reasonable start for the present National Health Service has far too great an emphasis on treatment, hospitals and sophisticated medicines when it could better, and at less cost, deal with the care of the ill in the community and at home.

The 80 beds of Gosport War Memorial Hospital, I am sure, will be the nucleus of a community hospital for a large Health Centre is being devised close by. There is no necessity for all hospital cases to travel to Queen Alexandra or St. Mary's and it is no longer necessary on medical grounds.

The Health Centre at Rowner is thriving and has recently been extended and there are clear plans for smaller Health Centres at Lee-on-the-Solent and in Forton Road. So the mixture of Group Practice premises and Health Centres where General Practitioners practise in groups supported by Health Visitors, Midwives, District Nurses, Practice Nurses and Receptionists, is well-established in all parts of the town.

The present and future arrangements of our local health services are, therefore, well planned to develop along the lines now being suggested for modern urban communities.

I now turn to environmental aspects of health. A locality depends more and more nowadays on a healthy environment and each day, as we get more urbanised here, this side of community health becomes vitally important. Some urban areas in this country are now polluted by too many people, too many houses, too much traffic and a host of problems which go along with these - such as crime, sexually transmitted diseases and traffic accidents.

The control of the environment is in our own hands and we can be well advised by environmental health officers, the new name for Public Health Inspectors. Readers will remember I have mentioned in former annual reports our difficulty in recruiting Public Health Inspectors. The authority have now remedied the terms of appointment of these officers, new staff have been attracted and a new chief of this section joined the department in mid-year on the retirement of Mr. H. G. Cope after 23 years with this authority.

For the past few years I have commented on pollution which in various ways detracts from our natural amenities. We must be continually watchful that we do not spoil these natural assets. If we fall to the demand of some to build living accommodation on all available land and allow the motor car to dictate its wants for space, competing with the demand for land for housing, we will lose our space for recreation and refreshment. The town cannot accommodate them both in comfort for much longer and at the same time preserve its present amenities.

We have still to learn that much "dis-ease" is associated with adjusting to a host of environmental influences rather than hope that medical science will cure all our ills.

Hospitals should be kept for complicated investigations and intensive care which only they are equipped to do. Health Centres and General Practitioner Group Practice premises with well-staffed teams of nurses and receptionists now working together can quite adequately deal with the vast majority of requests from the general public for care and treatment.

I am sure the glamour with which television, films, popular literature and radio portray doctors and nurses in the hospital setting tend to make people think that it is only in hospitals that they can get the best treatment but it must be realised that with the changing pattern of disease and new methods of investigation, hospitals can be better used for diagnosis rather than for treatment.

The new organisation of the Health Service will vary from district to district and it must if it is going to be counted successful; standardisation may be a laudable national aim but at district level the services must be structured to suit varying local needs.

Here Gosport is unusual, if not unique, mainly due to the presence of the Royal Navy in our town and to our geographical position. The Royal Naval Hospital at Haslar has been caring for civilians as outpatients and inpatients for many years, e.g. 45% of inpatients now are naval dependants and civilians and this percentage, using over 400 beds, takes a considerable load from the National Health Service.

Again, there are over 3,000 married quarters for Naval personnel at Rowner where mothers and children are cared for by civilian services. In this young community, with many husbands away from home for long periods and practically half the houses changing occupation every year, there is a great demand for the caring services for mothers and children.

I have mentioned our geographical position. It is not always appreciated that Gosport is on a peninsula and is dependent on vehicular traffic for transport.

Because of our exceptional position on the map, coupled with the great increase in population in the area since the 1950s, our health services provision is distinctive and could develop to our advantage.

Really, the point I want to make is that I am sure Gosport is becoming overcrowded: we have not enough room for our own citizens as well as all those who come into the town to work and seek recreation. This conclusion refers back to the point I made earlier about environmental influences of disease and health.

Now I come to the pleasant task of thanking all those who have helped to make this report as comprehensive as possible: Miss D. M. Ellis the local Youth Employment Officer for her remarks about the local Youth Employment situation; Dr. J. M. Couchman, Consultant in Venereal Disease, for details of Sexually Transmitted Diseases in Gosport and Mr. W. E. Spencer, the Manager of the Gosport Branch of the Department of Employment and Productivity for his useful report about employment in the town.

This is the last report of a Medical Officer of Health of Gosport. This office ceases in March, 1974, with the reorganisation of the National Health Service.

I. D. M. NELSON

Medical Officer of Health
and
Divisional Medical Officer

GOSPORT'S GOLDEN JUBILEE

The year 1972 saw Gosport celebrate its Jubilee of incorporation as a Borough and I must, therefore, make a few comments on what has happened over the years 1922 to 1972.

The late Dr. W. H. Lamplough was part-time Medical Officer of Health in 1922 and in his report for that year he records:

"Ambulance Facilities: For Infectious Diseases

It is with much pleasure that I report the provision by the Council of a New Motor Ambulance for the Isolation Hospital in place of the obsolete horse-drawn vehicle which has been in use ever since the Hospital was opened. The new Ambulance consists of a Ford engine and chassis carrying a roomy up-to-date body provided with two bunks for stretcher cases, the upper one of which can be lowered to facilitate the removal of the patient. There is also accommodation for a Nurse inside and there is a spare seat beside the driver.

The Ambulance supplies a long felt want and will ensure for the future the prompt removal of these serious cases of Diphtheria which, above all others, require immediate hospital treatment."

There were 139 cases of Diphtheria treated in hospital that year with 9 deaths but there have been no known cases of Diphtheria in this Borough since just after the 1939-45 War.

Dr. Lamplough also reported that it was a cold, wet summer which he felt was intimately connected with the high incidence of Pneumonia.

In 1931, Dr. G. W. Fleming became the first full-time Medical Officer of Health and I am pleased to record that he is still living in the Borough in retirement.

In Dr. Fleming's first report in 1931, he neatly gives a sketch of the Borough under the heading:

"Natural and Social Conditions of the Area

Gosport and Alverstoke, originally two separate villages standing on the west side of Portsmouth harbour, were united to form the Borough of Gosport, which has recently been further extended to include Lee-on-the-Solent and Rowner, with a total population of 37,928 at the 1931 census. It is connected by a ferry and a floating bridge with Portsmouth, of which it is virtually a suburb, though proudly proclaiming its independence.

The chief establishments are the Royal Clarence Victualling Yard and Haslar Hospital. Yacht building and sail-making are the principal industries, apart from the Naval establishments. It was here Sir T. Lipton's famous "Shamrocks" were built. The borough is very flat but is sheltered on the north-east by Portsdown Hill and on the south by the Isle of Wight. The climate is very temperate, the mean annual temperature for the past year being 51.6 degrees Fahr. Though the sunshine record was 200 hours less in 1931 than in 1930, a total of 1,503 hours of sunshine was recorded. The climate appears to be particularly suited to those with weak lungs but the abundance of sun and smoke-free atmosphere are beneficial to all conditions of health. Consequently Gosport is much favoured as a place of residence by retired Naval, Military and other people with leisure.

This is not remarkable as, in addition, all the social amenities which any reasonable person could expect are close at hand. Bathing, boating, fishing, polo, golf, tennis etc. are all available. Portsmouth "a stone's throw" and London under two hours by train. The Isle of Wight, New Forest and countless other places of great natural and historic interest are easily reached by car or ferry. For those who like to live in peaceful rural surroundings, uninfested by throngs of trippers and yet to be within walking distance of sea, town and country, Gosport has a distinct advantage over Portsmouth and Southsea."

Dr. P. V. Pritchard came as Medical Officer of Health in 1954 and he is also now living in retirement in the town as well as being a Member of the Authority.

He records in his first report in 1955, the following:

"The problem of Treatment versus Prevention is one which will have to be given greater consideration in the near future. The costs of the treatment side of the Health Services - the General Practitioners, the prescriptions, the hospitals and the specialists - are rising rapidly. Much can be done to relieve that burden by providing a comprehensive Public Health Scheme. At present only a small fraction of the total and colossal expenditure on Health and Welfare is being directed to this branch. A Stitch in Time Saves Nine!"

It is interesting to reflect that now, 20 years later, this perception is one of the reasons why the National Health Service has needed to be reorganised.

Perhaps the biggest step in Public Health administration locally took place in Dr. Pritchard's "reign". In 1961

Gosport was designated a delegated health authority and became responsible for the development of its own personal Local Authority Health Services.

When the reorganised National Health Service starts in April 1974, the office of Medical Officer of Health ceases. This appointment has been a statutory office in this country for over 120 years.

The Borough of Gosport will, by then, have had only three full-time Medical Officers of Health. It is unique that all three still live in the town and we decided to present a silver goblet to the Mayor and Corporation on the occasion of Gosport's Golden Jubilee.

1. SOME COMPARISONS BETWEEN 1922 and 1972

		1922	1972
Area of Borough (Acres)		3,908	6,770
Population		33,588	75,947
No. of Inhabited Houses		6,858	25,221
Live Births	Total	734	1,593
	Legitimate	712	1,497
	Illegitimate	22	96
Deaths		325	701
Birth Rate per 1,000 Population		21.49	17.0
Death Rate per 1,000 Population		10.37	10.6

2. YEARLY AVERAGE for 10-YEAR PERIODS - 1922-31 and 1962-71

	1922 - 31	1962 - 71	Percentage:	
			Increase	Decrease
Population	34,374	74,027	126.9%	
Total Live Births	669	1,556	132.5%	
Birth Rate per 1,000 Population	19.5	19.9		
Death Rate per 1,000 Population	11.3	10.7		
Deaths Under One Year	35	29		17.2%
Infant Mortality Rate per 1,000 Live Births	50.7	18.5		

HEALTH COMMITTEE

His Worshipful the Mayor (Councillor R. A. Kirkin,
M.I.N. A.R.Ae.S. A.Inst.Ext.E.)

Chairman: Councillor H. P. Davies

Vice-Chairman Alderman Mrs. G. M. Skipper

Aldermen: W. A. Chidlow
H. W. Cooley I.S.M.

Councillors: N. G. Atkins
A. Briggs
P. R. F. Doran
P. D. Greene
R. J. Irwin
D. B. Milton
Dr. P. V. Pritchard
R. L. Richards
P. M. Wilding
Miss J. Winter

STAFF

Deputy Medical Officer of Health & Deputy Divisional Medical Officer	E.M.Wallis, M.B. Ch.B. M.F.C.M. D.Obst.R.C.O.G., D.P.H.
Departmental Medical Officer (full-time)	H.Ahluwalia, M.B. B.S. (from 1.3.72)
Departmental Medical Officers (part-time):	R.Bradmore, M.B. Ch.B. D.C.H. C.P.H. M. Gray, M.B. Ch.B. L.R.C.P. M.R.C.S. A.D.Munro, M.B. Ch.B. M.Whitwham, M.B. Ch.B. A.Woolley, M.B. B.Ch. J.C.Hesketh, M.B. B.S. M.R.C.S. L.R.C.P.
Family Planning & Cytology Medical Officers (part-time):	I.Hadfield, B.M. B.Ch. D.P.M. M.R.C.Psych.
Chest Physician (part-time)	
Consultant Child Psychiatrist (part-time)	
Area Dental Officer	H.J.Miller, L.D.S. R.C.S.
School Eye Clinic Oculists (part-time):	A.E.Barrett, M.R.C.S. L.R.C.P. D.O.M.S. J.Lubran, M.R.C.S. M.R.C.P.
Consultant in Venereal Diseases for the Area	J.M.Couchman, D.S.C. M.A. B.M. B.Ch, M.R.C.S. L.R.C.P.
Chief Public Health Inspector	H.G.Cope, Cert.R.S.I. Meat & Foods, Sanitary Science (to 31.5.72) T.Matthews, M.A.P.H.I. S.R.N. (from 1.6.72)
Area Nursing Officer (part-time)	Miss D.M.Wagner, S.R.C. S.C.M. H.V.Cert. Q.N.(to 20.4.72) Miss D. Bailey, S.R.N. S.C.M. H.V. Q.I.D.N., H.V.(T) (from 1.6.72)
Chief Administrative Assistant	Mr. D. J. Ashworth D.M.A.
Senior Chiropodist	Mrs. E. R. Leach M.Ch.S. S.R.Ch. (from 1.9.72)

SECTION 1

9.

EXTRACTS FROM VITAL STATISTICS

Area (in acres)	6,770
Population	Census 1971 76,030 (Preliminary Report)
	Estimated Mid-Year 81,640
Estimated Number of Inhabited Houses at 1st April 1972	25,221
Rateable Value at 31st March 1972	£3,206,085

<u>Live Births:</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 Population</u>	
				<u>Crude</u>	<u>Adjusted</u>
Total	809	784	1,593	19.5	17.0
Legitimate	762	735	1,497		
Illegitimate	47	49	96		

<u>Still Births:</u>				<u>Rate per 1,000 Live & Still Births</u>	
Total	5	2	7	4.0	
Legitimate	5	2	7		
Illegitimate	-	-	-		

<u>Total Live & Still Births:</u>			
Total	814	786	1,600
Legitimate	767	737	1,504
Illegitimate	47	49	96

<u>Infant Deaths (under 1 yr. of age)</u>				<u>Rate per 1,000 Live Births</u>
Total	12	7	19	12.0
Legitimate	12	7	19	
Illegitimate	-	-	-	

<u>Infant Deaths (under 4 wks. of age)</u>				
Total	5	3	8	5.0
Legitimate	5	3	8	
Illegitimate	-	-	-	

<u>Infant Deaths (under 1 wk. of age)</u>				
Total	5	3	8	5.0
Legitimate	5	3	8	
Illegitimate	-	-	-	

<u>Stillbirths & Deaths (under 1 wk. of age)</u>				<u>Rate per 1,000 Live & Still Births</u>
	10	5	15	9.0

Maternal Mortality: N I L

Illegitimate Live Births: 47 49 96 6% of Live Births

<u>Deaths:</u>				<u>Rate per 1,000 Population</u>	
				<u>Crude</u>	<u>Adjusted</u>
	397	304	701	8.6	10.6

Infectious Diseases:

Corrected Notifications:	<u>1971</u>	<u>1972</u>
Dysentery	3	1
Food Poisoning	15	3
Measles	512	63
Meningococcal Infection	3	1
Scarlet Fever	9	8
Tuberculosis, Pulmonary	6	8
Tuberculosis, Non-Pulmonary	2	1
Whooping Cough	6	1
Infective Hepatitis	10	14

Total Deaths in Sex and Age Groups

	M	F
Under 4 weeks	5	3
4 weeks and under 1 year	7	4
1 to 4 years	5	4
5 to 14 years	4	-
15 to 24 years	3	1
25 to 34 years	2	5
35 to 44 years	3	6
45 to 54 years	26	11
55 to 64 years	64	38
65 to 74 years	124	59
75 years and over	154	173
	<u>397</u>	<u>304</u>

Some Causes of Death at Different Periods of Life

11.

	Sex	Total All Ages	4 weeks & under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & Over
Late effects of Respiratory Tuberculosis	M	1	-	-	-	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	-	1	-	-
Malignant Neoplasms: Buccal Cavity	M	2	-	-	-	-	-	-	-	-	1	1
Oesophagus	M	2	-	-	-	-	-	-	-	-	1	1
	F	2	-	-	-	-	-	-	-	-	-	2
Stomach	M	10	-	-	-	-	-	-	1	3	4	2
	F	2	-	-	-	-	-	-	-	1	-	1
Intestine	M	16	-	-	-	-	-	-	-	7	6	3
	F	11	-	-	-	-	-	-	-	2	4	5
Lung, Bronchus	M	26	-	-	-	-	-	-	1	8	9	8
	F	6	-	-	-	-	-	-	-	3	3	-
Breast	F	11	-	-	-	-	-	-	1	3	4	3
Uterus	F	5	-	-	-	-	1	1	1	-	1	1
Prostate	M	6	-	-	-	-	-	-	-	1	1	4
Other	M	10	-	-	-	-	1	1	-	2	6	-
	F	20	-	1	-	-	1	3	3	6	2	4
TOTAL	M	73	-	-	-	-	1	1	2	21	29	19
	F	58	-	1	-	-	2	4	5	16	14	16
Leukaemia	M	2	-	-	1	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	-	1	-	-
Chronic Rheumatic Heart Disease	M	2	-	-	-	-	-	-	-	1	-	1
	F	1	-	-	-	-	-	-	-	-	1	-
Hypertensive Disease	M	11	-	-	-	-	-	-	5	1	3	2
	F	9	-	-	-	-	-	-	-	1	2	6
Ischaemic Heart Disease	M	102	-	-	-	-	-	-	14	15	36	37
	F	75	-	-	-	-	-	-	1	6	16	52
Other Forms of Heart Disease	M	17	-	-	-	-	-	-	-	-	1	16
	F	19	-	-	-	-	-	-	-	-	1	18
TOTAL	M	132	-	-	-	-	-	-	19	17	40	56
	F	104	-	-	-	-	-	-	1	7	20	76
Bronchitis and Emphysema	M	29	-	-	-	-	-	-	-	5	11	13
	F	4	1	-	-	-	-	-	-	1	-	2
Motor Vehicle Accidents	M	8	-	-	2	2	1	1	1	1	-	-
	F	1	-	-	-	1	-	-	-	-	-	-
All Other Accidents	M	7	1	-	1	1	-	-	1	1	1	1
	F	6	-	-	-	-	-	-	-	-	2	4
Suicide and Self-inflicted Injuries	M	1	-	-	-	-	-	-	-	-	1	-
	F	4	-	-	-	-	1	1	1	1	-	-

1972

M

F

Total Deaths ALL CAUSES

397

304

EMPLOYMENT IN GOSPORT 1972

A far from stagnant employment situation has existed throughout the past year and during which the number of vacancies has nearly doubled and the number of adults registered as unemployed has dropped by some 30%. The most welcome aspect of these changes has been a majority benefit to men's employment where the need has been greatest for some years. At the same time the demand for women workers - particularly in production work - has reached unrealistic proportions and the oft used phrase "a famine of women" that exists is no excessive exaggeration.

There has been no radical change in the basic industries, many of which would expand were it not for the limitations of labour supply, mainly amongst skilled men in engineering and women for production work. Shift working has increased to combat this shortage.

To a possible lesser degree than experienced in neighbouring districts, commercial and clerical employment has increased in the Gosport area and there are signs that this will continue. One international company has moved its U.K. administrative offices here during 1972 and the growth in commercial employment is already showing signs of creating further labour shortages.

The training and re-training of people with potential is an obvious measure to alleviate these shortages and to permit of industrial and commercial expansion. The Training Opportunities Scheme (TOPS) introduced by the Department of Employment during 1972 makes generous financial provision for far more people to take training in a wider range of occupations than ever before. By meeting the training needs of individuals and by offering wider opportunities to those who failed to acquire skills immediately after the end of their education or who have mistaken their first choice of career, the scheme will enable people to prepare for new employment.

Currently the Department of Employment is in the throes of a vast programme of reorganisation designed to modernise and improve its facilities, particularly its employment and training services to the public and to employers. Some aspects of this re-styling were introduced into Gosport in 1972 and more will follow shortly. Unemployment benefit is now paid by post and a large degree of Job Self Selection has been introduced using wide ranging vacancy displays along the pattern employed in the Self Selection Job Centre at Portsmouth since 1971. New Job Centres will soon replace Employment Exchanges throughout the U.K. and one of the first will be established in Gosport.

Altogether 1,761 men and women were placed in work by Gosport Employment Exchange - a 14% increase on 1971. It is certain to increase still further with the introduction and greater use of the more attractive Job Centre.

The following table shows the estimated number of insured employees in the Gosport Employment Exchange Area. The estimates were prepared solely for the purpose of providing an approximate indication of the industrial structure of the Area. As certain classes of people whose contributions are paid by some other means than that of affixing stamps to a National Insurance Card are not included in this count,

i.e. serving members of the Armed Forces and established non-industrial Civil Servants, the estimates of the working population for Gosport are clearly somewhat lower than would otherwise be expected and actually are.

Estimated Number of Insured Employees in the Gosport Employment Exchange Area:-

	End of June 1971		
	Male	Female	Total
<u>Extractive</u>			
Agriculture, Forestry, Fishing	51	9	60
Mining and Quarrying	1	-	1
Total Extractive	52	9	61
<u>Manufacturing</u>			
Food, Drink and Tobacco	1	-	1
Coal and Petroleum	1	-	1
Chemicals and Allied Industries	546	310	856
Metal Manufacture	4	4	8
Mechanical Engineering	963	120	1,083
Instrument Engineering	-	-	-
Electrical Engineering	1,381	2,424	3,805
Ship Building and Marine Engineering	542	55	597
Vehicles	1	-	1
Metal Goods not elsewhere specified	99	48	147
Textiles	1	-	1
Leather, Leather Goods and Fur	-	-	-
Clothing, Footwear	5	-	5
Bricks, Pottery, Glass, Cement etc.	5	-	5
Timber Furniture etc.	42	-	42
Paper, Printing and Publishing	182	185	367
Other Manufacturing Industries	1,537	562	2,099
Total Manufacturing	5,310	3,708	9,018
<u>Services</u>			
Construction	711	38	749
Gas, Electricity and Water	60	1	61
Transport and Communication	172	71	243
Distributive Trades	606	1,416	2,022
Insurance, Banking, Finance and Business Services	114	179	293
Professional Scientific Services	416	1,621	2,037
Miscellaneous Services	534	1,060	1,594
Public Administration Defence Ex.HMF and No Industry	2,911	765	3,676
Total Services	5,524	5,151	10,675
Unclassified	261	371	632
GRAND TOTAL	11,147	9,239	20,386

SECTION 2PROVISION OF HEALTH SERVICES FOR THE AREACare of Mothers and Young ChildrenLive and Still Births

	Live Births	Still Births	Total	% of Total Births
Domiciliary	137	-	137	8.78
Institutional	1,415	7	1,422	91.22
TOTALS	1,552	7	1,559	

Early Discharges from Maternity Units

	<u>1971</u>	<u>1972</u>
Before 48 hours:		
Number	347	326
% of Total Institutional Births	23.19%	22.92%
% of Total Births	19.87%	20.91%
Over 48 hours and before 8th day:		
Number	285	325
% of Total Institutional Births	19.06%	22.85%
% of Total Births	16.33%	20.84%
Total		
Number	632	651
% of Total Institutional Births	42.24%	45.77%
% of Total Births	36.20%	41.75%

Premature Infants

Born in Hospital	95	90
Born at Home	5	-
Total	100	90

Congenital Abnormalities

Only 11 congenital malformations were notified during 1972 as against 26 in 1971. Of these, two were major abnormalities involving the central nervous system, one of which died. Although local variations from year to year in the incidence of congenital abnormalities is of interest, any significance has to be set in the context of the wider South Hampshire Area. At the time of writing (first quarter of 1973) there is evidence of a high level of Rubella virus in the community. It will be of interest to see whether this is reflected in a raised incidence of congenital abnormalities in the last quarter of 1973 and extending into 1974.

Congenital Malformations notified during 1972:

Live Births	11
Still Births	-
Total Live and Still Births	11

Died: 1 under 1 week (age 4 hours)

Ante-Natal Clinics

These continued to be held by General Practitioners in their surgeries with the assistance of their attached Midwives and occasionally Health Visitors.

Ante Natal Relaxation Classes

	<u>Number of Women Attending</u>					
	<u>Number of Classes</u>	<u>Total Sessions</u>	<u>Hospital Bookings</u>	<u>Home Bookings</u>	<u>Total</u>	<u>Total Attendances</u>
The Gables	6	52	53	2	55	365
Rowner Community Centre	6	48	43	2	45	214
Rowner Surgery	6	41	8	44	52	253
	18	141	104	48	152	832

Child Health Clinics

Bridgemary	Iona Church Hall, Fisher Road, Bridgemary, Gosport. Wednesday, 2 p.m. to 4 p.m.
Elson	Blake Maternity Home, Ham Lane, Elson, Gosport. Tuesday, 9.30 a.m. to 11.30 a.m. & 2 p.m. to 4 p.m.
Forton	Crossways Hall, Forton Road, Gosport. Thursday, 2 p.m. to 4 p.m.
The Gables	The Gables Clinic, 3 Spring Garden Lane, Gosport. Wednesday, 2 p.m. to 4 p.m. & Thursday 10 a.m. to noon
Lee-on-the-Solent	Lowry Hall, High Street, Lee-on-the-Solent. Tuesday, 2 p.m. to 4 p.m.
Rowner 1	Rowner Health Centre, 143 Rowner Lane, Gosport Thursday and Friday, 2 p.m. to 4 p.m.
Rowner 11	Community Centre, Nimrod Drive, Gosport. Monday, 10.30 a.m. to noon and 1.30 p.m. to 3.30 p.m.

	<u>1971</u>	<u>1972</u>
Total Sessions at all Clinics	565	527
Total Attendances at all Centres	15,347	17,984
Total Number of Children seen by Medical Officer	4,828	3,272
Total Number of Children referred for special treatment or advice to G.P. or Specialist or Special Clinic	84	60
Number of Children on "At Risk" Register at end of year	860	700

16.

Dental Treatment

	<u>Expectant & Nursing Mothers</u>	<u>Children Under Five</u>
Numbers:		
Examined	31	878
Treated	31	536
Treatment Provided:		
Scalings and Gum Treatment	18	71
Fillings	27	662
Silver Nitrate Treatment	-	268
Extractions	24	290
General Anaesthetics	3	132
Radiographs	4	2

Welfare Foods

It will be remembered that 1972 was the first whole year that we had the new Vitamin A+D+C drops, so the data below is not quite comparable:

	<u>1971</u>	<u>1972</u>
Sales: National Dried Milk (tins)	1,811	2,373
Orange Juice (bottles)	28,956	11,199
Cod Liver Oil	587	20
Vitamin Tablets (packets)	1,512	1,733
A.D.C. Drops	1,952	5,597

Proprietary Welfare Foods continue to be sold at Child Health Clinics and sales in the financial year 1972-73 amounted to £3,877.38p.

Day Nursery

We still retained responsibility for Podds House Day Nursery but the possibility of the Nursery becoming a training one, as mentioned last year, did not proceed and although not abandoned it might be some time before it finds acceptance by all authorities.

The data for the years 1971 and 1972 is shown.

	<u>Priority Cases</u>		<u>Non-Priority Cases</u>		<u>Total</u>	
	<u>1971</u>	<u>1972</u>	<u>1971</u>	<u>1972</u>	<u>1971</u>	<u>1972</u>
On Register at end of year	50	47	9	7	59	54
Total $\frac{1}{2}$ -day Attendances	18,505	15,169	2,776	2,923	21,281	18,092
Average $\frac{1}{2}$ -day Attendances	38	30	5	6	43	36

Registered Nurseries and Daily Minders

The responsibility for this work passed to the Social Services Department of Hampshire County Council in October 1972 and with it the details of the work.

Midwifery

17.

The trend for early discharge from hospital continues and the domiciliary cases remain comparatively high. Although establishment is for 10 midwives, the total has not been achieved this year. Student midwives continue to take their domiciliary experience in this area.

Early Hospital Discharges

	<u>1971</u>	<u>1972</u>
Before 48 hours	347	326
48 hours and before 10th day	285	462
	<u>632</u>	<u>788</u>
Total Midwifery Visits:	10,603	11,654
Midwifery Attendances at Ante-Natal Clinics (at G.P. Surgeries)	1,686	1,296

Health Visiting

Establishment is now 12.

Work in this area is constant and demanding with greater emphasis on assessment technique for development of the young child. The battered baby syndrome is also a development that underlines the need for constant awareness.

Developmental/Audiology Clinics

The Clinic is organised on the basis of two clinics per month, with the Audiologist attending for one. With the build-up in cases, a third Clinic is having to be introduced as required. It is felt that attendance at Clinics is adversely affected if appointments for review are not sent at approximately the time when parents have been led to expect them. Ten cases are seen on afternoons when the Audiologist attends and four cases are seen on the Developmental afternoons. It is anticipated that more medical and health visiting time will have to be given to this particular aspect of the department's work over the next few years.

Of the 5 children recommended for special schooling, 3 were admitted to the Foxbury Assessment Unit, one to St. Francis (E.S.N. severely mentally handicapped) and one was placed in Portsmouth at the Unit for children with Developmental Disorders of Communication.

Audiology Clinic

New Cases.....59

Total Attendances....77

Developmental Clinic

Cases on Register: Referred in 1967/1972 and still on register
for recall at end of year.....44

Total Attendances: New patients plus old.....49

New Cases: i.e. referred for the first time in 1972.....26

Mental Retardation/Immaturity Relative to Chronological Age:

Mongol.....	2
Retarded/Immature, no known associated factor.....	8
Retarded/Immature, combined with other congenital malformation...	2
Behaviour Disorder.....	1
No defect.....	1

14

18.

Carried Forward.....14

Haemophilia.....1 1

Speech Defect.....3 3

Communication Disorder.....1 1

Neurological Defect:

Hemiplegia/Mental Retardation.....1

Microcephaly/Retardation.....1

Hydrocephalus/Blind.....1

Hydrocephalus/Spina Bifida.....1

Spina Bifida.....1

Motor Delay/Lower Limb Hypotonia.....1 6

Hypothyroid.....1 1

26

Children with observed defects admitted to
school or other Education, January to
December 1972..... 9

Education Disposal: Ordinary School..... 4

Special School..... 5

Home Nursing

Establishment still remains at 10 district nursing sisters. An addition of a further S.E.N. now makes an establishment of two S.E.Ns. This increase and development is in line with modern trends. Future planning for more community commitment in training programmes is envisaged and two district nursing sisters are going on practical work instruction courses this year. There has been a considerable increase in the number of new cases seen.

	<u>1971</u>	<u>1972</u>
New Cases under 5 years	22	31
New Cases aged 65 years and over	530	1,249
Other New Cases	469	567
Total New Cases	1,031	1,847
Total Visits	33,289	31,717
Total Visits for Injections only	7,980	7,299

Vaccination and Immunisation

For the first time, as stated in last year's annual report, no figures regarding smallpox are included in the statistics on vaccination and immunisation as the Department of Health and Social Security's scheme has been discontinued.

The computerised system continued to attain a high take-up of immunisation and vaccination as indicated in the following table:

Diphtheria, Tetanus, Whooping Cough, Poliomyelitis and Measles

	Year of Birth					Others Under 16	Total	Total 1971
	1972	1971	1970	1969	1965- 1968			
Primary Courses:								
Triple Antigen	5	984	421	97	13	-	1,520	1,430
Diphtheria/Tetanus	-	4	2	-	24	-	30	17
Diphtheria Only	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-
Poliomyelitis	5	989	424	96	28	-	1,542	1,449
Measles	No breakdown available					-	1,348	1,654
Total Diphtheria	5	988	423	97	37	-	1,550	1,447
Total Whooping Cough	5	984	421	97	13	-	1,520	1,430
Total Tetanus	5	988	423	97	37	-	1,550	1,565
Total Poliomyelitis	5	989	424	96	28	-	1,542	1,449
Re-inforcing Doses:								
Triple Antigen	-	2	11	7	44	8	72	156
Diphtheria/Tetanus	-	-	-	3	509	58	570	644
Diphtheria Only	-	-	-	-	-	-	-	-
Poliomyelitis	-	5	9	12	664	74	764	1,038
Total Diphtheria	-	2	11	10	553	66	642	800
Total Whooping Cough	-	2	11	7	44	8	72	156
Total Tetanus	1	7	18	14	573	154	767	800
Total Poliomyelitis	-	5	9	12	664	74	764	1,038

Rubella Vaccination

1971
(11-13 year old girls)
1,464

1972
(11-13 year old girls)
174

The majority of the vaccination programme for the 1970/71 academic year was completed by December 1971 and only Bridgemary School was covered in 1972

Prevention of Illness, Care and After-Care

Tuberculosis Extra Nourishment (Milk and Eggs) were approved for four cases recommended by the Chest Physician in 1972.

B.C.G. Vaccination

	<u>1971</u>	<u>1972</u>
Contacts: Skin Tested	36	20
Positive	4	Nil
Negative	34	20
Vaccinated	31	15

Secondary Schools are visited by a Departmental Medical Officer.

School Children and Students:	<u>1970</u>	<u>1971</u>	<u>1972</u>
Skin Tested	567	803	1,575
Positive	41	69	384
Negative	526	734	1,191
Vaccinated	488	734	1,377

Figures are higher this year as the vaccination programme for the academic year 1972/73 was completed in December 1972.

Cervical Cytology Clinic

An appointment system is operated and approximately 20 patients are seen at each session every Friday morning.

	<u>1971</u>	<u>1972</u>
Total Attendances	844	697
Total Smears Taken	838	693
Positive Results	3	Nil
Other Minor Infections	23	8
Suspect Smears	9	2

On Waiting List at 31st December 1972 - 58

Family Planning

The Family Planning Clinic is held at The Gables, Spring Garden Lane on Monday afternoons, on Tuesday and Wednesday mornings and Thursday evenings. The Tuesday and Wednesday Clinics are mainly for the fitting of I.U.C.Ds.

By 31st December 1972, 4462 visits had been made by patients.

No. of Cervical Smears taken at Family
Planning Clinic during 1972 752

Medical Loan Equipment

Medical Aids and Equipment for issue on loan to patients treated at home are provided through the British Red Cross Society as agents for the Local Health Authority. By arrangement with the Social Services Department, medical aids for handicapped persons are also supplied in this way. Allowances for these services are made in the County Council's annual grant to the Society.

Articles are loaned on production of a covering medical certificate. No charge is made for the first four weeks of loan; thereafter a hiring fee is charged (ranging from 5p to 20p (maximum charge) per week according to cost of article). No charge is made for T.B. or Social Security patients.

The Society have four Medical Loan Depots in the Borough:

B.R.C.S. Headquarters, 175 Elson Road.
B.R.C.S. Centre, Beach Road, Lee-on-the-Solent.
Bridgemary - The Leisure, Cunningham Drive.
B.R.C.S. Centre, The Anchorage, Willis Road

Some medical aids and equipment are also available from the St. John Ambulance Brigade.

Special items of equipment, such as bed hoists, ripple beds and sleighs, are available on approved medical recommendation.

Chiropody

From 1st April 1972, the Local Health Authority assumed responsibility for the appointment and payment of chiropodists. This was jointly agreed between the British Red Cross Society and the Local Health Authority as the first step towards integrating the Chiropody Service with the other Local Health Authority services. The ultimate aim is that chiropodists will be employed, serviced and accommodated, usually in Health Centres by the Local Health Authority. In the meantime, the British Red Cross Society will continue to provide clerical support and clinic facilities for chiropodists.

During the year the Authority were fortunate in obtaining the services of a full-time chiropodist, Mrs. E. R. Leach M.Ch.S. S.R.Ch. in addition to the three sessional chiropodists already in post i.e. Mr. N. Lawther M.Ch.S., S.R.Ch., Mr. D.A.F. Luffingham M.Ch.S. S.R.Ch. and Mrs. E. Luffingham M.Ch.S., S.R.Ch.

The Chiropodists attend the following clinics in the Borough:
British Red Cross Society:

175 Elson Road	Monday all day Thursday a.m. Friday a.m.
The Anchorage, Willis Road	Tuesday all day Wednesday a.m. Thursday a.m. Friday all day
Bridgemary Community Centre	Monday, 4 - 6 p.m.
Beach Road, Lee on the Solent	Wednesday p.m. Thursday p.m.

Arrangements are made, when necessary, for transport of patients to Clinics and also for domiciliary visits by the chiropodists.

	1971 <u>B.R.C.S.</u>	Apr.1972 - Dec.1972 <u>Local Authority</u>
Persons Treated:		
Aged 65 and Over	1,156	997
Expectant Mothers	1	2
Others	19	9
	<u>1,176</u>	<u>1,029</u>
Treatment Given		
At Clinics	4,550	3,115
Patients' Homes	2,018	1,292
Old People's Homes	-	6
	<u>6,568</u>	<u>4,413</u>

Health Education

The pattern of work continues as before. The Medical Officer of Health and Nursing Officers arrange or take part in talks in schools or for organisations. A few of the health visitors help occasionally but the work load of all staff does not allow any concentration on this work.

Those who do give talks or take part in discussions on any topic of Health Education or Health Information know very well the demand for information from all age groups whether it be on how to use the Health Service or how to avoid the stresses, strains and influences of a modern urbanised community.

Discussions were still going on at the end of the year with the Health Department of Hants County Council to appoint a part-time Health Education Officer to work in the Borough.

Nursing Homes

There were no changes in Registered Nursing Homes:

	<u>Registered Number of Beds</u>
Arosmor, 50 Marine Parade, Lee-on-the-Solent	10
Langdale, 7 The Avenue, Alverstoke	12
Thalassa, 79 Western Way, Alverstoke	23

Hospitals

Blackbrook Maternity Home, Titchfield Road, Fareham	Fareham 2275
Blake Maternity Home, Ham Lane, Gosport	Gosport 81662
Gosport War Memorial Hospital Bury Road, Gosport	Gosport 81225
Haslar Hospital, Gosport (Naval)	Portsmouth 22351
Knowle Hospital, Fareham (Psychiatric)	Wickham 2271
Queen Alexandra Hospital, Cosham, Portsmouth	Cosham 79451
Royal Portsmouth Hospital	Portsmouth 22281
St. Christopher's Hospital, Fareham	Fareham 2338
St. James Hospital, Portsmouth (Psychiatric)	Portsmouth 35211
St. Mary's Hospital, Portsmouth	Portsmouth 22331

Ambulance Facilities

The Ambulance Service is not a delegated service and is administered by the County Council. The Ambulance Station in the Borough is situated in Privett Road. A two-way short wave radio system is operated. Written requests for transport should be sent

to the County Ambulance Officer, The Castle, Winchester.
Telephone: Winchester 61644.

Under normal circumstances, transport can be provided only on the authority of a doctor but, in an emergency, an ambulance can be obtained by anyone dialling "999".

Sexually Transmitted Diseases

Returns from the clinics which specially deal with these diseases continue to show increased numbers of cases being treated.

We reflect the national picture in this increased incidence. Of the three main diseases, syphilis is the only one not to show an increase and this also follows the national pattern.

Readers will note that the term "venereal" has been dropped for it is perfectly clear and should be said that in all cases the main mode of infection is by sexual intercourse with an infected partner and locally, as nationally, the concentration of cases of gonorrhoea is in the age group 16 to 24 years.

It is still sometimes said in Gosport that the presence of many Naval personnel in the town leads to a higher incidence of sexually transmitted diseases but returns from the Royal Naval Barracks, where Naval personnel are treated, show only seven cases acquired in Gosport whereas hundreds of cases come from the civilian population.

The data below is from the clinic at St. Mary's Hospital, Portsmouth, but I have added a few who prefer to attend at Southampton:

Total Cases (Portsmouth):

<u>Males:</u>	191	<u>Females:</u>	175
Syphilis	Nil		1
Gonorrhoea	18		21
Non-Gonococcal		Trichomonas	
Urethritis	100	Vaginalis	23
Other Conditions	73		130

Total Cases (Southampton):

	11		5
<u>Grand Total</u>	<u>202</u>	<u>Grand Total</u>	<u>180</u>

From this it may be asked what the Health Authorities are doing to control this "epidemic".

Like all "epidemics" caused by man's social behaviour we make little impression but we concentrate on the younger age groups who are experimenting sexually, warn them of the dangers of promiscuity and exhort them to seek early treatment, emphasising the efficiency of modern treatment if given promptly.

24.

We try to help and inform the younger age groups by talks and discussions in senior schools and youth clubs.

Laboratory Facilities

Public Health Laboratory Service,
Milton Road, Portsmouth

Tel. Portsmouth 22331

Public Analyst's Laboratory,
Trafalgar Place, Clive Road,
Portsmouth.

" Portsmouth 23641

ENVIRONMENTAL HEALTH SERVICES

To: The Mayor, Aldermen and Councillors,

The year under review has not been a particularly easy one for the Environmental Health Section. Indeed, in some respects, it has been quite traumatic with not only district inspectors leaving to take up posts elsewhere, but my predecessor, Mr. Cope, retired after many years with the Authority. This left the Section short of staff for some months and members will observe that this is reflected in some of the statistics given in the following pages. Fortunately, the situation was remedied towards the end of the year with the recruitment of Mr. Leather, formerly deputy chief public health Inspector of Midhurst Rural District Council and now occupying the post of senior public health inspector, which is a new post within the establishment, and Mr. Brown, a former district inspector with the London Borough of Southwark. The Council also agreed to appoint a technical assistant to undertake many of the routine duties and so free public health inspectors to cope with the more complex duties for which they were trained.

Because of the national shortage of public health inspectors and the ever-increasing demand for environmental improvements, the Local Authority readily agreed to a recommendation that the student establishment be increased to two. In practical terms, however, the increase will mean that the Authority will actually be undertaking the training of three students - one being seconded to the Authority from the Royal Navy for practical training - which is the absolute maximum allowed by the Public Health Inspectors' Education Board having regard to the number of trained inspectors in the establishment. Gosport, therefore, can be justly satisfied that it is more than "pulling its weight" in helping to provide trained personnel to the benefit of the Country as a whole. It is hoped to fill the posts of technical assistant and student in early 1973. So much for personnel but, what of the work of the Section?

Before passing on to the body of the report, I would appreciate the opportunity of reminding members of the all-embracing nature of environmental health work and showing how it calls for the closest co-operation from members of many disciplines. Health, as defined by the World Health Organisation "is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition surely dispels the concept of health as being the mere absence of organic disease and any person thinking along such lines is as out of date in his thinking as those who still consider the world to be flat!

At the risk of incurring the wrath of colleagues in other departments, I would venture to say that, almost without exception, the whole varied range of duties undertaken by a local authority come under the environmental umbrella: be it providing houses or a library, a place of work or a swimming pool, a road or a recreation ground, sampling food or providing a school, planning a new estate or demolishing an old one, caring for the new-born or burying the dead, all are designed, or at least should be, to ensure the "physical, mental and social well-being" of the community. Local authorities have an unenviable task of trying to maintain a balance between the needs of a community on one hand and those of an individual on the other: between providing an adequate number of houses and maintaining adequate, open space for recreation. The same balance must be achieved throughout the whole range of operations undertaken by authorities. To achieve the desired result calls for the closest co-operation between a multitude of disciplines, each adding its particular expertise to the benefit of the whole.

In the following pages I have endeavoured not only to record what has taken place during the past twelve months, but also to give some indication of the type of work that the Environmental Health Section is likely to be engaged upon over the next few years and the local and national trend of such work. I therefore sincerely hope that members will find the report not only of interest but of some use to them in their work as councillors.

In conclusion, I would thank the Chairman and other members, along with colleagues, both senior and junior, for their help and advice during my first seven months in Gosport.

T. MATTHEWS

Chief Public Health Inspector

Few complaints relating to the wholesomeness of the town's water supply were received during the year. Most were of the "unusual taste" type of complaint, brought about by over-chlorination of the supply and of no public health significance.

One complaint was received from a family who, after consuming water drawn from a tap on the quay belonging to a local boat-yard, became ill with stomach pains and diarrhoea. Samples for both chemical and bacteriological examination were taken from the same tap, also from another nearby, but the results proved to be satisfactory: one is therefore left to assume that the illness was attributable to some other cause. No other complaints were received in respect of water taken from this supply point.

A chemical sample taken from business premises situated in an old part of the town revealed a lead content of 0.07 p.p.m. which is approaching the maximum acceptable concentration of 0.1 p.p.m. agreed by the World Health Organisation. Employees at the premises were advised to flush the system through each day before consuming any of the water.

Lead in drinking water supplies can still be a problem to people who live or work in premises where old plumbing systems are still in use and can be particularly disconcerting where young children are involved or where people both live and work in premises where lead pipes carry the main drinking supply.

During the coming year it is proposed that the public health inspectors shall carry out a detailed survey into this particular aspect of environmental health in an attempt to ascertain if any of the Borough's residents or work force are at risk.

Swimming Pools

The municipal swimming and paddling pools proved to be as popular as ever and it is pleasing to report that the plant at the various pools and the vigilance of the staff were equal to the task. Unfortunately, because of staffing difficulties within the Health Department and pressure of other work, only 19 samples were taken from the swimming pools for bacteriological examination, all of which proved to be satisfactory and of 23 samples taken from the three paddling pools, two were unsatisfactory.

All paddling pools are drained and refilled with chlorinated water at regular intervals and, bearing in mind the number of children who use (and frequently misuse) these facilities, the results, over all, may be classed as satisfactory.

Yet another school pool was opened during the year, bringing the total number of school pools to eight. A total of 84 samples for bacteriological examination were taken, of which only three proved to be suspicious, i.e. a small number of coliforms being present but conditions were soon brought back to a satisfactory standard.

For the first time, samples were taken of the water contained in foot baths through which bathers should pass before entering the pools. Of the 53 samples taken, 8 were bacteriologically unsatisfactory and two were suspicious. Some of the foot baths associated with school pools are badly sited, being well away from the point of entry into the bath and it could well be the case that foot baths are a source of pollution rather than a cleansing point.

A more detailed investigation into the effectiveness of foot baths will be undertaken during the next 12 months.

Housing

During 1972 the building of 253 new dwellings was completed within the Gosport area, 32 by the Borough Council and 221 by private enterprise. In common with the national trend there was a rapid increase in the prices of houses for sale and the appearance of new blocks of flats for sale was noticeable.

The steady progress that had been maintained in dealing with "unfit" and other "sub-standard" dwellings since the introduction of the 1957 Housing Act and subsequent legislation, was continued during 1972. Three Demolition Orders and thirteen Closing Orders were made and a formal Undertaking in lieu of a Closing Order was accepted; other sub-standard dwellings were dealt with by informal action. Eighteen houses are known to have been demolished as a result of private enterprise and local authority action.

Despite the continuing progress, many Gosport residents still occupy dwellings which are below an acceptable "standard of fitness" or which lack one or more "standard amenities". Most of these dwellings could be given a new lease of life and be brought to a standard within the requirements of modern times. A renovated and improved old house may not be equal to a newly constructed modern detached house standing in its own grounds, but it can quite satisfactorily meet the personal needs, desires and resources of many people. Indeed, there are those who, for financial and other personal considerations, may require or prefer to have the opportunity of making their home in a well renovated and improved old house within a familiar and perhaps improved environment.

It is satisfying to report that ten houses subject to Closing Orders were "made fit" and provided with all "standard amenities". This work, in the main, was carried out by speculators who had purchased the properties after the orders had been made and the tenants rehoused by the Council. Whilst it was obvious that the houses could not be made fit at reasonable cost when occupied by tenants, the financial issues changed considerably once vacant possession was available.

The question of whether a particular house is "repairable at reasonable cost" has never been an easy one to answer, as reference to decided County Court cases will readily show but in a time of roaring inflation in house prices, such a phrase becomes an anachronism and is the cause of many wasted man hours in pondering the imponderable.

Provision of suitable alternative housing accommodation for persons occupying houses subject to Closing Order proved to be a problem and people have occupied the houses months after orders were made; in some cases this is as a result of tenants wishing to be rehoused within a specified locality.

Forty-five houses which were unfit but capable of repair at reasonable cost, were made fit following service of informal notices.

More profitable forms of investment tended to make private landlords reluctant to spend large sums of money on improvements to their tenanted properties. The general policy in fact was for them to divest themselves of their rented accommodation when favourable opportunities arose, usually when a tenant died or moved. Many landlords felt that rents, even with prospects of increases in the Fair Rents Scheme, were behind the times by reason of the inflationary factor.

Notwithstanding the considerations referred to in the last paragraph, some private landlords did make application for "Grants" and "Qualification Certificates". There was, however, a need for more liaison between landlords and public health inspectors in this connection, particularly in view of the advice inspectors are able to offer resulting from their experience in dealing with sub-standard houses. Owner/occupiers constituted the greater proportion of persons taking advantage of grant facilities.

Provisional Qualification Certificates issued.....	14
Qualification Certificates issued.....	22
Qualification Certificates refused or application withdrawn..	12
Improvement Grants issued.....	141
Standard Grants issued.....	94

Many tenants appeared to prefer to retain a low rent rather than have improvements made and their rents increased; others were obviously not aware that they could make formal representations with a view to the Council exercising powers to require landlords to provide standard amenities. More publicity must be given to such matters to ensure that all tenants and, indeed, landlords, are kept fully conversant with their rights under complex housing legislation.

Formal Representation made by tenants re: L.A. exercising powers concerning provision of standard amenities.....	9
Dwellings provided with standard amenities as a result of action by L.A. following tenants' representations.....	5
Outstanding cases resulting from tenants' representations.....	13

Enforcement of Housing Act provisions concerning the provision of standard amenities was considerably hindered during 1972 by an apparent lack of reliable builders who were able to undertake the necessary work.

Environmental improvements in the Camden Town Improvement area proceeded satisfactorily during the year. No objections of serious consequence were encountered and such objections that have been met are gradually being overcome. The construction of the link road and back streets within phases 1 and 2 is virtually completed. The time for programme completion was increased from five to seven years.

Reliable records about the number of houses let in multiple occupation during 1972 are not available but at least ten were so let. The use of two where amenities were inadequate was discontinued following informal action.

Seven complaints about overcrowding were received but none was substantiated.

The Housing Act 1961 places an obligation on each local authority to set out and adopt standards for houses let in multiple occupation. To date no such standard has been adopted by Gosport Borough Council and it is therefore proposed that a suggested standard be drawn up by the public health inspectorate during 1973 and submitted to the appropriate Committee for approval.

Noise Pollution

The heading of this section is no mistake, for noise is now universally recognised as one of the major pollutants which interfere with man's physical and emotional well-being.

Noise as a source of disturbance is not, of course, a phenomenon of modern times; during the reign of Elizabeth 1, a law was passed forbidding husbands to beat their wives after 10 p.m. Alas, to-day, the physical assault on man from noise has become more persistent, the sources more complex and the remedying more costly.

A definition of noise is "undesired sounds producing an auditory sensation considered to be annoying". It can therefore be readily appreciated that many allegations of "noise nuisance" are based on a subjective assessment of the sounds produced. What is well established, however, is that man as an organism is adversely affected if subjected to excessive noise, with all systems of the body being affected but with the nervous system taking the main strain.

A recent article in World Health states "It appears that nowadays doctors hold it (noise) partly responsible for one in every three cases of neurosis and for four headaches in every five. It may also play a part in the increase in violence and in producing depressive states and feelings of general "tiredness" and fatigue of uncertain origin but unquestionable reality."

What is needed is an approach to the problem of noise on a broad front and this should include a new, more comprehensive Noise Abatement Act to replace the 1960 Act, requiring: a detailed study of likely noise emissions from industrial processes with limitations imposed at the planning consent stage; all employers to face up to their moral and, particularly legal, obligations; and adequate steps to be taken to safeguard employees from permanent physical disability resulting from long-term exposure to noise. The rest of us should accept our social obligation to the community as a whole and reduce noise whenever possible to a level where it does not affect others.

Quiet zones (similar to smoke control areas) have been advocated and, while the difficulties of implementing such an idea are many and complex, the end result would justify the effort if man were to regain an environment conducive to his good physical and mental health.

During the past twelve months 23 noise complaints were received, which is more than double the 1971 figure and is an indication that the general public is becoming increasingly aware of noise levels. Ten of the complaints related to noise emanating from factories and commercial garages, while the remainder concerned such matters as the workings of the gravel pits at Lee-on-the-Solent, particularly on Sunday, air compressors on building sites, a pump at a launderette, loud speakers at a self-service garage and a betting office and, of course, the ever constant barking of dogs (social obligation!) Each complaint was fully investigated and in all cases some remedial action was possible and undertaken.

Offices, Shops & Railway Premises Act

A further 23 premises were registered under the Act during the year, but the total number of registered premises fell by 58. This is because fewer small businesses are employing staff other than members of the immediate family, or part-time staff, which takes them outside the bounds of the Act.

The total number of premises in the various contingencies are as shown:

Offices	101
Retail Shops	402
Wholesale Premises	5
Catering Establishments	67

Total number of employees: Males 1031, Females 1964.

A total of 224 inspections was carried out and 7 formal notices served in respect of such contraventions as inadequate lighting, dangerous floor coverings, inadequate first aid kits and stockrooms being unsuitable for employees to work in. Numerous verbal notices were given where there were minor contraventions of the Act or Regulations.

Accidents

Seven reports were received - none involved fatal accidents.

Types of injury: bruising of foot (1), bruising of head and leg (1), cut fingers (3), fractured wrist (1), fractured ankle (1).

Causation: being struck by falling object (1), tripping over obstruction (1), operating hand-held cutting tools (2), fingers coming into contact with cutting edge of static machine (1), slipping on floors (2).

Unfortunately, these figures do not tell the whole story, for accidents are not reported to the local authority unless the injured party is off work for 3 days or more.

During the year the Roben's Committee published their report - Health and Safety at Work. Reactions to the report have been very favourable, with safety officers in the field applauding the Committee's finding and recommendations.

The Committee came to the conclusion that too much legislation does little to foster good habits and practices, for it conditions people to think of health and safety as being something enforced by detailed rules imposed by external agencies. To make matters worse, much of the legislation is too detailed and complex, with the result that it is rendered unintelligible to those whom it is designed to influence.

"The most important single reason for accidents at work is apathy" states the report. The aim, therefore, should be to make the work-force of this country, health and safety conscious, to be brought about by a change in mental attitudes by way of education, rather than by physical restraint imposed by legislation.

It is proposed that most of the current legislation, including the Factories, Offices, Shops & Railway Premises, Mines and Quarries and Agriculture Acts, together with some legislation relating to specific hazards, be replaced by a single enactment.

A new National Authority for Safety and Health at Work would be set up with responsibility for administering any new legislation.

The new authority would most likely function under the broad policy directives of a Government minister, but would be independent of any Government department and be headed by a chairman. It is not recommended, however, that local authority inspection should be abolished, but that it should be under the supervision of the new authority and that a demarcation line be drawn between central and local inspection. The central inspectorate would deal, in the main, with industrial premises, while the local inspectorate would be concerned with non-industrial premises.

The main objective would be to encourage all employers to compile and enforce their own health and safety rules, thereby keeping legislation and outside enforcement to a minimum. To that end it is pleasing to note that more and more industrial and commercial organisations and local authorities are employing professionally trained full-time safety officers.

Factories Act, 1961

A. Health Inspections:

	<u>No. on Register</u>	<u>Inspections</u>	<u>Written Notices</u>	<u>Verbal Notices</u>
1. Factories in which law about cleanliness, overcrowding, temperature, ventilation and drainage of floors is enforced by the Local Authority.	5	1	Nil	
2. Factories not included in (1) in which law about sanitary conveniences is enforced by the Local Authority	134	73	3	4
3. Other premises in which law about sanitary conveniences is enforced by Local Authority (excluding outworkers).	1	Nil	Nil	

B. Cases in which defects were found:

Unsuitable or defective sanitary conveniences	6
Other offences (precipitation from flue; leaking tank; noise and fumes; paint spray fumes, melting lead).	5
W.C. not kept clean	5

C. Outworkers 3

Food Hygiene

It is clear that the consumer is only slowly gaining interest in hygienic practices. Statistically, the number of shops in the Borough decreased whilst the number of food complaints increased. Although this may at first appear to contradict the opening sentence, it is found during investigation that reported complaints represent the tip of the iceberg. It seems more usual for people to bring foodstuffs to the Health Department when they feel that there is no longer any value in complaining to the shopkeeper.

It may be argued that this trend represents not only a substantial increase in contaminated foodstuffs, but also reflects upon the management and public relations of retailers and manufacturers.

It should be stressed that the public health inspector does not take legal action on every case brought to his attention, but he does investigate the cause for complaint and generates activity into production reviews of food manufacturers, not only throughout this country, but throughout the world. The message should, therefore, be loud and clear; if shoppers are not satisfied with the food they purchase or consider the practices they observe to be unhygienic, they should visit the public health inspector and complain. Far too frequently, complainants are reluctant to air their grievances for fear of being regarded as "fussy", while the food handlers continue unrepentantly to run fingers through their hair, blow streaming noses into sodden handkerchiefs, then serve their customers with food, safe in the knowledge that the "complainer" is a minority entity.

There is still abroad the attitude that careful and clean handling of foodstuffs is too far removed from the everyday "beer and skittles" Englishman. The Public Health Laboratory Service reports show that 32 people died with confirmed salmonella infections in 1971.

One wonders why, after years of public health interest, available Food Hygiene Regulations and considerable trade concern for safe presentation of their products, standards remain so low. Perhaps some of the answers can be found in the weakness of existing legislation, the continuance of "corner shops" with elderly owners unwilling to alter the experiences of earlier years, and the turnover of food handlers who are not persuaded to stay on in a 'specialist' role by lack of financial inducement comparative with similar available employment. As good hygiene and profit are invariable bedfellows, it is time that standards improved.

With the continuing spread of "Home Freezers" it becomes more important that all members of the community are hygiene conscious, not just shopkeepers. When the contents of refrigerators and freezers are valued it is surprising that a few extra pence are not spent on providing some form of temperature recording device to 'monitor' the effectiveness of temperature control. By the time that soft foods are noticed, due to breakdown of plant or electricity, it is too late to wisely preserve the contents, as bacterial

spoilage, enzymic action and consequent quality reduction will already be under way. Observance of the temperature can be a money-saving early-warning system.

One of the snags with freezer breakdown is the visible evidence of frost on contents, even though considerable temperature increases have occurred. This leads many people to fall into the temptation to re-freeze foodstuffs for purely economic reasons, when it would be wiser, and safer, to dispose of them. It must be remembered that freezers may well inhibit bacterial action, but they do not necessarily prevent it. It has been shown (Simmonds) that there is movement in micro organisms with a temperature as low as -5°C . Breakdown temperatures are considerably in excess of this, and refreezing will 'store' any micro organisms that may have proliferated in the 'warmth', until they are brought out (possibly months later) for consumption.

The indiscriminate mixing of a wide range of foodstuffs in domestic deep freezers which may lack adequate rotation, be poorly packed and subject to wide temperature variation due to partial loading and packing with 'warm' foodstuffs, also gives cause for concern. Over 15 years ago the Western Utilization Research branch of the U.S. Department of Agriculture carried out an extensive survey into the behaviour of frozen foods and two points are worthy of note:

1. For every 5°F . rise in temperature during storage, the rate of deterioration doubles.
2. Most changes were cumulative.

There is an immense lack of understanding of refrigeration's benefits and problems. It is still not difficult to walk into shops and see old style deep cabinets through which customer after customer has done a personal stock rotation to the detriment of the contents. Discriminate shoppers would be advised to consider where they are buying frozen foods, to ensure that the quality for which the manufacturers strive in production and delivery, is maintained at the point of sale.

As the work of the public health inspector involved in food hygiene is more advisory than punitive, it is worth remembering that his advice can be sought in the sure knowledge that discretion is a paramount concern. More discussion on problems of hygiene usually serves to bring a better understanding to all concerned and, it is hoped, a gradual improvement in hygienic practices.

There were 28 notices served in respect of contraventions of the Food Hygiene (General) Regulations, 1970, which dealt with such matters as poor decorative condition in food rooms, defective floor coverings, dirty equipment and utensils, defective sinks and wash-hand basins, unsatisfactory sanitary accommodation, insufficient ventilation to food rooms and exposing food to the risk of contamination. In addition to written notices, inspectors gave verbal warnings in respect of minor contraventions during their routine visits to food premises.

One particular aspect which continues to prove most difficult is the regular inspection of itinerant food vendors and their vehicles. There is no local Act which requires registration with the local authority, with the result that such traders may come and go as they please and it is really only a matter of chance as to whether the district public health inspector is able to catch sight of them and carry out an inspection of the vehicle.

Food Premises in the Borough

School Canteens	25
Factory Canteens	10
Supermarkets and Food Halls	18
Dairies and Milk Depots	3
Bakers	13
Bakeries	4
Off Licences	11
Cafes, Restaurants etc.	35
Premises preparing food to be taken away	6
Grocers	91
Wet Fish	6
Fried Fish	16
Greengrocers	32
Butchers	34
Confectioners	57
Pubs	62
Miscellaneous	7
Drug Stores & Chemists	23

Food and Drugs Sampling

Because of the staffing difficulties experienced during the first half of the year, routine sampling of food and drugs had to give way to more pressing duties and only 65 samples were submitted to the Public Analyst, of which 63 were informal samples.

The following details are in respect of 5 samples which the Public Analyst reported as being unsatisfactory:-

Codeine tablets B.P.	-	borderline aspirin content
Aspirin tablets B.P.	-	salicylic acid content exceeded limit specified by current B.P.
Minced Beef	-	sample contained preservative contrary to the Preservatives in Food Regulations, 1962.
Minced Beef	-	-ditto-
Minced Beef	-	-ditto-

In each case follow-up action was taken. A further 2 samples were submitted as a result of complaints from the public and 3 samples (a lettuce, apples and shredded beef suet) were submitted under the Pesticide Residue Survey. All 3 samples were found to contain pesticide residues.

Analysis of a sample of brine taken from an ice-lolly freezer cabinet revealed that corrosion was taking place leading to a build up of iron in the coolant brine. The matter was taken up with the manufacturer of the ice-lollies and remedial action was taken.

Food Complaints

The general public, and in particular the hard-pressed housewife, are becoming ever more conscious of the quality of the food they purchase and are specially anxious when foreign bodies and moulds are detected.

During the year under review a total of 86 complaints were received and investigated by the health department, an increase of 17 on the previous year.

The complaints can be broadly classified into the following categories:-

Alleging unfitness	47
Alleging presence of foreign bodies	35
Alleging presence of insects	2
Alleging a dirty food container	1
Alleging preparation on dirty premises	1

Although complaints related to a very wide spectrum of food, by and large, they can be conveniently placed under the following headings:-

Meat and meat products
 Meat pies
 Sausages (including sausage-meat and rolls)
 Bread and flour confectionery
 Milk and dairy produce
 Fish
 Other (dried and fresh fruit, peanuts etc.)

Prosecutions - Food & Drugs Act, 1955

<u>Name</u>	<u>Offence</u>	<u>Outcome</u>
T. Wain & Sons Ltd.	Supplying meat to Gomer Infant School being not of the quality demanded	Fined £30 with £8. costs.
T. Wall & Son	Foreign-body in sausage	Fined £25 with £10 costs.

Ice-Cream

Premises registered for the sale and manufacture of ice-cream	-	1
Premises registered for the sale of ice-cream	-	164

A number of vehicles from which ice cream is sold operate within the Borough but the exact number of these vehicles is not known. An attempt will be made in the coming year to compile a file in respect of each one of these vehicles.

The only premises registered for the manufacture of ice-cream within the Borough came in for considerable attention during the latter part of the year. The hygiene standards maintained at the premises were far from satisfactory and it was considered that the premises were unsuitable for the manufacture of ice-cream, with the result that the Health Committee was asked to rescind the registration.

Following the rules of natural justice, the owner was invited to attend a meeting of a special sub-committee. The invitation was accepted and the owner was represented by the Ice-Cream Alliance.

A compromise solution was agreed - the local authority would offer to sell to the owner of the existing factory a piece of land on which he could build a completely new factory which would be to the satisfaction of the health department and eventually the existing factory would close. In the interim, weekly and sometimes twice weekly inspections are being carried out at the existing factory and weekly sampling of the ice-cream manufactured is undertaken. It is hoped that the new premises will be started in the very near future.

Samples - Ice-Cream

	Total	Grade 1	Grade 2	Grade 3	Grade 4	Grade 1 %	Grades 1 & 2 %	Grade 3 %	Grade 4 %
1971	84	27	24	17	16	32.2	60.7	20.2	19.0
1972	5	1	2	1	1	20.0	60.0	20.0	20.0

Immigrants

During the year, 9 long-term immigrants gave notice on entering the country, that they proposed coming to stay in the Borough. All received visits from public health inspectors in accordance with Public Health Regulations.

A glance at the countries of origin, Hong Kong (2), Malaysia (1) Tanzania (2), Australia (2), Germany (1) and the Philippines (1) will demonstrate that it is essential to remind ourselves constantly that modern air travel enables people to move from one continent to another well within the incubation period of most communicable diseases.

Therefore, until such time as a panacea of all ills can be found no country can afford to relax its vigilance in respect of such matters.

Infectious Diseases

14 cases of Infective Hepatitis were notified, 3 cases occurring in one family and 2 in another, while the remainder were all isolated cases.

This particular disease is a most frustrating one to investigate, for not only is there a "variation on a theme" but there is also a long incubation period and the clear epidemiology of the disease has still to be decided. Rarely, therefore, is the true

mode of contracting the disease ascertained, especially in isolated cases.

Notifications relating to 20 cases of gastro/intestinal upsets were received and investigated, of which only one case proved to be a positive salmonella typhimurium infection. As most cases are receiving medical treatment, which may include the use of antibiotics, before our own investigations get under way, the true picture of possible salmonella infections may not be revealed.

It is of interest to note that of all the Salmonella group of organisms - and there are 1,000 or more in the group - salmonella agona is now the second most common serotype in humans, exceeded in frequency only by S. typhimurium. Prior to 1970, this particular serotype was very rare in this country, only two cases being reported in 1969, and both were thought to have been infected abroad.

Knowing man's fondness for animals, it was decided to submit samples of swan excreta, collected from around Walpole Park boating lake, for bacteriological examination; 33 samples all proved negative, but in the next batch of 7 samples, 3 contained S. agona. The results do not give cause for alarm, but it is as well to know that this reservoir of possible infection exists and it serves to emphasise the need to observe scrupulous personal hygiene after handling animals or even playing or working in areas frequented by animals.

Public Conveniences

There are 24 public conveniences for both men and women within the borough boundaries. Two of the older blocks, namely those at the Ferry Gardens and the Crossways, are to be demolished and replaced by up-to-date blocks with facilities for the disabled and an additional new convenience which will also have facilities for the disabled is being built in Hardway.

All would agree that the provision of public conveniences is essential for the well-being and comfort of the borough's residents and visitors alike and Gosport, unlike many local authorities of a comparable size, have recognised this need and have endeavoured, at considerable cost, to meet that need. Those who use the conveniences will also be aware that the requirements for personal hygiene have not been overlooked in that adequate hand-washing and drying facilities have been provided, particularly in those conveniences built in recent years. At the same time, the public will have had cause to express dismay and anger at finding the washing facilities fenced off and access to these essential fittings denied them. The cause of this great inconvenience to the public can be explained in one word - VANDALISM.

Vandalism is very much on the increase as any national newspaper will bear witness to, and no place or object is immune from the would-be wreckers but, for some psychological reason, public lavatories have a fascination of their own and frequently come in for extra special attention from those intent on causing the maximum amount of inconvenience to the greatest number of people.

Those vandals who single out public conveniences frequently display great resourcefulness in achieving their objective and are not readily thwarted by "anti-vandal" devices. The type of damage is very considerable, ranging from the ubiquitous graffiti to the wanton smashing of whole partitions, boring of holes through partitions (even where these have been covered with sheet metal), breaking of wash-hand basins, wrenching sparge pipes and cisterns off walls, and the removal of tiles from the roof.

It has proved impossible to maintain a supply of paper towels, toilet rolls and holders or electric light fittings in lavatories which are not attended full-time. The ingenuity and trouble taken by vandals is truly astonishing. Where metal-covered partitions have been erected, drills have been used to bore holes through them, where reinforced stone partitions have been the choice of material, club-hammers have been used to smash them, where glazed bricks have been used in an attempt to beat the "wall artists" aerosol paint-sprays have been used to satisfy a frustrated artistic desire.

Apart from the inconvenience caused to the public when lavatories have to be closed, it will be readily appreciated that making good wilful damage is a very costly business and is, in fact, the largest single item of maintenance - with the exception of the general cleaning of the conveniences, which takes place twice each day.

Whilst many commercial organisations have endeavoured to match the ingenuity of the vandals, by producing fittings and structures made in materials designed to withstand the treatment meted out by the vandals, these are very costly and are not always as successful as the advertisements would have us believe, possibly because vandals rarely accept defeat easily and will spend considerable time and trouble in thinking of ways to break an "unbreakable" object.

If there is a solution to vandalism - and it is a sad reflection on our society if there is not - then surely it lies in education and the greater awareness and acceptance of our social obligation to each other.

Dumping

Most of us are faced from time to time with the problem of disposing of refuse which cannot readily be taken away during the weekly refuse collection round and it is this "extraordinary refuse"

which leads to thoughtless indiscriminate dumping and the creation of public health nuisances.

The local authority, in accordance with the provisions of the Civic Amenities Act, have attempted to overcome the problem by placing throughout the Borough a number of bulk refuse bins into which rubbish of whatever description may be deposited. In addition, a battery of bins have been placed at the entrance to the official Tip and are accessible at all times; and the Borough Engineer's Department will, by arrangement, collect and dispose of any item of household refuse, including furniture, free of charge.

In spite of these facilities, which are appreciated and properly used by the vast majority, there are still a number of people who are lacking in both a social conscience and civic pride, who persist in dumping rubbish on any piece of land which happens to be convenient, just so long as it is sufficiently far removed from their own immediate environment and not likely to give rise to an assault on their optical and olfactory organs.

The time is rapidly approaching when a concerted effort will have to be made to clear all affected sites and to ensure that further dumping does not take place. This would involve the elimination of many of the back-street sites which dumpers find so attractive, greater enforcement of the law, the provision of additional bulk refuse bins in certain localities and, above all, an attempt to educate the hardened indiscriminate dumpers into realising that what they are doing is detrimental to their town and to all who live in it.

A total of 49 complaints was received concerning the dumping of rubbish which ranged in variety from builders' rubble to waste fat and uncooked food which was dumped by an itinerant fried fish and chips vendor.

Not all complaints proved to be in respect of statutory nuisances but, wherever possible, remedial action was taken.

Mosquito Control

The situation remains satisfactory, there being only one complaint which, on being investigated, related to a swarm of crane flies and not mosquitoes.

Those areas thought to be a potential source of infestation were inspected at regular intervals and treated when necessary.

A total of 54 treatments were carried out, of which 17 were re-treatments.

Rodent & Pest Control

The number of premises inspected following complaints of rats or mice totalled 1,905, of which 287 were found to be infested with rats and 343 with mice. A considerable number of the mice infestations were caused by field mice. An additional 32 premises, about which no complaint had been made, were inspected as a precautionary measure and three were found to be infested with rats and one with mice.

While the number of complaints received were fewer than in the previous year, the actual number of premises found to be infested showed a marked increase (72 and 20 for rats and mice respectively). No satisfactory answer can be found for the apparent increase in the rodent population but one explanation may be that more and more land is being built on, which has the tendency to bring rodents into closer proximity with dwellings, where formerly they may have gone undetected on shrub or waste land.

The official refuse tips continued to be treated at regular intervals.

Inspection and test-baiting of the main sewers was carried out whenever the flow conditions allowed. Because of the very high rate of flow through the sewers a greater incidence of infestations in domestic drainage systems has been evident.

It is pleasing to note that there is no evidence of any resistance to rodenticides currently being used by the Department.

Advice was given in respect of 20 premises which were infested with fleas, of which 9 were treated by the Department, the occupants in the remaining 11 cases opting for treating the minor infestations themselves. Eight Council-owned properties were treated for fleas as a precautionary measure.

Considerable difficulty is being experienced in treating some premises for fleas because of the lack of a cleansing station within the Borough. To ensure success it is vital that the occupants, at the same time as the houses are treated, are able to have a bath, preferably under the supervision of a health visitor, and change into freshly laundered clothes, their "dirty" clothing being immediately fumigated. At the present time, this is impossible to achieve, with the inevitable result that premises frequently become re-infested and further treatments are required. The possibility of providing personal cleansing facilities within the Borough may have to be considered.

A further 15 complaints were received relating to an assortment of insects; advice was given in all cases and on 4 occasions the Department carried out remedial treatment.

SECTION 4CLERGY AND SOCIAL WORKERS MEETINGS

It will be remembered I reported last year that the Co-ordinating Committee had ceased and the Clergy and Social Workers Meetings had become the more useful forum for discussing the problems and services in the area.

The Group met seven times during the year with attendances varying from thirty to fifty. The topics discussed were:

- Youth and Community
- The Work of Alcoholics Anonymous
- The Role of the Church in Social Services
- Health Service Reorganisation
- Social Security Cases - New Methods of Visiting
- Residential Care of the Blind
- Health Education

A development of this Group and the previous Co-ordinating Committee is a monthly meeting which takes place at the Gosport War Memorial Hospital between General Practitioners, Health Visitors and Social Workers which is really the basis for a health care planning team as defined in the suggested reorganised Health Service. This Group closely discuss ways of improving services at patient level.

S E C T I O N 5

SCHOOL HEALTH SERVICE

Gosport Committee for Education

Chairman: Dr. H. J. Taylor
 Vice-Chairman: Alderman J. Keast

Aldermen: Mrs. B. Carter
 W. A. Chidlow
 R. T. Millard
 V. E. J. Neal
 Mrs. G. M. Skipper

Councillors: Mrs. F. B. Behrendt
 H. F. Candy
 R. A. Dimmer
 G. J. Hewitt
 T. R. Keith
 Dr. P. V. Pritchard
 P. Wilding

Commander R. B. Cooper

The Reverend J. R. Capper
 The Reverend T. Foley
 The Reverend A. A. Tomlinson

Mrs. A. M. Ellis

Miss M. N. B. Tyrrell

Messrs. R. H. C. Fairbairn:
 F. G. Tompkins:
 A. P. Way

SCHOOL PROVISION

Number of children on the school registers at end of Year: 14,432

	Number of Schools	Number of Children Attending
Primary Schools	27	8,711
Comprehensive	3	5,497
Nursery School	1	49
Foxbury Special School	1	110
St. Francis Special School	1	65

CLINICSSchool Clinic

This Clinic, held on alternate Monday mornings at 3 Spring Garden Lane and served by the Departmental Medical Officer, is a Diagnostic or Special Investigation Clinic.

The statistics of the work carried out at this Clinic are set out below:

Number of Children examined for employment.....	221
Number of Children for special observation.....	5
Number of Students examined for admission to Training College.....	68
Number of Teachers examined.....	9

Enuretic Clinic

Alternate Monday mornings by appointment only.

The Clinic is normally held on alternate Monday mornings, by appointment only. Because of staff pressures during the year, it was necessary to reduce the frequency of Clinics to once a month for a period. General Practitioners were the source of referral in an increasing number of cases. Children who had attended the Clinic for treatment were recalled to a School Medical Inspection for review approximately one year later. Of twelve children reviewed, none had relapsed. One child, who had not improved with treatment on the alarm, was recommended for recall for further treatment.

Number of New Cases.....31

Source of Referral: S.M.O.....22
G.P.....9

Number of Re-Examinations.....17

Total Seen...48

Number of Cases Where Alarm Issued.....25

(a) Treatment Completed.....22

Outcome: Cured.....9

Failed.....6

Improved.....7

(b) Treatment Incomplete.....3

Number of Cases Awaiting Alarm.....Nil

Number of Cases Treated by Other Methods.....7

(a) Treatment Completed.....5

Outcome: Cured.....2

Failed.....1

Improved.....2

(b) Treatment Incomplete.....2

Number of Cases Not Taken on for Treatment.....16

Number of Cases Waiting to be seen 31.12.72.....8

SPECIAL CLINICS

The following Clinics are held at 3 Spring Garden Lane:

Child Guidance

Psychiatrist: (Jan. - Dec.) Monday (all day)
(Jan. - Apl.) Wednesday and Thursday mornings.

Psychologist: As required.

Psychiatric Social Worker: As required.

A second Clinic, opened at Holbrook Junior School in May, was staffed as follows:

Psychiatrist: Wednesday and Thursday mornings.

Psychologist: As required.

Psychiatric Social Worker: As required.

Children seen by appointment only.

Speech Therapy

Wednesday and Friday all day.

Tuesday afternoons.

Children seen by appointment only.

Clinic Sessions held.....	228
Consultations.....	37
Treatments.....	1,010
New Cases Referred during the year.....	65
New Cases Commencing Treatment during the year....	36
Continued from 1971.....	84

Total Children Treated 120

Children Discharged.....47

Number on Register 31.12.72:

(a) Under Treatment.....64

(b) Awaiting Treatment after Consultation.....5

69

Waiting list (awaiting consultation) on 31.12.72..66

Children Discharged - Results of Treatment:

<u>Reason for Discharge</u>	<u>No</u> <u>Improvement</u>	<u>Improved</u>	<u>Speech</u> <u>Satisfactory</u>
Found unsuitable for treatment	-	1	-
Failure to continue attendance	3	8	-
No further response anticipated	-	8	21
Left school	-	1	-
Left district	-	5	-
	<u>3</u>	<u>23</u>	<u>21</u>

48.

Type of Defect Under Treatment 31.12.72:

	Boys	Girls	Total
Dyslalia	26	4	30
Stammer	4	3	7
Delayed Speech Development	10	4	14
Dual Defects	7	1	8
Others	8	2	10
	55	14	69

For the last three months of the year the area was without the services of a Speech Therapist. The figures therefore only represent approximately 9 months' work. The continued problem experienced over staffing the Speech Therapy Service locally results in a most unsatisfactory situation. The Autumn of 1972 saw the publication of the report of the Committee which was under the Chairmanship of Professor Randolph Quirk, on the Speech Therapy Services. This underlines the nationwide nature of the problems encountered by the service and makes recommendation for their remedy. The report emphasises the need for proper working conditions and supporting services and adequate career incentives. Locally we can claim adequate premises with the promise of further improvement when the health centre, planned for a site adjacent to Gosport War Memorial Hospital, is built: but we cannot at local level modify the present organisational problems of the service and this must await the reorganisation of the National Health Service in which the Speech Therapy Service will be included.

Audiometric Clinic

Thursday afternoons weekly, alternate Monday mornings and additional sessions as required.

Children seen by appointment only.

Number of New Cases Seen.....	296
Source of Referral of New Cases:	
(i) G.P.....	45
(ii) S.M.O.....	222
(iii) Other.....	29
Number of Cases Referred to General Practitioner.....	1
Number of Cases Referred to Hospital by Us.....	18
Number of Cases Referred to Audiology Clinic, Fareham.....	20
Outcome of Hospital Referral:	
(i) No treatment.....	3
(ii) Treatment....	9
(iii) Not known....	6
Number of Re-examinations Seen.....	404
Total of Attendances at Clinic.....	700

The number of children supplied with hearing aids has risen by over one-third during the course of the year. The increase has been almost entirely in the proportion of children needing aids who attend ordinary school. It is essential that cases should continue to be diagnosed in order that they receive the help which they need. A further important function of audiometric testing is to diagnose

children who have lesser degrees of hearing loss, who do not require hearing aids, but nevertheless have educational problems because of their disability. Close contact is kept with the Peripatetic Deaf Tutor.

Hearing Aids

Number of children in schools at 31.12.72 known to have been provided with Hearing Aids.....38

Special Schools.....11

Ordinary Schools.....21

Wallisdean County Primary - Partially Hearing Unit....4

Portchester, Wicor County Infants, P.H.U.....2

Hospital Board Special Clinic

Ophthalmic:

Gosport War Memorial Hospital

Wednesday afternoons and 1st, 3rd and 5th Monday afternoons.

Children seen by appointment only.

PERIODIC MEDICAL EXAMINATIONS

Number of Children Examined:

<u>Age Groups Inspected</u> (By year of birth)	<u>Number of Pupils Inspected</u>		
	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
1967 and later	314	288	602
1966	423	400	823
1965	23	29	52
1964	24	22	46
1963	15	10	25
1962	12	14	26
1961	5	5	10
1960	11	10	21
1959	4	9	13
1958	6	6	12
1957 and earlier	3	2	5
<u>Totals</u>	<u>840</u>	<u>795</u>	<u>1,635</u>
<u>1971 Totals</u>	893	844	1,737

Physical Condition of Children Examined:

	<u>Satisfactory</u>		<u>Unsatisfactory</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Boys	840	100.00	-	.00
Girls	795	100.00	-	.00
<u>Totals</u>	<u>1,635</u>	<u>100.00</u>	<u>-</u>	<u>.00</u>
<u>1971 Totals</u>	1,737	100.00	-	.00

Other Examinations

Special Examinations	628	1971 Totals:	751
Re-Inspections	2,868		3,078
	<u>3,496</u>		<u>3,829</u>

Result of Inspections

The following table shows the defects found at periodic and special inspections:

T = Treatment O = Observation

Defect or Disease	Periodic Inspections						Special Inspections	
	Entrants		Others		Total		Inspections	
	T	O	T	O	T	O	T	O
Skin	18	41	5	5	23	46	2	6
Eyes (a) Vision	39	69	5	7	44	76	-	15
(b) Squint	20	19	1	-	21	19	-	-
(c) Others	16	23	1	5	17	28	-	2
Ears (a) Hearing	21	243	5	12	26	255	2	12
(b) Otitis Media	1	126	-	5	1	131	-	1
(c) Others	2	50	-	3	2	53	-	7
Nose and Throat	19	293	4	16	23	309	1	13
Speech	10	84	-	5	10	89	2	10
Lymphatic Glands	1	100	-	6	1	106	-	3
Heart	8	57	1	5	9	62	-	11
Lungs	3	73	1	5	4	78	1	13
Developmental								
(a) Hernia	7	11	-	-	7	11	-	-
(b) Other	6	96	1	4	7	100	-	1
Orthopaedic								
(a) Posture	-	20	1	1	1	21	-	3
(b) Feet	4	115	1	10	5	125	-	11
(c) Other	2	71	1	2	3	73	-	7
Nervous System								
(a) Epilepsy	5	11	-	1	5	12	-	1
(b) Other	2	47	1	2	3	49	-	3
Psychological								
(a) Developmental	-	18	-	-	-	18	-	3
(b) Stability	-	72	-	7	-	79	-	14
Abdomen	1	20	-	1	1	21	-	-
Other	6	68	1	6	7	74	1	21
Menstruation	-	-	-	-	-	-	-	5
Totals 1972	191	1727	29	108	220	1835	9	162
Totals 1971	205	1810	22	90	227	1900	14	183

Handicapped Pupils

<u>Category</u>	<u>Number on Register at 31.12.72</u>
Blind	1
Partially Sighted	3
Deaf	4
Partially Hearing	18
Delicate	9
Physically Handicapped	26
Educationally Subnormal	117
Maladjusted	39
Epileptic	3
Speech Defective	4
	<hr/> 224 <hr/>

During 1972, 9 children who had been ascertained as being in need of special schooling as Educationally Sub-Normal were reviewed shortly before they reached statutory school-leaving age. Six were recommended for friendly supervision.

There is an increasing recognition of the importance of adequate play experience for children under the age of five. In the absence of Nursery Schools for this group of children, the Education Department have, on our recommendation, undertaken to pay Day Nursery/Playgroup expenses for three children during 1972. These were cases of neurological impairment, mental handicap with additional social factors and a developmental disorder of communication.

FOXBURY ASSESSMENT UNIT

There were 25 children who, at some time during 1972, attended the Assessment Unit. In these 25 children the following defects were noted to be present:-

Developmental Immaturity	25
Visual Defect	4
Epileptiform Seizures	1
Height below the Third Percentile	4
Severe Speech Defect	2
Hypothyroidism	2
Cranial Abnormality	2
Ungual Dystrophy	1
Osseous Defects	1

From the above it will be seen that several children had more than one medical defect present.

PROVISION OF MILK IN SCHOOL FOR JUNIOR AGE CHILDREN

During 1972, 182 children were recommended by School Medical Officer for school milk in junior schools in the town.

YOUTH EMPLOYMENT SERVICE

Although there has been a certain amount of unemployment among young people during the year, the position has not given rise to undue concern.

Most School Leavers were placed in employment of their choice but the greatest difficulty, as in previous years, was that of finding suitable semi-skilled and unskilled employment for those boys not suited to apprenticeship-type training. It is, therefore, gratifying to see the growth of small industrial units in the town, particularly in the Quay Lane area, creating vacancies for such lads.

The most difficult vacancies to fill have been those for Hairdressing apprenticeships, mainly for girls.

SCHOOL DENTAL SERVICEStaff

In previous years some difficulty has been experienced in obtaining suitably qualified members of the Staff. This situation now appears to have eased considerably in Hampshire and it is pleasing to report that during the year the full establishment of four Dental Surgeons and two Dental Auxiliaries has been obtained.

One Senior Surgeon, who had served Gosport for many years, retired and it was possible to fill the appointment without any loss of continuity.

Returns of Work

These are appended and show a striking similarity to the previous year. A major effort was made to inspect every School in Gosport during the year. This was not quite achieved - it took thirteen months. It is hoped to improve on this figure in the future.

Dental Health Education lectures have been given in twelve Schools. The Speakers were mostly supplied by Hampshire County Council. It is anticipated that some of this work will be carried out by our own Auxiliaries to an increasing degree in the future.

Buildings and Equipment

During the year one Surgery was totally re-equipped with a dental unit and chair, the old equipment having reached a stage where it was beyond reasonable maintenance.

General

Several student Dental Nurses were accepted from the Eastleigh Technical College to do part of their practical training in Gosport Clinics.

One member of the staff attended a refresher course in Orthodontics.

Future Trends

Undoubtedly the most important aspect of dentistry that has become apparent during the year is the slowly growing emphasis on preventive measures. Oral hygiene, diet and, above all, topical application of fluoride solution, are now being given newer emphasis. New fluoride solutions, gels and prophylactic pastes have become increasingly available during the year. These items are all aimed at inducing caries resistant teeth and a subsequent reduction in the total amount of necessary conservation work. If these methods could be used in conjunction with a suitable addition of fluoride to the water supplies, then it is certain that much of the conservation and orthodontic work for young people could be avoided.

Dental Treatment of School Children

1. Attendances for Treatment including "Emergency" and Orthodontic.....	17,424
2. Emergencies.....	893
3. Number Actually Treated.....	5,801
4. Additional Courses of Treatment Commenced.....	542
5. Fillings:	
Permanent Teeth.....	8,269
Deciduous Teeth.....	4,952
6. Teeth Filled:	
Permanent Teeth.....	6,895
Deciduous Teeth.....	4,076
7. Extractions - Carious	
Permanent Teeth.....	564
Deciduous Teeth.....	2,645
8. Extractions - Orthodontic:	
Permanent Teeth.....	347
Deciduous Teeth.....	429
9. No. of General Anaesthetics by Medical Anaesthetists.	1,104
10. No. of Patients X-Rayed.....	600
11. Prophylaxis.....	1,371
12. Gum Treatment.....	630
13. Teeth Otherwise Conserved.....	964
14. Other Operations:	
Permanent Teeth.....	1,107
Deciduous Teeth.....	913
15. Teeth Root Filled.....	24
16. Inlays.....	5
17. Crowns.....	49
18. No. of Dentures.....	16
19. Courses of Treatment completed.....	5,351
20. Orthodontics - Attendances.....	2,626

