[Report 1966] / Medical Officer of Health, Guernsey.

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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1966.

GUERNSEY:

1967.

Printed by GUERNSEY HERALD LIMITED, Victoria Road.

Report of the Medical Officer of Health for 1966

Lukis House,
Grange,
Guernsey.
1st November, 1967.

Sir,

I have the honour to present to you my Annual Report on the health of the Bailiwick of Guernsey for the year 1966.

I have the honour to be, Sir,

Your obedient servant,

A. T. G. THOMAS, M.D., B.S., D.P.H.,
Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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INTRODUCTION

The Administrative Background

The administrative area embraced by this Report includes Guernsey, Alderney, Herm, Sark and Jethou. Communication is by air and sea to Alderney and by sea to the other Islands. To anyone unfamiliar with the Island who wishes to study the information contained in the Report it is perhaps helpful to note that the whole background differs in many respects from that of a conventional local authority on the mainland.

The Public Health Department functions under the Board of Health, which is one of the standing committees of the States of Guernsey and it derives its powers and responsibilities largely from local legislation. This means virtual independence from the mainland in the field of public health, though in practice valuable assistance is given in dealing with certain problems by the Ministry of Health and the Wessex Regional Hospital Board. Further, the Island is outside the scope of the National Health Service, though an arrangement exists on the one hand for the treatment of visitors and on the other for Island patients to receive treatment on the mainland for ailments for which suitable provision does not exist here.

Another interesting feature is that the static nature of the population makes epidemiological and environmental study of the people easier than in a mainland community, and this has in fact attracted one or two research workers in these fields. The population may be divided roughly into urban and rural communities and the main occupations are the growing of tomatoes and flowers, and commerce. Light industry is showing some promise of development and of course the substantial number of summer visitors is a valuable economic factor.

TABLE I

GEOGRAPHICAL

The Island of Guernsey is seventy-five miles from Weymouth, forty-two from Cherbourg and sixty-one from St. Malo. Its area is 24.5 square miles and its highest point is 345 feet above sea level.

METEOROLOGICAL STATISTICS

SUNSHINE:

Total hours	1,775.4	Sunless days, 1966	71
Average, 50 years	1,875.2	Average, 50 years	58

Comparative Sunshine hours, 1966.

Highest total hours in the British Isles:

1. Guernsey (L'Ancresse) ...	1,865.8	4. Jersey (Airport)	1,790.8
2. Lizard	1,841.5	5. Shanklin	1,790.7
3. Jersey (St. Helier)	1,811.8	6. Torquay	1,781.8

RAINFALL:

Total inches, 1966	41.29	Rain days, 1966	203
Average 50 years	35.85	Average 50 years	186

TEMPERATURE:

	°C.	°F.
Yearly mean	10.8	51.4
Average, 50 years	10.7	51.3
Mean daily range	4.4	8.0
Average, 50 years	4.9	8.8

WIND:

	Calm	N.	NE.	E.	SE.	S.	SW.	W.	NW.
Days in the year	8	33	36	27	29	39	66	67	60

"Those who carry on great public schemes must be proof against the most fatiguing delays, the most mortifying disappointments, the most shocking insults and, what is worst of all, the presumptuous judgment of the ignorant."

Edmund Burke
(1728-1792)

GENERAL

During 1966, the Department began to feel the full benefit of the increased number of qualified staff, as will be evident from the figures submitted in that later portion of this Report dealing with the work of the officers working under the Chief Public Health Inspector. The recruitment of younger staff from the mainland, which is inevitable owing to the impossibility of obtaining local people, is of particular benefit in bringing to us the latest ideas in the whole field of sanitary science and it affords us an opportunity of reviewing our standards to see that we keep pace with the times. Paradoxically, the raising of the establishment to full strength does not by any means reduce the demands on the time and energy of individual officers, since it leads amongst other things to the ascertainment of more and more problems needing attention.

Happily, too, increased field work by the inspectorate has led to a general improvement in public relations. This is important since it has been felt that for a long time past the public have not been all that forthcoming in coming to us for advice and help. Possibly, this attitude developed owing partly to the public's dislike of official intervention in their affairs and also perhaps because when they did, in fact, bring problems quick action was not always taken to meet them. The implication of this is, of course, that there is greater feed-in of information and complaints, the basis of which could never have been found by routine inspection even if we had had two or three times the number of inspectors. Incidentally, the establishment of the inspectorate has remained much the same for many years and with the growth of the population, the increasing sophistication of life and the raising of standards, it must be anticipated that at least one, and possibly two inspectors will be required within the foreseeable future. Indeed, our present establishment falls numerically short of the accepted ratio in the United Kingdom which is one inspector to every eight thousand of the population. As a side issue to the smooth operation of the inspectorate, there has been a steady improvement in the administration and maintenance of records. This is, of course, an important facet of the work, especially since some problems are recurrent and there could be a considerable time lag in rectifying difficulties or irregularities when recourse must be made to the law.

A similar strengthening in the activities of the Health Visitors/School Nurses took place with the arrival of Mrs. J. Simon, a lady with local associations, bringing the staff to its full strength of six. Here again, it is pleasing to report slow, but steady and definite improvement in public relations. The public, particularly in the rural areas, is slow to accept new faces. Quite apart from the personalities involved, they are also not over-anxious to admit States officials into their homes. Not, that is, until the individual Health Visitor has shown friendliness, willingness and helpfulness. Relationships between the Health Visitors and District Nurses have also made a steady move for the better, and it would seem that mutual

recognition of the sphere of influence of Health Visitors and District Nurses is now much more clearly defined. Of course, much ground still needs to be covered, bearing in mind that since the Health Visitors are expected to divide their time equally between health visiting and school medical work their effective strength in the Island is only really three full time workers, whereas the accepted ratio elsewhere is one to five thousand population. In this field also, increases in establishment may be requested.

Mention was made in the Annual Report of last year of the desirability of considering the establishment of a Children's Welfare Clinic run directly by the Public Health Department but closely connected with the voluntary services. Little progress has been possible. There are three reasons for this. One is the essential difficulty of finding accommodation, the second the manifest wish of the District Nursing Associations to continue on their present lines and the third, and perhaps most important, is that most of the Island's doctors do not favour the establishment of officially sponsored clinics. This, of course, is in line with the general pattern of the social services in the Island which tend to work more or less in isolation. It is possible for a distressed family to receive attention from several welfare bodies at the same time each without the knowledge of the others, or sometimes for benfits to be claimed from all of them. An attempt to meet this problem was made during the year by the setting up of an informal committee under the authority of the Guernsey Education Council and under the independent chairmanship of Deputy Miss E. W. Albiges. This had as its object the bringing together of certain social services such as the Children Board, the Probation Officers, the N.S.P.C.C. and the Mental Health Services, as well as others, with the special purpose of the study of "Problem Families". Early in its existence it was decided to substitute the expression "Families in Need of Assistance" as being perhaps kinder and more accurate. The Committee met on a number of occasions and promises to serve a most useful purpose.

Much work was carried out by the department, as in the two or three years past, in the geriatric field. This included a visit from Lord Amulree, Geriatric Consultant, and the submission to the Board of Health of three reports: one from the visiting Consultant, one from the Medical Officer of Health and one from the Secretary and Hospital Administrator. This will be dealt with later in the Report. The general impression gained from the year's working was that although we have not yet succeeded in reorganising accommodation for elderly folk in the ultimately most effective manner, we now at least have enough evidence available to be aware of the trends in our waiting list and the way in which future demands will develop. As regards waiting lists, for example, there has been manifest a certain process of stabilisation whereby some elderly persons are admitted to institutions, others die while on the waiting list and further beds become available in institutions in the same way. One special point has been kept in mind all the time, and that is the desirability of removing as many elderly people as possible from the Princess Elizabeth Hospital so as to free beds for acute cases and, if possible, to afford some relief to other organisations such as the Hostel of St. John in removing inmates who become in need of more extensive nursing care.

Considerable progress was made in the important field of Food Hygiene. Though we are still lacking authoritative legislation a very considerable amount was achieved by the ready acceptance by catering establishments and food businesses of the recommendations for improvements made by our inspectors arising from their personal visits. The normal procedure was for a systematic series

of inspections to be made, for observations and recommendations to be recorded in the office, and for letters to be sent out inviting the managers and proprietors to effect certain improvements. Resistance to this was encountered in two cases in every one thousand, a fine example of co-operation. Possibly, such a happy state of affairs has arisen from the gradually increasing appreciation of all connected with food and catering trades that they are in effect one of our "shop windows to the world" from their impact on the visitors, and any catastrophe in this connection could have very damaging results to our reputation and image.

As regards co-operation with other States Committees, the Medical Officer of Health attended discussions with the Poisonous Substances Committee, the Guernsey Education Council, the St. Peter Port Hospital Board and others. Contact was maintained with the States Dairy and the States Water Board on the maintenance of high standards in the milk and water supplies. Considerable progress was made in the introduction of effective and up-to-date legislation in the control of poisonous substances used in agriculture. This is considered to be a matter of continuing importance, owing to the large number of new and very poisonous substances constantly being introduced into the Island for horticultural use. If such close control is not maintained, the risk of pollution of domestic and public water supplies is a real one.

The Medical Officer of Health attended two conferences. The first, held in London on Wednesday, 26th January, was inaugurated by the Ministry of Health with special reference to the catering trade of which several hundred leading figures attended. A number of extremely interesting points emerged, particularly the difficulties which have now begun seriously to hamper the trade in maintaining really high standards of catering. These included untrained and undisciplined staff who, knowing that they were in short supply, resisted discipline and simply left their job if pressure was put upon them to maintain good standards. Coincidentally, there was the problem of concentrated demand for feeding which arose at certain hours of the day, and imposed heavy burdens upon the staff generally. Mention was also made of the growing practice of 'outside catering' where food was delivered in vans for social functions. This practice presented difficulties and dangers of its own. In general, the impact of this conference was to give a greater understanding of the caterers' point of view, a very necessary thing for those whose duty it is to discipline them and to demand the maintenance of high sanitary standards. The Medical Officer of Health also attended the Annual Conference of the Royal Society of Health at Blackpool in April. The conference was attended by nearly four thousand delegates from local authorities, including overseas representatives and was opened by Lord Cohen of Birkenhead speaking on "Medicine of the Future". His special point was that while advances in all fields of medicine progressed, the problems correspondingly increased since the financial implication of improved treatment could be enormous. He also emphasised the importance of preventive medicine, including immunisation and the early diagnosis of disease, for example, by the use of cervical cytology. Several very important papers were read on the new risks concerned with occupational disease. The more complex industry became, the more of these risks, often of a subtle nature, there were. One of the newer ones arose from radiation and the disposal of radio-active wastes. The use of poisonous substances in agriculture was also discussed. The papers concerning family health dealt, as might be expected, especially with the geriatric problem, and emphasis was laid on the undesirability of multiplying institutional accommodation but rather the accom-

modation of elderly folk in their own homes as long as possible. The feature of the discussion of preventive medicine was that of the role of the Medical Officer of Health in dealing with major disasters. He had a most important part to play in seeing that certain public services such as water supply and sanitation were adequately maintained, working in close co-operation with the Police and voluntary organisations.

Food and nutrition were also dealt with and one speaker stressed the desirability of increasing mechanisation in the catering trade in view of difficulties of obtaining proper staff. This point had also been touched upon at the London conference in January.

Finally, an interesting session dealt with the modern hospital from several angles. The particular point which the introductory speaker made was that the modern hospital could be divided clearly into two main sections. On the one side there was a unit purely or almost purely for the "domestic accommodation of the patient" almost on the lines of a good hotel. To this section, the patient would be returned to resume as normal a life as possible after his medical or surgical condition had been dealt with. Running parallel to this there would be a technical block functionally designed for all modern procedures of treatment such as x-rays, surgery, resuscitation and the like. While it was not likely that the domestic side of a hospital would need modernisation over a longer period of years, it might be anticipated that the technical side would, and provision should be made for this in hospital design. Altogether, the conference was extremely stimulating and informative.

Sanitary Circumstances

In the field of sanitation, perhaps the most important event of the year was the opening of the Creux Mahie outfall. This progressive move had not been made without the expression of certain misgivings by various members of the States and, indeed, at one time there was considerable opposition, largely on the grounds of possible pollution of the beaches on our South coast. Happily, even in the earlier days of the operation of the plant it was quite evident that any fears of this kind were quite groundless. Indeed, quite soon local authorities in countries as far away as Africa were writing to ask for particulars of the process, and it may well be that it is adopted in this Island for other planned sewage schemes. Its especial virtue is that a large quantity of effluent can be treated with the minimum use of land, that is without extensive filtration and treatment areas. This in itself is a very important factor here, where land is valuable and scarce. Unfortunately, efforts to encourage the disposal of domestic sewage by means of individual treatment plants were still unsuccessful. This is a great pity, because the steady addition of perhaps 400 new cesspits per annum to our existing 6,000 is not one which can be viewed without anxiety. It is not necessary to stress the difficulties accompanying cesspit emptying which include increasing the congestion to our roads and nuisance suffered during the process by the neighbours. Obviously the answer is extensive main drainage, but there may well be a period between the advent of this and the present day when the cesspit problem reaches serious proportions.

In the field of legal improvement, some progress was made as regards the laws relating to immunisation against smallpox and diphtheria and that controlling cremation certificates. There was also a move to control the misuse of dangerous

drugs. Little progress was, however, made with the most important enactment, that is the introduction of the Food and Drugs legislation adopted twelve years ago in the United Kingdom. As time goes by, it steadily emerges that there is an increasing need for a complete revision and modernisation of all our laws dealing with the public health, and also of those relating to housing. How and when this can be done remains a matter for speculation.

Health Education

As regards health education, a system which promises well was planned. This will be operated by Health Visitors, provided with projector and film strips on health subjects attending Women's Institutes throughout the Island and giving them talks on such things as infant feeding, the health of school children and the like. The Medical Officer of Health also continued his evening visits to Women's Institutes throughout the year. These talks and discussions have a two-fold value, in that the Medical Officer of Health can learn a great deal from the discussions which take place about local problems and worries, and hear the views of the members on them. They also, of course, provide an opportunity for him to answer questions on every facet of preventive medicine.

Administration

The matter of accommodation for the Public Health Department again arose during the year. This had been under consideration for several years owing to the numerous disadvantages attaching to the use of Lukis House. This included in particular traffic danger, noise, lack of clinical facilities and the fact that the premises as a whole do not by any means present the accustomed image of a health department. Approaches had been made to the Guernsey Education Council to explore the possibility of finding accommodation in the old Ladies' College building but this had not worked out. Next, it was found that the Engineer was to move from the States Annexe, and plans and blueprints were prepared showing, in fact, that this would be very considerably better than Lukis House. In the end, the building was given over to the Housing Authority. There remained three alternatives:—

(1) To construct a purpose-built unit on the Princess Elizabeth Hospital site or some other suitable one.

(2) To rent suitable premises of a modern character and adapt them to our use; or

(3) To spend a substantial sum of money on the rehabilitation of Lukis House.

No solution had been found to the problem by the end of the year.

As in years gone by, it is my pleasant duty to acknowledge the help and co-operation given to the department by the Board of Health, the Education Council and their officers and other States Departments, and to express my appreciation of the effective and diligent work carried out by the staff.

POPULATION

The 1965 estimates are as follows:—

Guernsey	45,747
Alderney	1,472
Sark	560

As regards visiting population, it might fairly be estimated that our population is increased by some 12,000 persons at any one time during the season, giving a summer population of some 59,779 for the whole Bailiwick inclusive.

Births

In 1966 there were 780 live births registered in the Island. Of these 397 were males and 383 females. The birth rate is therefore 17.05 per thousand. The corresponding rate for 1965 was 17.9. The rates of illegitimate births in relation to 1000 live births in urban and rural areas of England and Wales in 1966 were 86.0, 51.9 respectively and for the country as a whole 78.9. Guernsey's rate was 95, that is 1 : 10.5 live births. There were 12 still births as against 11 in 1965 giving a rate of 15.38 per thousand live births.

Deaths

There were 564 deaths in all in 1966 as compared with 568 in 1965. This is yet another interesting example of the curious predictability of the vital statistics of this Island the pattern of which recurs every year and in so many respects. The crude death rate arising from the total deaths is 12.3 per thousand, with a corrected death rate of 10.57 per thousand. The correction is related to the particular age and sex distribution of the population of the Island and the comparability factor is 0.86.

Comments on Cause of Death

1. *General*

   The pattern of the causes of death showed little variation from usual and once again there was no indication of the impact of any disease from outside the community having any influence.

2. *Pulmonary Tuberculosis*

   Deaths from this numbered 3 as against 2 in 1965 which must be regarded as a very satisfactory figure. These deaths occurred in the age group 45-64. One other death was attributed to T.B., the site unspecified. The inference to be drawn from these low figures is that we are undoubtedly making progress towards the virtual elimination of the disease from the Island thanks to B.C.G. vaccinations, contact tracing and a steady though slow improvement in environmental conditions. Further, it must be borne in mind that figures from deaths due to Tuberculosis can be "weighted" by the fact that a person suffering from this disease can die from an additional cause super-imposed upon his original infection.

3. *Cancer*

   According to the usual procedure, cancer of the lung and respiratory passages is dealt with separately in this Report. Of other sites, cancer of the stomach caused 28 deaths as compared with 20 in 1965, 15 in 1964 and 16 in 1963. The total deaths from cancer were 127 as compared with 104 in 1965, and 100 in 1964. Deaths from cancer of the large intestine were 6 compared with 10 in 1965 and 9 in 1964. Some of the overall increase in cancer must be attributed to an increase in cancer of the stomach (28 compared with 20).

Cancer Deaths

Year	*Deaths*	*Year*	*Deaths*
1946	74	1956	70
1947	66	1957	108
1948	77	1958	102
1949	88	1959	100
1950	66	1960	100
1951	98	1961	98
1952	91	1962	118
1953	72	1963	101
1954	86	1964	100
1955	84	1965	104
		1966	127

As was noted in last year's report cancer figures undoubtedly showed a slow increase. It is probable that the impact on these figures of the general ageing of the population is still making itself felt and that it will continue to do so for some time yet. It could be anticipated that sooner or later the ageing process in the population will flatten out (so to speak) and so also will the apparent increase in deaths from cancer. Can anything be done to prevent cancer of the stomach? Two factors at least might be studied. One is careful attention to the hygiene of the teeth and mouth, and the second the adoption as far as possible of reasonable dietetic habits. It is interesting to observe that there were 9 cases of death from cancer of the breast. Some of these might have been preventable if an early diagnosis had been made, and it is hoped that an examination of the breast associated with cervical cytological examinations might assist in this. It is interesting to observe that cancers of the cervix caused only 2 deaths and of the uterus only one. This does not diminish the value of cytology, because several other cases may have been diagnosed early and cured by operation.

4. *Circulatory Diseases*

As usual, these were fairly high, totalling 187 as compared with 201 last year. Prominent as usual was coronary disease causing 97 deaths (1965—109) with other heart conditions causing 27 and 28 deaths respectively. Obviously, the ageing of the population exerts big influence in this picture, but some account must be taken of the changing pattern of life. Worry, tension, noise and hurry are factors which are engaging the attention of bodies such as the English Chest and Heart Association in their efforts to reduce the impact of coronary and circulatory diseases, but their task is a formidable one, since these impacts are social and almost universal and not really medical. Various theories about death in connection with arterial disease have not led very far as yet. To be a little optimistic, one might suggest that we in Guernsey have perhaps more chance of improving our environment in this respect than a dweller, particularly an urban dweller, on the mainland. This is worth thinking about. The relationship between diseases of the circulation and cerebral vascular disease cannot be overlooked, and these conditions should really be taken together. In fact, this group of diseases total 80 in 1966 and 75 in 1965. So that in fact, 267 deaths out of a total of 568 can be associated to a greater or lesser degree, with deterioration of organs of circulation.

5. *Bronchitis*

23 deaths were returned as being caused by Bronchitis as against 13 in 1965. Although this is yet another disease associated with a population with a high percentage of elderly people, it is one of which the impact is less than on the mainland. In England the figure for 1965 was .54 per thousand as compared with Guernsey's .50 per thousand. In this respect Guernsey has two advantages; one is that we enjoy an excellent ration of sunshine and the second that our air is much purer even than rural England's.

6. *Senility*

The group of diseases listed under the heading of symptoms, senility and ill-defined conditions includes some which are not necessarily associated with old age. Taking senility alone, 31 deaths are reported as against 43 in 1965 and 46 in 1964. To be strictly accurate, this should refer to deaths occurring purely from old age, not accompanied by any other disorder materially contributing to the patient's decease. In practice, it is probably better simply to take the actual age of the patient into consideration and classify deaths as being from senility when they occur, from whatever cause over the age of 85 or 90, since old age is the main factor involved. It may be that the advent of a geriatric rehabilitation centre will have the effect of postponing the age for death in this classification by an average of some years. This remains to be seen. Old age, in a sense, is capable of some degree of prevention, or at least postponement.

Cremations

Year	*Total*
1955	55
1956	70
1957	69
1958	50
1959	65
1960	73
1961	80
1962	99
1963	106
1964	102
1965	122
1966	89

It is significant that most cremations are of town dwellers rather than country people, but as time goes by it may be that the rural attitude will alter. Certainly, it is most desirable for a still greater number of deceased persons to be cremated than there is at present. During the year, the crematorium was completely overhauled, and can now be expected to function with entire efficiency for many years ahead.

The explanation for the apparent drop in the average number of cremations from about 110 to 89 is explicable by the fact that the crematorium was closed for repairs for several weeks during the year. It is hoped that the upward trend in the use of the crematorium will continue because of the substantial advantages of this method of disposal of the dead.

TABLE II *

YEAR	Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000	No.	Crude rate per 1,000	Adjusted rate per 1,000	No.	Rate per 1,000 Births
1946	38,038	872	22.9	431	11.3	7.9	35	40.1
1947	40,674	900	22.2	419	10.3	7.2	30	33.3
1948	43,179	870	20.2	445	10.4	7.3	17	19.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,367	736	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	667	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	569	12.6	8.82	16	21.1
1962	45,203	797	17.6	569	12.5	8.68	15	17.6
1963	45,339	842	18.5	542	11.7	8.21	24	28.5
1964	45,475	891	19.6	540	11.89	10.22	19	21.32
1965	45,611	816	17.9	568	12.45	10.71	16	19.61
1966	45,747	780	17.05	564	12.3	10.57	13	16.6

* TABLE II—Note (*a*) Methods of estimating the mid-year population were changed in 1958 and 1964 in an effort to achieve greater accuracy.

Note (*b*) Estimates for 1963 and 1964 are based upon preliminary population figures compiled from the 1961 Census Returns.

Infant Mortality

The number of deaths of infants under one year of age was 13, giving an Infant Mortality Rate of 16.6. The total last year was 16 giving a rate of 19.61. The rate for 1964 was 21.32 and for 1963 28.5 per thousand live births. This is a definite improvement. Of the total 13 deaths, 12 occurred under the age of one month giving a neo-natal death rate of 15.38 per thousand live births as compared with 13.48 last year. The rates for England and Wales in 1965 were Infant Mortality: 19.0; Neo-natal Mortality: 12.9. It is interesting to observe the big discrepancy between neo-natal deaths (under one month) and deaths from one month to one year, showing how the risk diminishes rapidly with the age of the baby.

Marriages

416 marriages took place during the year as compared with 362 last year. The corresponding rates are 9.01 and 7.94 per thousand respectively.

Care of the Aged

The work in organising the care of the aged in the Island which had begun in January 1964 continued through the year. Comparative figures are as follows.

The total waiting list on the 1st January: 1965—95 (32 male and 63 female), 1966—106 (47 male and 59 female). Deaths during the year: 1965—45, 1966—29. Admissions to institutions during the year: 1965—66, 1966—60. Total waiting list as at 31st December: 1965—106 (47 male and 59 female), 1966—108 (44 male and 64 female).

	1964	1965	1966
Total waiting list at 1st January	116 (32M. 84F.)	95 (32M. 63F.)	106 (47M. 59F.)
Deaths during year	50	45	29
Admissions to Institutions during year ...	47	66	60
Total waiting list at 31st December ...	95 (32M. 63F.)	106 (47M. 59F.)	108 (44M. 64F.)

Consideration of the above figures will show that the situation tends to become stable, and these figures now provide a useful guide for future planning. They do not take account of elderly persons cared for or living in accommodation not under the control of the Board of Health, such as Victoria Homes, Longue Rue House and the Hostel of St. John. An important move during the year was the work carried out at the St. Peter Port Hospital which, when completed, will result in 12 more beds, at least, becoming available. These will almost certainly be needed for male cases, for whom accommodation of the hospital type is much less adequate than that for females. The essential moves for the future are: (i) the establishment of a rehabilitation unit; (ii) the development of "welfare type accommodation" to care for people who can do something for themselves but who cannot manage in their homes; (iii) the rehousing of elderly people in premises more adapted to their age; (iv) further development, if possible, of home help service; and (v) the appointment of a physician who will take special interest in geriatrics in association with the rehabilitation unit.

In the field of geriatrics generally, two influences are still at work which tend to prevent the situation becoming completely stable. One is the slowly increasing longevity of the population which can be expected to become so slow as to be imperceptible and the second is the influence of a rehabilitation unit when it comes into operation. Apart from dealing with the physical welfare of old people, this unit may, and should, diminish pressure on beds in both hospital and welfare type accommodation, by extending the period during which old folk can remain in their homes. The comment might be made that the Public Health Department expends perhaps a somewhat disproportionate amount of the time and effort of its staff in the field of care of the aged to the detriment of the care of the young. It is, however, difficult to avoid a trend in this direction partly for humanitarian reasons because the Health Visitor, through her attendance in people's homes, must concern herself with the problems of the family as a whole and, secondly, because few geriatric cases present a single problem. That is to say that, for example, the removal of a severely disabled case to an institution may bring a tremendous relief to the whole family who may have undergone strain and hardship in endeavouring to care for the case themselves.

TABLE III

Census 1951

Ages—(Five Year Groups)

Age last Birthday	*Guernsey including Herm & Jethou*		
	Persons	*Males*	*Females*
65-69	1,831	816	1,015
70-74	1,517	660	857
75-79	1,016	430	586
80-84	567	207	360
85-89	248	84	164
90-94	47	17	30
95 and over	11	1	10
Aged 65+	5,237	2,215	3,022

Census 1961

Ages—(Five Year Groups)

Age last Birthday	*Guernsey including Herm & Jethou*		
	Persons	*Males*	*Females*
65-69	2,099	873	1,226
70-74	1,649	646	1,003
75-79	1,229	468	761
80-84	749	284	465
85-89	346	119	227
90-94	86	22	64
95 and over	14	2	12
Aged 65+	6,172	2,414	3,758

INFECTIOUS DISEASES

King Edward VII Sanatorium—

Patients admitted during 1966

Diseases	*Cases*	*Deaths*
Pulmonary Tuberculosis	16	3
Infective Hepatitis	4	—
Chicken Pox	3	—
Measles	1	—
Industrial Dermatitis	1	—
Scabies & Impetigo	2	—
Sonne Dysentery	1	—
Pemphigus	1	—
Pyerexia Investigation	2	—
Diarrhoea—Cause unknown	2	—
	33	
Geriatric	13	5

Tuberculosis

16 cases were admitted to the Sanatorium with 3 deaths giving a death rate of 0.06. This compares very favourably with the rate ten years ago, in 1956, which was 0.19. As usual, most of the cases admitted were in the higher age brackets and there were often chronic cases which had relapsed or people who had once had the disease but had deteriorated through other chronic respiratory troubles such as bronchitis and emphysema. As time goes by, this type of case will gradually disappear. With the routine use of modern anti-tubercular drugs not only can permanent cure be assured but length of stay in the Sanatorium can be diminished, and the patients moved quicker to their own homes, attending at Lukis House for observation at intervals. The Out-patient Clinic register at present numbers 98 patients, who attended with degrees of frequency ranging from a week or two, after discharge from the Sanatorium, to as much as a year, in cases which had "stabilised" for a long time and will be due for removal from the register in the not distant future. The problem of obtaining employment for convalescent out-patients remains a difficult one but is not always insoluble, particularly as regards patients who regain their employability relatively quickly.

Memorandum on the incidence of tubercular infection among Guernsey schoolchildren during the five years 1961 *to* 1965 *inclusive and the proportional protection by B.C.G. vaccination achieved during the same period.*

By Dr. C. G. White, M.B.E.

Contrary to commonly held belief, tuberculosis is not a spent force. The infection is just as virulent as it has ever been. Because developments in drug therapy in the past twenty years have made it possible to hold out much greater hopes of cure to those who succumb to infection, the belief has grown that tuberculosis has been conquered. This is a dangerous fallacy. The infection still spreads with the same ease, rapidity and ruthlessness as it did a hundred years ago.

To achieve a reduction in the incidence of tuberculosis in any community the only effective measure remains prevention. This depends upon the early diagnosis and treatment of infected persons and the tracing of sources of infection by surveying all contacts. Only in this way can the benefits of modern therapy, applied to infected persons, be enlisted to reduce the incidence of infection by eliminating (curing) the sources of new cases.

A programme of tuberculin testing and B.C.G. vaccination among Guernsey schoolchildren has now been in existence for ten years. It is considered an opportune time to review the present incidence of tubercular infection in this section of the population and to assess the acceptance rate by parents of the offer of B.C.G. vaccination to children showing a negative response to the tuberculin test at age 10 to 12 years. Unfortunately the statistics for the early years have been recorded in such a way that a detailed analysis is not possible. The manner of recording was standardised three years ago and for the two years prior to this, analysis of the response to the tuberculin test is still possible. The acceptance rates for B.C.G. vaccination in 1961 and 1962 are suspect, being greater than 100% in 1961 and precisely 100% in 1962. For the years 1963, 1964 and 1965, these rates can be calculated with confidence.

In tabular form, then, the work of the Board of Health, operating through the School Medical Services, in the field of tuberculosis prevention among Guernsey schoolchildren during the past five years is presented below:

TUBERCULIN TESTING OF INFANTS

TABLE I

Year	*Tuberculin Tests*	*+ ve Reaction*	*Incidence*
1961	565	6	1.06%
1962	257	1	0.39%
1963	668	7	1.05%
1964	497	2	0.40%
1965	832	9	1.08%
5 years	2,819	25	0.89%

The overall incidence of new infections under six years of age is therefore less than 1.0% (0.89%) and while the average of 5 new infections in this age group per year gives no cause for complacency, this incidence is not alarming.

TUBERCULIN TESTING OF JUNIORS

TABLE II

Year	*Tuberculin Test*	*+ve Reaction*	*Incidence*
1961	403	10	2.48%
1962	505	24	4.75%
1963	773	16	2.07%
1964	461	8	1.71%
1965	472	9	1.91%
5 years ...	2,614	67	2.56%

It should be noted that, among Juniors, no child is tuberculin tested who is known to have shown a positive reaction at the Infants stage. The object is to disclose new infections and to ascertain those who, by a negative reaction to the test at the Junior stage, show themselves devoid of any existing immunity and therefore in need of immunisation by means of B.C.G. vaccination.

From this table we learn that the incidence of new tubercular infections in the second five years of life, among Guernsey children, almost trebles as compared with the incidence in the first five years (2.56 : 0.89 as 2.88 : 1.0). Of course, even in a child's life, the second five years are less sheltered than the first five years, but this increase indicates a reservoir of tuberculous infection among the contacts of children aged six to eleven years within the Island, which is still defeating efforts to detect it. The elucidation of this concealed source of disease will require the close co-operation of the whole medical profession in the Island. Untreated, open and infectious cases of tuberculosis among the population are remaining hidden, to the greater detriment of their own health and to the danger of the health of the public among whom they live and work. These cases must be found, notified and treated if new tuberculous infections are to be reduced significantly.

The B.C.G. Vaccination programme will help to increase the resistance to tuberculosis of persons of eleven to (approximately) twenty years old. Nevertheless, such a measure must be regarded as secondary to the identification and notification of infectious cases. Here is the summary of immunisation carried out in the past five years.

B.C.G. VACCINATION OF JUNIORS

TABLE III

Year	*Negative Reactors*	*B.C.G. Vaccinations*	*Acceptance Rate*
1961	403 — 10 = 393	396	100%
1962	505 — 24 = 481	481	100%
1963	773 — 16 = 757	722	95.5%
1964	461 — 8 = 453	445	98.3%
1965	472 — 9 = 463	453	97.9%
3 Years	1,706 — 33 = 1,673	1,620	96.9%

(Note: The acceptance rates for 1961 and 1962 are clearly suspect and are therefore excluded from the figures for the 5 year period. The final acceptance rate of 96.9% is therefore based on the experience of three years 1963, 1964 and 1965 only.)

B.C.G. vaccination is not offered to positive reactors who already show an existing immunity. The acceptance rate is therefore calculated from the proportion of negative reactors who accept B.C.G. vaccination. The overall acceptance rate of almost 97% would, at first sight, seem highly satisfactory. It is possible to be misled by this admittedly high proportion. Of the 3% who do not accept B.C.G. vaccination, far too many are not vaccinated because of parental objection. If this objection is based upon ignorance of the advantages of vaccination, then a publicity campaign is required to reduce the non-consenting parents to those very few who embrace a principle which they conceive forbids them to allow their children to be protected against tuberculosis. These unfortunate, but well-meaning people can never be persuaded and any attempt to do so is likely to prove unavailing. It is even probable that persuasion should be sunned out of respect for the liberty of an individual to decide for himself what risks are to be faced unprepared. This defence is less valid when consent is withheld on behalf of a minor.

The duration of the protection afforded by B.C.G. vaccination against tuberculous infection varies between individuals receiving it. It is very seldom less than seven years; is thought to average ten to twelve years and is known to exist for very much longer than this in many instances. Hence Guernsey schoolchildren who have accepted B.C.G. vaccination can be said to have been given enhanced protection against tuberculosis up to the age of twenty years. This covers the period when the risk of infection is greatest, when the majority of them leave school and mix with the general population of all age levels.

There will never come a time when B.C.G. vaccination can be abandoned. As the risk of infection from existing cases is reduced, so the population becomes " unsalted " and the more vulnerable to attack; hence in greater need of immunisation. Consider also those young Islanders whose occupations, after leaving school, will take them among populations where the risk of tuberculous infection is higher than it is in their native Island, for instance the mainland of England or of France. Without B.C.G. vaccination these young Islanders are placed in needless danger to their health from the tuberculosis which they have escaped in their home environment.

This then is the justification for the continuation and extension of the tuberculin testing and B.C.G. vaccination programme among Guernsey schoolchildren, if any is needed. It is intended to circulate this memorandum to the members of the medical profession in the Island, whose help and co-operation is so vital a part of the campaign to eradicate tuberculosis from Guernsey. Eradication is not alas, just around the corner, but without doubt it is possible of achievement. It is believed to be important, as well as courteous, to share the information contained in this memorandum with those whose work brings them into closest contact with the problem remaining to be solved.

Tuberculin Testing and B.C.G. Vaccination

During the year 1517 tuberculin tests were carried out by the Public Health Department and 576 schoolchildren protected with B.C.G. This compares with 453 schoolchildren so protected in 1965 and 445 in 1964.

Poliomyelitis

Once again it is extremely pleasing to report that this disease was absent from the Island during 1966. This, however, should still not cause any complacency and it is desirable that the mass immunity of the population should be steadily maintained. This is a very easy task because of the speed, cheapness and simplicity of oral inoculation, and the fact that reactions are virtually unknown. During the year 720 inoculations were given by the Public Health Department. This compares with 1,361 in 1965 and 601 in 1964.

Diphtheria

As usual, the same applies to this disease as to poliomyelitis, and we can look with satisfaction at our clear record for 1966. As with poliomyelitis, the threat, though slight, is always present and this Department continues to encourage full protection for children. From time to time, the voices of anti-vivisectionists and other enthusiasts are raised against all types of inoculation and vaccination, but our methods have stood the test of time, and against a record of achievement such as has taken place in the eradication of diphtheria, it is very difficult for the protestations of the opposing body of opinion to carry much weight.

Diphtheria Protection State

Children aged 5 or 6 years in 1966.

Year	*No. of Births*	*Children fully protected*
1960	769	704 (91.5%)
1961	757	684 (90.4%)

This means that of all six and seven year old children in the Island, more than ninety per cent received protection for the first five years of life (that is until 1965/1966). With this degree of protection an epidemic is impossible. Such cases as may occur could only infect children among the unprotected ten per cent. The position regarding adults is not so easy to determine, but the chances of an epidemic amongst them are very remote. The important corollary is that those protected up to last year should now be boosted, if this has not already been done.

It will be appreciated that all this work has been quietly and systematically carried out by the Island's general practitioners and this contribution to immunity from diphtheria is extremely valuable.

Measles

1 case was admitted to the Sanatorium in 1966 as compared with 7 in 1965 and 2 in 1964. In this case, the disease was unaccompanied by any complications and was mild in nature. Measles cannot at present, be regarded as being very much more significant than most of the other infectious diseases, though, like them, it reaped a grievous harvest of death and disability in years gone by. In fact, 25 or 30 years ago, it caused more deaths amongst young people than diphtheria and scarlet fever put together. Any threat of its recurrence in the Island can be met by inoculation that is now available, but it is not considered necessary to introduce a continuing campaign in the same way as we did against poliomyelitis and diphtheria.

TABLE IV

VENEREAL DISEASE

	Male Section		*Female Section*	
	1965	1966	1965	1966
1. Number of persons under treatment or surveillance on 1st January:				
Syphilis	7	2	5	5
Gonorrhea	29	6	0	0
Non-specific or non-venereal conditions	24	4	0	1
2. Number of persons previously removed from register who returned for treatment due to re-infection ...	0	4	0	1
3. Number of fresh infections during the year:				
Syphilis contracted locally ...	0	1	1	1
Syphilis contracted outside the Island	2	4	0	0
Gonorrhea contracted locally ...	8	11	10	7
Gonorrhea contracted outside the Island	24	55	0	1
Non-specific or non-venereal conditions contracted locally ...	13	28	15	3
Non-specific or non-venereal conditions contracted outside the Island	31	18	0	0
4. Cases discharged:				
Syphilis	7	2	0	0
Gonorrhea	55	51	10	8
Non-specific or non-venereal conditions	64	40	15	4
5. Number of persons remaining under treatment or observation on 31st December:				
Syphilis	2	5	6	6
Gonorrhea	6	21	0	0
Non-specific or non-venereal conditions	4	10	0	0
6. Number of attendances	618	702	56	96

Enteritis

2 cases were admitted to the Sanatorium in 1966. This low number may indicate that conditions, particularly in holiday camps for young people, have been improving over the years, and this is very satisfactory. For some time past, a close watch has been maintained on the various sites and a higher standard of sanitary discipline recommended. It is still possible that there may be a number of cases of mild enteritis amongst visitors but they are certainly neither severe enough nor frequent enough to come to our notice in the Public Health Department. Nevertheless, this is no argument for relaxing our efforts to maintain a high standard of cleanliness in food handling and catering generally.

Cancer and Lung Cancer

TABLE V

Guernsey

Year	*Cancer All Forms*	*Cancer of Lung*
1954	78	9
1955	81	18
1956	68	11
1957	104	19
1958	102	25
1959	97	21
1960	100	16
1961	98	14
1962	114	28
1963	100	28
1964	100	19
1965	104	22
1966	127	29

	Cancer all Forms		*Cancer of Lung*		*Cancer of Lung per 1,000 of population*	
Year	*Jersey*	*Guernsey*	*Jersey*	*Guernsey*	*Jersey*	*Guernsey*
1964	157	100	40	19	0.65	0.42
1965	161	104	56	22	0.9	0.48
1966	157	127	42	29	0.66	0.63

The total deaths from cancer of the lung and respiratory passages in 1966 was 29. This was a substantial increase over the average for the past twelve years (19.1.) in fact it is one greater than our previous highest figure of 28. It is noted also that the figure of cancer of all forms which is 127 is the highest on record. This is not a very happy picture and it is, of course, in keeping with statistics on the mainland. As in so many other diseases, there is no doubt that the ageing of the population again is an influence here, cancer being especially a disease of increased age. Therefore it can happen that, as in the case of some other diseases the slowing up of the tendency towards increasing longevity may also cause some slowing of the increase in deaths from cancer in general and lung cancer in particular, but when this will happen is a matter of speculation. One thing might be expected and that is that our own figures in Guernsey should be

better than those in England, but this is not the case. Once again the only positive prevention measure that can be taken seems to be to continue an emphatic discouragement of young persons from beginning to smoke. It has been suggested that much increased taxation might help this, but opinions in England are divided, since the consumption of cigarettes does not appear to have diminished significantly in spite of heavy taxation.

Influenza

The impact of this disease on the population during 1966 was not unduly heavy, and no official scheme for protection by vaccination was tried. It may be that the advent of a really effective vaccine, devoid of unpleasant side effects, may ultimately emerge from the considerable amount of research which is taking place all over the world. In fact, this could reasonably be expected, once the research workers have overcome the difficulty arising from the fact that influenza does not arise from any single virus but from different viruses and different strains of the same virus from time to time.

Food Control

It will be seen from the records of the Chief Public Health Inspector that considerable progress has been made in this important field. The outstanding feature of the work has been the readiness of caterers and food businesses to accept advice from our inspectors on the general raising of standards. The work has been immensely helped by the activities of the two more recently appointed inspectors, both possessing a special qualification in the inspection of meat and foods. The system now has become routine. All catering establishments and food premises are visited as regularly as possible and full particulars regarding them are entered in a central record system. By this means, it is possible for a very detailed check to be maintained so as to ensure that recommendations made at one visit are seen on a subsequent call to have been carried out. The co-operation of caterers is the more to be appreciated, since some of them undoubtedly suffer from shortages and poor quality of staff and also from the fact that the premises in which they work were not originally designed for the purpose, though it is fair to say that by now most of them have been improved as much as can be done within the limits of space available. It would be true to say that the catering trade in this Island could now compare very favourably with any resort area in England, and this is not only an aesthetic achievement, but is a sound insurance policy for our tourist trade. One or two food shops, especially in St. Peter Port, are due for modernisation but we are aware that plans for this are under active consideration.

Health Legislation

There is little to be added to what was reported last year. In spite of what has been said above about progress in the field of good hygiene, it is still desirable that there should be a proper legal authority for the work of the inspectors, in the form of the British Legislation on Food and Drugs suitably modified for local application. Indeed, the same applies to the whole range of health laws in the Island. As was pointed out last year, peoples' customs and habits tend to change under the influence of advertising, radio and television, although it might be said that such changes occur more slowly in our Island and in many ways this is not a bad thing. Nevertheless as people change, so laws become outmoded and their periodic revision, sometimes a radical one, cannot be indefinitely delayed in any community.

Health Education

The poster frames introduced at strategic points in the town last year have proved reasonably satisfactory. The posters are changed from time to time and we are fortunate in having available a varied and effective series from the Central Council for Health Education. The effect of posters of any kind is not always easy to assess, but nevertheless it seems worthwhile to continue a form of health propaganda which is relatively inexpensive, especially since work in this field is somewhat limited in the Island. The most valuable medium for health education has always been, and probably always will be, the personal contact between members or groups of the public and a qualified teacher or lecturer such as a Health Visitor. This is achieved to some extent by visits of the Health Visitors to the Nursing Associations' Clinics and also to schools. It is a pity that more access to radio and television is not available, especially as regards the latter. In particular I.T.V. constantly puts across propaganda to influence motorists to prevent and avoid accidents, and it is believed that the impact of this is quite considerable. The Press is never unwilling to co-operate in advising the public, but its help is really most effective when some kind of scare or general problem arises such as, for example, when smallpox occurred in England in May. The Press is also helpful in bringing to the notice of the public items of general interest which appear in this Report, and anything which stimulates interest of this kind is worthwhile.

Water Supplies

It is when one reads of the problems arising from water shortage occurring on the mainland or on the continent that one realises how much we should congratulate ourselves, or rather our Water Board, for the effective maintenance of an abundant and wholesome supply, always with a reserve to hand in the form of our distillation plant which would make up the quantity in the event of drought. The achievement is the more commendable in view of the heavy demands arising during the summer months, when not only are there at least 12,000 more potential users, but also weather conditions encourage very much heavier demands. As usual, a watch was kept to prevent the access of poisonous agricultural chemicals to the supply.

Probably, more danger really exists from these chemicals to people who draw their domestic supplies from wells rather than to people who are on the mains supply. On the subject of the use of wells generally, a reasonable policy to pursue seems to be to make no objection to country dwellers using their own well water as they please, but to require them to inform any visitors whom they may accommodate that this is the case, and to offer to boil or filter it for them. Strangers are far more likely to be affected by polluted well water than are the people who have been brought up on it.

Swimming Pools

There is little here to report as compared with the position last year. New pools were constructed at the Vale and at St. Martin's bringing our total to three. Advice was given from time to time on the safe maintenance of these and no troubles have been reported. The advent of a few more pools is a steady but quiet move along the right lines. Such is the value of swimming to health and as part of general physical education, the ultimate objective should be that all children who want to should be able to swim both winter and summer and facilities for indoor water sports such as water polo should be available the year round.

Sewerage, Sewage and Sewage Disposal

As has been mentioned previously in this Report, the establishment of a new outfall at Creux Mahie amply justified itself, not only in producing a pure effluent into the sea but, perhaps more importantly, in relieving the difficulties experienced by the Sewage Cart Service in finding enough well situated points at which their contents could be emptied. There remains, however, the disturbing thought that at the present rate of growth of housing in the Island cesspits continue to multiply at the rate of 300 to 400 per year. Coincidentally, there are places where the housing density is beginning to increase to such a pitch that cesspit drainage becomes not only inconvenient but also uneconomic. There are, of course, two answers to this. One is that when density reaches a certain level, there is ample justification for connection to be made to a sewer. The difficulty here, of course, is that the installation of a mains sewer must precede this. Alternatively, there is the individual local miniature treatment plant. This method of sewage disposal has been advocated several times in these Reports and the principle was, in fact, accepted by the Sewage Disposal Co-Ordinating Committee some years ago. The principal argument used against these units is that nobody can give a one hundred per cent and completely unqualified guarantee that any one system will function perfectly for ever, but it is felt that opposition based on such grounds is hardly justified. The fact remains that thousands of units of this type are functioning well throughout the world. Surely the establishment of one at a given housing estate on a purely experimental basis would be the fairest test. After all, until a complete sewerage network is in existence almost anything is preferable to the unpleasant, cumbrous and relatively expensive expedient of cesspit drainage.

Beaches and Bays

The summer season passed without any particular item of sanitary importance in connection with our beaches. On the whole, the impression is that the standard of cleanliness, tidiness and amenity compares very favourably with any resort area on the mainland. Routine checks were made as regards possible sewage pollution, and except for one or two known areas associated with sewage outfalls, the general standard was satisfactory. As regards oil pollution a few slight incidents were observed, but not sufficient to merit any particular action. One project which had been contemplated in 1965 was further considered and not pursued, and that was to recommend the employment of beach wardens to deal with litter, especially such things as bottles which might be dangerous. It was felt that the measure of public co-operation which is shown by the type of visitor who frequents our beaches in the summer is such that it was hardly necessary for special supervision to be exercised. As regards sanitary conveniences, improvements were effected at many points and few complaints were received. It remains very evident that conveniences which are supervised by an attendant are always kept in a decent condition, and are relatively immune from wanton damage. In other words, the employment of attendants is a still justified measure.

Pharmacy, Poisons and Dangerous Drugs

Reference was made in the Annual Report for 1965 to the larger number of references in the press and on T.V. to the increase in addiction to and misuse of drugs by the public, unfortunately especially amongst young people. This subject needs perhaps to be dealt with in a little more detail, since it shows a very

disturbing trend. On the mainland, the number of addicts to dangerous drugs rose from 753 in 1964 to 927 in 1965 and 1036 in the first nine months of 1966. These figures, however, cannot be regarded as anything but very conservative, and the true number of addicts in 1966 might well be over 4,000. Moreover, these figures relate only to people addicted to the most dangerous types of drugs, and do not include those people who are in process of slipping into addiction, without this having come to the notice of the authorities. First of all, why is addiction to drugs on the increase? Obviously, there is no single answer. The following factors might all contribute in some measure.

1. Teenage affluence and the desire for "kicks".
2. Lack of proper social and athletic diversions for young people and consequent boredom.
3. Increased leisure and the inability to use it.
4. Lack of parental control and discipline.
5. Lowering of moral standards through T.V. and other media.
6. The increased availability of drugs, through lavish distribution in the health service and over-prescribing. Theft also materially contributes to this.
7. Insecurity owing to international tension.
8. The deterioration of home life and resorting to cafes and clubs.

Two other factors need special mention. The first is the insidious influence of example. Since the advent of the National Health Service, patients suffering from tension diseases such as insomnia, migraine and the like are demanding more and more treatment by drugs, and they will readily dose themselves for the most minor discomforts and complaints. In fact, even extremities of mood such as mild depression or excitement now call for medication. Pills, in fact, are substituted for self discipline and self control and the habit snowballs. All this is only too obvious to growing children, and the habit of using drugs of all kinds almost as a part of the daily diet becomes accepted. This naturally leads to complete loss of a sense of proportion, and it seems quite natural to introduce drugs into recreation as well. Secondly, and even more importantly, there is the snowball effect of drug addiction. Every addict becomes a potential pedlar. This is partly to obtain money to maintain his own supplies and partly to share the loneliness of the addict with others. Decent society spurns him so he seeks to bring others to his own condition for company's sake.

What drugs are used? Some authorities classify drugs into "hard" and "soft" varieties. In some ways, this is quite reasonable, since some are more potent and destructive than others, but it can give rise to a very grave misunderstanding. By talking about "soft drugs" people may be led to think that they are relatively harmless. They are not, because while in small doses and infrequently taken they do not produce addiction, the taker is automatically surrendering to the principle of drug taking and, in practice, the so-called "soft drugs" pave the way for the harder ones. This is borne out in practice since this is often how addiction starts as is learned from case histories. After all, an addict has to start sometime. There has to be a *first* time.

Soft Drugs

These include stimulants, sedatives, sleeping tablets, Marihuana and L.S.D. Some of these produce both tolerance and some degree of addiction. Included in this group are the hallucinogens such as L.S.D., which produce hallucinations, that is to say distorted perceptions of sight and hearing. Marihuana is most frequently met with as "reefers" where the drug is mixed with tobacco and

smoked. The behaviour of people under the influence of these drugs varies, but the effect on all users is to create an unhealthy departure from normal and very often makes them a very much worse risk in driving cars or motor cycles.

Stimulants

This group includes Dexedrine, Benzedrine, Durophet (black bombers) and so on. All have the effect of stimulating the taker. The point here is that the energy thus released and used up has to be replaced, and it is borrowed at a high rate of interest.

Hard Drugs

These include opium, morphine and heroin. These produce tolerance and dependence to a very high degree and the addict ultimately comes to live for nothing else. Withdrawal causes the most acute suffering, and the addict finishes up at an early age a complete mental and physical wreck.

Quite apart from the dangers of the taking of any kind of drugs in this class, traffic in them has become in all senses of the word a vicious racket. Not only are they expensive, and can eat away earnings and pocket money, but swindling is common-place and the purchaser is often given something ineffective, or the active drug so diluted as to be worthless.

Control

All these drugs are now subject to legal control and, under recent legislation which has been introduced into the Island, severe penalties can be incurred by people who have them in their possession. Doctors have been asked to keep careful watch on their supplies and to keep minimum stocks. Chemists have been asked to maintain maximum security and most parents must be aware of the publicity now being given to the urgent need for the care of their children in this respect.

In conclusion, there is one important point which no-one should overlook, whether he be an addict or someone contemplating experiment, and that is that discovery is almost certain. All the drugs which have been mentioned above cause recognisable changes in the appearance and behaviour of the taker. While persons who carry a few pills in their pockets or handbags may feel that they are quite safe, it is an entirely different matter when they have taken them, because the fact that they have done so is readily seen.

Poisonous Substances

The association between the Poisonous Substances Sub-Committee of the Labour and Welfare Department and the Public Health Department, in that the Medical Officer of Health or his Deputy attends their regular meetings, is most valuable. The Committee's task grows more difficult each year, since more and more new and highly toxic substances are introduced into the fields of Agriculture and Horticulture. Further, most of these are so highly complex in their composition that only an expert organic chemist can estimate their effects without reference to other authorities on the subject. It seems unfortunate that it appears increasingly difficult for any form of agriculture to be carried out without what are, after all, artificial aids. Nevertheless, their use seems now to be inevitable. Surely the best way ultimately to produce healthy fruit and vegetables is to improve the strain or variety so as to make them as resistant as possible to commen pests? Research, it is understood, is going on along these lines and it is hoped that it will be successful. There are, of course, two special dangers, one to the consumer

of accidentally contaminated or overdosed produce, and the other the risk run by the farm worker using the poisons. Fortunately, there is an increasing tendency for the more dangerous substances to be handled by contractors, whose employees are properly trained in the use of adequate protective measures. During the year much work was put in on a new Poisonous Substances Ordinance designed to tighten control of the import and use of many new poisonous substances and of all those at present in use. This is anticipated to take effect in 1967.

Rodent Control

The year 1966 was notable in that there appeared to be an upsurge of rodent infestation. Quite possibly there is a cyclic element in this, and these increases in the rat population recur from time to time.

At any rate, it was fortunate that we had filled the vacancy for an Assistant Rodent Operator which helped considerably in dealing with the problem. Discussions on a new approach to rodent control continued, and it was felt that everything possible should be done to encourage co-operation from growers and householders in taking preventive action themselves so as to reduce the loss and damage caused by rats. These, of course, include structural measures, and in particular the keeping of food supplies of any kind in metal bins, as for example on poultry farms. Deprivation of food is one of the best ways to discourage rats, and the expenditure of a sum of money to achieve this can well pay handsome dividends in the diminution of damage and loss.

Housing

The position as at 31st December, 1966, is shown in the last column of the comparative table below.

	1960	1961	1962	1963	1964	1965	1966
Priority families	17	17	15	16	8	10	11
Eviction cases	24	40	51	54	70	33	33
17 to 37 points	80	53	41	51	67	23	20
1 to 16 points	194	196	225	216	243	168	180
No points	160	175	192	185	208	135	146
Totals:	475	481	524	522	596	369	390

No. of dwellings constructed in 1966	104
No. of families housed in 1966	90

The general impression in the field of housing is one of some progress and improvement as regards the provision of housing with reasonable amenities. It could also be said that progress has been made, in co-operation with our Department, towards the improvement and rehabilitation of old and sometimes unsound properties, although there is still much to be done in this direction. In effect, of course, this particular task is a permanently continuing one since, as the years go by, there is natural deterioration of property to a degree where steps need to be taken for pressure to be put upon the owners. As the work progresses the fact emerges that there can be occasional variations of opinion as between the Building, Housing and Public Health Departments in respect of the standards which we may regard as adequate, for example the necessity for the provision of a bathroom, and it is hoped that discussions which are planned may lead to

bringing this to a uniform code. The Census of 1961 on this subject contributed much to our knowledge and it is hoped that a similar census may take place in the not too distant future.

Health Visiting

The team of Health Visitors was at its full establishment of six and extremely useful work was carried out during the year. It is quite evident that as time goes by the regionalisation of the visitors is working well. It means, in effect, that a Health Visitor is continually renewing a personal contact with people in her area and the service is undoubtedly improving in its status and in its friendly relations with the community. Good contact exists too between the Health Visitors and the personnel of the Nursing Associations, the Health Visitors are now attending their clinics regularly.

It must always be borne in mind, however, that whilst the combination of Health Visitors/School Nurse is an excellent arrangement, it does mean that the effective strength in the health visiting field as such is only 3 full time ladies, and the time must come when something is done to bring the ratio near the accepted one of one Health Visitor to 5,000 of the population.

TABLE VI

ANNUAL STATISTICS FOR HEALTH VISITORS, 1966

Health Visiting	*Total*
1. Primary visit 0-1	916
2. Primary visit 1-5	616
3. Revisit 0-1	1,640
4. Revisit 1-5	1,955
5. Old Persons	1,249
6. Mentally disordered	77
7. Problem Families	71
8. Infectious households	219
9. Special and other visits	863
10. Non-effective visits	1,017
11. Total of visits	8,623
Board of Health Clinics—Sessions	
12. T.B. and chest	43
13. Inoculations and vaccinations	71
14. Staff Medicals	46
15. Infant Welfare	87
Phenistix tests carried out	831
Administration and Organisation Sessions for Board of Health and School Medical Services	318

ALDERNEY

Report from Dr. D. C. Bell

Population at last census. 1,472.

The general health on the Island was good. With the exception of twenty-six cases of chicken pox and four cases of mumps occurring during July and August there were no other cases of epidemic diseases.

Births

There were twenty-one births in the year. These included four cases sent to Guernsey for delivery by Caesarian sction.

Deaths

Fourteen

Causes of Death

Carcinoma of Rectum	1
Lung	1
Liver	1
Uraemia	1
Hypertensive Heart Failure	2
Parkinson's Disease	1
Cerebral Haemorrhage	2
Coronary Thrombosis	2
Pneumonia	1
Endocarditis	2

Health Inspectors

Mr. Ball and Mr. Smith visited the Island on July 22nd.

Annual Rainfall

36.24".

Annual Sunshine

1722.1 hrs.

LABORATORY

Report from Mr. H. A. Wilson—Chief Technologist

Section 1: General Laboratory Tests

The number of reports issued in this section was 13,252. Specimens referred to Dorchester totalled 721, an increase of 186.

Section 2: Public Health Tests

The number of reports issued was 78. Again this department was not requested to investigate any incidents of consequence related to control of the public health. The experimental oyster farming project provided two separate samplings of oysters from the growth beds and satisfactory bacteriological results were obtained.

Section 3: Blood Transfusion and Grouping

	1964	1965	1966
Pints donated	550	593	647
Donors requested	582	646	710
Pints cross-matched	639	757	902
Patients cross-matched for transfusion ...	267	304	383

Section 4: Exfoliative Cytology

A total of 230 examinations were made. This section commenced operations in August, 1966.

The overall total of reports issued was 13,560. Last year the figure was 11,826, an increase of 15% and the highest figure ever recorded.

CONCLUSIONS

This has been a year of endeavour and progress and the additional 1,734 reports issued this year has required the goodwill of both technical and non-technical staff to absorb the extra work. Not only have many more routine tests been done but new techniques and examinations have been promoted; a few of which are intricate and require high technical knowledge.

Furthermore an additional work section was promoted this year; exfoliative cytology. Preparatory work and the necessary basic training was commenced in April and the practice of cervical cytology started in this department in August. Exfoliative cytology as a medical subject is a branch of pathology complementary to histology, sharing basic principles. Gynaecological cytology is at present, numerically speaking, of major importance. The results so far obtained justify the opinion that its practice has been an important factor in the advance of gynaecological practice in Guernsey. Far from being an ultra-speciality it must be an important part of the laboratory work in every progressive centre.

Without doubt the practice of cervical cytology has been the most important advance the Pathology Department has made for some years. The primary stages of development and practice have not been easy, but the results so far obtained provide reasonable grounds for optimism concerning its future development.

In the general laboratory the biochemical work continues to progress with new techniques and an increasing demand for routine tests. The present accommodation for biochemical work is now cramped and not satisfactory. It is obvious that any further developments will have to wait until the proposed extension building for the Blood Transfusion Service and Haematology is built and occupied. Sufficient room for biochemical instruments and apparatus in our present main laboratory will then become available.

The senior biochemical technician is single-handed and the need for technical assistance will arise when the present biochemical services have to be extended to meet the demands of modern medical practice.

The work done in the Blood Transfusion and Grouping section calls for special comment.

The National Blood Transfusion Service of the United Kingdom reveals percentage rate increases for one year based on 1964/65 statistics, the latest available, as follows:

a) Blood donors ... ... 3% increase

b) Pints of blood issued ... ... 5% increase

Our own figures show an unprecedented increase in the demand for blood during the past two years.

	1964	1966	*Increase*
Number of patients	267	383	44%
Number of pints cross-matched ...	639	902	41%

A growth rate in two years of this magnitude bears no relationship to the United Kingdom growth rate and no Transfusion Service could continue its expansion so rapidly. It is necessary that a much lower rate of increased demand for blood be realised in 1967, compatible with the local and departmental facilities available. The provision of suitable accommodation for the Blood Transfusion Service is now top priority.

For several years our office staff of two female clerk/typists have absorbed the annual increases of essential work by ruthless pruning of correspondence and adopting brevity in all procedures. However, some assistance seems desirable in the near future if excess pressure develops.

ENVIRONMENTAL HEALTH

Information supplied by the Chief Public Health Inspector

INTRODUCTORY

1966 saw the advent of two additional public health inspectors from the U.K. Both these officers have been necessarily engaged wholly on food control and food hygiene and food preparation premises inspections and by the end of the year, nearly eight hundred initial inspections had been carried out. These inspectors offered advice, guidance, criticism and encouragement, endeavouring to set a higher standard in all types of food premises.

The Department's two other long-serving inspectors have carried out their duties in a conscientious manner during the year. Much of their work is concerned with the investigation of housing matters and complaints, the satisfactory resolution of which is not always easily attained without tact and patience and perseverance; and the sampling of water supplies, foodstuffs, ice creams and the like, and their work in this important field is appreciated.

The year 1966 also heralded the engagement of an additional rodent operator. Assistance in this service was most necessary and the rodent control service has accordingly benefited. Both operators have put in a commendable amount of work during the year.

Although the routine work has progressed satisfactorily throughout the year, apart from the progress made in the field of food hygiene, one cannot point to any particular tangible achievement, but this is the way of the public health world. The job of the public health inspector is preventive and one of health education to try and ensure that there is no avoidable breakdown in public health routine work and requirement which might otherwise perhaps allow the outbreak of infectious disease.

HOUSING

The routine work progressed in this, the most important aspect of environmental health work. All complaints received were investigated and several cases of unsatisfactory unfit dwellings brought to light and investigated.

Twelve closing notices in respect of unfit dwellings were served during the year and there has been co-operation from the Housing Authority in endeavouring to rehouse the displaced tenants in suitable alternative accommodation. Two such dwellings were rehabilitated to a reasonably satisfactory degree during the year and were released from closure for re-occupation.

236 complaints were received resulting in inspection of dwellings for disrepair: many referred to major and minor items of disrepair and structural nuisance, and in 178 cases structural works of repair, mainly of nuisance nature, were dealt with by informal negotiation and verbal agreement confirmed by formal correspondence. 469 house reinspections were made during the year.

Six statutory notices were issued and one statutory notice, having been served during the end of 1965 in respect of the remedying of items of structural disrepair injurious to the health of the occupants, was not complied with by the owner and successful enforcement proceedings were taken through the Royal Court: the work was subsequently carried out.

There is always a need for vigorous action in the field of housing in view of its fundamental importance to the health and welfare of the community. This means, qualitative improvement by the acceptance and employment of higher standards, and quantitative betterment by an increase of overall accommodation.

Many dwellings now fall so far below the absolutely minimum standard of fitness that the only satisfactory way of dealing with them is by demolition or closure but there are very many dwellings which can be saved and are worthy of consideration for improvement.

The rehabilitation of substandard properties costs money, but expenditure of this kind is really an investment, which is becoming more mandatory than permissive as the years and the weather steadily depreciate the value and amenity of hundreds of existing properties. There is need for improvement in existing legislation for securing improvement in existing dwellings. It is in the interests of the Island community and the Island economy to secure the preservation of its existing property and to raise it to the highest possible standard.

Many cases of overcrowding have been investigated. Action to alleviate distress in these cases is invariably geared to the co-operation of the Housing Authority in allowing alternative accommodation to some of the occupants if qualifying for consideration by the Authority. Remedial relief of overcrowding through this agency cannot always be realised immediately. A dwelling satisfactory for one type of occupancy may become unsatisfactory and even intolerable in living conditions if the inmates are increased. Hence a large family living in premises too small for their needs comes into this category. Conversely, it is known that there are many cases of premises where there is considerable under-occupancy. This applies not only to premises which are occupied during the summer months only, but also to large private dwellings which may in fact be tenanted by, say, two older persons and in these cases it has been noticeable that the owner is reluctant to carry out any maintenance, repair or improvement at all

on such property, trying rather to seek the eviction of the tenants so that the owner may obtain the market value of the premises for conversion into the more paying proposition of holiday accommodation, or to acquire the development value of the land which is so often greater than the market value of the property when tenanted. This does nothing to maintain or secure improvement of the Island's accommodation problem.

Another aspect of the accommodation problem which must be referred to is the letting of accommodation built specifically for summer letting only, but now under permanent occupation. Such accommodation may be satisfactory for a week or fortnight for visitors in the summer but far from satisfactory for permanent family occupation.

MOVEABLE DWELLINGS/CARAVANS

Five applications were received in respect of siting of caravans. These proposed sites were inspected and commented upon as necessary.

ATMOSPHERIC POLLUTION

During the year nuisance from dust and particulate matter has, on occasions, occurred at two of the Island's stone quarries and at a saw and planing mill, necessitating 37 visits and observations. In some cases it has been difficult to site mechanical plant favourably to nearby dwellings and commercial premises and if plant fails or lack of maintenance exists, serious local nuisance occurs at times.

These are environmental health problems caused by non-segregation of domestic type premises and industrial life. In recommending any remedies one now has to bear in mind what is reasonably practicable and obtainable but in one of the three cases referred to, a more serious problem existed in that fine stone dust emanating from the working of a stone crushing plant was giving rise, particularly during dry weather, to possible injury to health of employees of nearby working places and office buildings, eye irritation and respiratory complaint being notified to the Public Health Department. The Department was actively engaged during the year on this problem.

GENERAL SANITATION—WATER SUPPLY

States mains water supplies were adequate quantitively, and bacteriologically the supply was satisfactory and wholesome.

HOUSE DRAINAGE: CESSPOOLS: SEPTIC TANKS:

402 visits were made by the Public Health Inspectors in this field, sometimes involving investigatory work requiring several visits to negotiate informally the abatement of nuisance occurring in unsatisfactory drainage arrangements, mainly defective and including inefficient cesspools and soakaways.

REFUSE STORAGE, COLLECTION AND DISPOSAL

The main problem during 1966 that came to the notice of the Department was the question of unsatisfactory means of storage and collection of trade waste, particularly from hotels, guest houses and food premises generally. Unless there is a suitable negotiated agreement or working arrangement between the occupier of trade premises and the refuse contractor there is very often public health nuisance occasioned by accumulations of putrescent organic waste on the premises. In the absence of legislation public health inspectors are left with no alternative but to advise the use of suitable paper sacks for the reception of such organic

waste, rather than the use of metal bins incapable of easy cleansing. Alternatively, the installation and use of kitchen waste grinders has been suggested to various hoteliers as being worthy of consideration. A more satisfactory enforceable working arrangement must be made with regard to trade refuse collection.

PUBLIC CONVENIENCES

Routine visits were made during 1966 to all public conveniences. No serious defects were found and all conveniences were kept in good general working order and properly cleansed.

SWIMMING POOLS

Routine inspections were carried out with regard to swimming pools and the Department's sampling kit was used to test the pool waters for satisfactory levels of purification treatment, invariably chlorination, and also to determine the pH value of the waters.

The following table refers to various aspects of work carried out by the Public Health Inspectors during 1965

Houses inspected	236
Houses re-inspected	469
Overcrowding complaints	37
Workplaces inspected	17
Factories	21
Schools	8
Cesspools	103
Septic tanks	21
Streams/douits	54
Ditches	10
House drainage	177
Public sewers	43
Plans inspected on site	43
Drain tests applied	56
Verminous premises	68
Verminous articles	10
Refuse accumulations	118
Controlled tips	74
Smoke emissions	11
Atmospheric nuisances	37
Rodent control	49
Infectious disease	10
Complaints referred from Parochial Authorities	12
Public Conveniences	86
Dual visits with other officers	103
Caravans	5
Camping Sites	8
Visits to Herm	9
Visits to Alderney (inspections carried out)	15
Appointments in office	50
Appointments outside office	173
Miscellaneous	175
Unsuccessful visits—i.e. no access	58

FOOD INSPECTION AND CONTROL: FOOD PREPARATION PREMISES: FOOD HYGIENE

COMMENTS

The year saw the start by the Public Health Inspectors on the mammoth task of initial inspection of all the food and food preparation premises on the Island. The categories subject to the Inspector's visit include hotels, larger guest houses, cafes, restaurants, bakeries, canteens, public houses, all food wholesalers and retailers, including butchers, confectioners, grocers, greengrocers.

At an estimated rate of progress the initial inspection programme is anticipated to take approximately two and a half years, involving the major part of the duty time of two inspectors.

Each of the premises visited has been given a thorough inspection, the proprietor or owner or occupier concerned has been advised or criticised, offered guidance and encouragement as necessary and in every case a confirmatory letter has been sent, recommending, as necessary, works to be undertaken to obviate unsatisfactory features and practices. Where premises and personal hygiene have been found to be satisfactory a letter of commendation has been sent.

It is to the credit of the food traders of this Island that they have actively co-operated with the Board's inspectors, and have accepted the spirit of the Board's authority in this field, appreciating that it is in their own interest to improve and maintain their premises and display at a high standard, offering an acceptable " shop window " to the general public and the many holiday makers on the Island.

But it is repeated that there is an urgent demand for food control legislation to safeguard the Island's food, at all points on its way to the consumer.

GENERAL

An active programme carrying out inspections and compiling up to date records of all types of food businesses was commenced on 1st February; during the year all retail food shops, wholesale food premises, cafes, restaurants, bake-houses and kiosks have had at least one visit. Some of the major hotel kitchens were inspected and it is envisaged that the control will eventually cover all food preparation areas in hotels, public houses and larger guest houses.

It has been the practice to follow each initial inspection by informal letters to the respective proprietors containing various recommendations discussed at the time of inspection, offering advice where poor food handling practice had been noted and in some cases, commending proprietors on the high standards achieved. Most food business proprietors appreciate that considerable improvements will have to be carried out in order that a uniform high standard be achieved and are pleased that this advisory work is being carried out by the inspectors.

There has been a remarkable degree of co-operation by the food trade generally and upon revisit it has been found in most cases that the various recommendations have been carried out; this is most encouraging.

	No. of Businesses Recorded	Recorded Businesses Operating at end of year
GROCERS	195	188
GREENGROCERS	6	6
BUTCHERS	17	17
BAKERIES	16	15
CONFECTIONERS, (BREAD, CAKES, ETC.)	15	15
RESTAURANTS, CAFES, SNACK BARS, COFFEE HOUSES	62	62
TEA ROOMS, TEA GARDENS	19	19
KIOSKS	28	27
FISH AND CHIP SHOPS	14	13
FOOD FACTORIES	8	8
WHOLESALE FOODS	13	13

SUMMARY OF FOOD HYGIENE INSPECTIONS

I—unsatisfactory features found at premises inspected during the year

A—number of unsatisfactory features remedied at these premises which were reinspected during the year

Recommendations made in respect of:—

		I	A
Cleanliness of Equipment		180	48
Risk of contamination of open food		238	108
Personal cleanliness	—hands, clothing, etc.	38	12
	open cuts, etc.	2	—
	smoking whilst handling food	40	8
Drainage systems	—in food rooms	6	4
	on food premises	4	4
Lack of water supply		14	2
Sanitary Accommodation	—walls, floors, ceilings	125	34
	adequate provision	1	1
	cleanliness	66	8
	repair of fittings	41	6
	artificial lighting	8	5
	natural lighting	1	1
	ventilation	1	1
	labelling	17	2
	intervening ventilated space	20	2

		I	A
Wash Hand Basins	—not being used	2	2
	provision	164	18
	hot or cold water	213	20
	soap, towels, etc.	78	20
	cleanliness	7	1
	repair	4	1
First Aid Equipment	—provision	15	5
	adequacy	1	—
Outdoor Clothing accommodation	—provision	16	4
	not being used	2	1
Bactericide for Sterilization of Ice Cream Servers		38	35
Food & Food Equipment—washing facilities	provision	41	10
	condition	32	7
	cleanliness	19	6
	sufficiency	28	—
	hot and cold water	83	11
Lighting	—shops—natural	2	—
	artificial	5	2
Lighting Storerooms	—natural	2	—
	artificial	6	2
Prep. rooms	—natural	6	1
	artificial	8	3
Dining rooms	—natural	1	—
	artificial	2	—
Cleanliness, repair, etc. shops	—walls, floors, ceilings	159	84
	fittings	33	22
Storerooms	—walls, floors, ceilings	167	76
	fittings	13	13
Dining rooms	—walls, floors, ceilings	16	16
	fittings	3	1
Prep. rooms	—walls, floors, ceilings	292	78
	fittings	100	48
Refuse	—accommodation	44	9
	means of disposal	6	6
Ventilation	—shops	4	1
	storerooms	1	—
	preparation room	11	1
	dining rooms	3	2

FOOD SAMPLES TAKEN FOR CHEMICAL ANALYSIS BY STATES ANALYST

	Type of Sample	*Reasons*	*Result*
1	Part of insect	Found in meal at Restaurant	Restaurateur warned
2 & 3	Soft Mix Ice cream	At request of retailer	Results satisfactory
4	Unfrozen Soft Mix Ice cream	ditto	ditto
5	Soft Mix Ice cream	ditto	ditto
6	2 tins of Chopped pork	Consumer complaint	Results negative Complainant advised
7	Tin of Salmon	Suspect possible food poisoning	Results negative
8	Pork Luncheon meat	Consumer complaint of malodour	Results negative Complainant advised
9	Iced Cake	Consumer complaint of foreign body	Confirmed mouse dropping —no action due to doubtful circumstances of complaint
10, 11, 12 & 13	Fried Scampi Raw Scampi Cooking Fat Batter	Consumer complaint of bitter taste	All results negative no action complainant advised
14	Sausage Roll	Consumer complaint of foreign body	Found to be organic fibre —not harmful Complainant advised
15	Pork Luncheon meat	Consumer complaint of malodour	Results negative Complainant advised
16	Beefburgers	Consumer complaint of offensive smell	Results negative Complainant advised
17	Bread (loaf & rolls) Salt & Salt sacks	Consumer complaint of peculiar taste	Evidence of phenols in bread and salt sacks— salt sacks must have been contaminated prior to delivery to bakery
18	Bread	Consumer complaint of foreign body	Confirmed as edible oil: bakery advised re modification to machinery to prevent reoccurrence

FOOD SAMPLES—Bacteriological Examination.

1	Cooked Beef Mincemeat	Suspect food organism	poisoning	Result negative
2	Coffee ice cream	ditto	ditto	Result suspect
3	Chocolate ice cream	ditto	ditto	Result suspect
4	Sardine savoury filling	ditto	ditto	Result suspect
5	Swab from can opener	ditto	ditto	Result negative
6	Portion of tin of salmon	Suspect food organisms	poisoning	Result negative
7	Pork Luncheon Meat	Consumer malodour	complaint	Result negative
8	ditto	Consumer malodour	complaint	Result negative

FOOD COMPLAINTS

30 food complaints, including 6 which were unjustified

SUMMARY OF FOOD COMPLAINTS

1.	Part of an insect (millipede) in meal at restaurant	Restaurateur warned
2.	Two tins of chopped pork with peculiar smell	Both tins perfectly satisfactory "smell" due to spices
3.	Loaf of bread with oily substance	Vegetable oil from bakery machinery—bakery advised re modification of machinery to prevent re-occurrence
4.	Mineral bottles containing foreign matter	Company's explanation accepted—consumer reimbursed
5.	Ham with odour	Complaint against shopkeeper not justified—method of storage of ham at consumer's home found to be cause of complaint
6.	Maggots in salad meal at restaurant	Warning given regarding proper cleansing of vegetable and the proper separate storage of vegetables and cooked meats
7.	Scampi with bitter taste in restaurant	Portions of cooked and raw scampi, batter mixture and fat analysed. Cooked scampi contained about three times more aluminium than the raw, which might have given bitter taste. Contamination could have come from cooking utensils but difficult to ascertain that aluminium was in fact the cause
8.	Oily streaks in bread	Edible oil detected—bakery warned
9.	Veal & Ham pie with mould growth	Referred to Public Health Committee—warning letter sent to wholesalers who were also advised re storage and stock rotation
10.	Sausage roll with foreign body	Found to be plant stalk—very difficult for inspector concerned to contact complainant and to find the exact shop where the sausage roll was purchased. As it was later found that the complainant worked at a tomato packing station it is possible that contamination was caused accidentally by the complainant himself
11.	Pork pie containing mould growth	Reported to Board of Health—retailer warned and advised regarding storage and stock rotation
12.	Tins of pork luncheon meat with malodour	Found to be satisfactory and smell due to spices—claimant advised
13.	Boiling bacon joint with foul smell	Actual smell that of bone taint—retailers advised regarding care and attention whilst packing and also on proper temperature, storage, and stock rotation
14.	Two custard tarts with mould growth	Old stock being sold by shop concerned instead of being returned to bakery for disposal, and gross negligence on the part of food handling staff—reported to Board of Health—warning letters to retailer and manufacturer

15.	Two chocolate cakes purported to have fly contamination	Minute indentations of surface of chocolate—complaint totally unjustified
16.	Meat roll with bad smell obtained from automatic vending machine	Appropriate action taken to ensure that proper regular cleansing and daily attention be given to the machines and that foodstuffs properly rotated as necessary
17.	Soda syphon containing foreign body	Manufacturers advised to take more stringent precautions
18.	Particles submitted by bakery-confirmed mouse droppings	Impossible to ascertain whether the droppings were found by a customer or by the bakery staff—an inspection of the bakery indicated evidence of mice in the storeroom only and the appropriate advice was given
19.	Pack of porage oats containing moths	All similar packets were found to be affected and destroyed. The wholesale warehouse in London and the appropriate public health departments were notified and asked to examine existing stocks bearing the same code number. Samples of the moths, pupae and larvae were handed over to the manufacturer's representative for examination and identification. It was found impossible to ascertain exactly when and where infestation occurred
20.	Two jars of meat paste with mould growths	This turned out to be malicious complaint and no action was taken
21.	Sliced bacon with maggots	Retailer was warned and advised re proper storage and protection of open foods
22.	Packet of soup containing maggots	Complaint unjustified—the packet was opened and stored for a long time at the complainant's home
23.	Beefburger with unpleasant taste	Remnants of the beefburger were submitted to the States Analyst and to the Company's laboratories for analysis but all results proved negative. The Company representatives thought that the unpleasant taste was due to a lump of spice that had not been properly mixed in with the ingredients and had become adhered to a portion of fat
24.	Pack of currants containing maggots	The remaining stock in warehouses destroyed. Unable to say where infestation occurred
25.	Cooked turkey with bitter taste	Complaint unjustified
26.	Bread (loaf & rolls) with peculiar taste	Evidence of phenols in bread and salt sacks—salt sacks must have been contaminated prior to delivery to bakery
27.	Steak & Kidney Pie—overcooked	Warning given to shopkeeper regarding reheating of food

28. Portion of cooked chicken with unpleasant smell	Some delay in bringing this to the notice of the department by which time the portion of chicken had attained a high degree of putrefaction. Retailer was visited and it was found that not enough care was being taken in respect of temperature control and method of display of the cooked chicken portions in the shop. Suitable advice was given to the retailer who promised to carry out all the recommendations made

FOOD SURRENDERED AS UNSOUND OR UNFIT FOR HUMAN CONSUMPTION

FISH

Cod Roe—3 lbs.
Crab—2 lbs.
Herrings—1 tin & 14 ozs.
Haddock—20 fillets
Lobster—1580 lbs. 3½ ozs.
Prawns—1 tin
Pilchards—15 lbs. 13 ozs.
Mackerel—1 lb. 2½ ozs.
Salmon—6¾ lbs. 2 fillets
Sardines—1 lb. 11 ozs.
Scampi—432 lbs.
Shrimps—2 tins
Tuna—7 ozs.

MEAT

Hafnia Meat—1 tin
Lamb Chops—1 tin
Luncheon Meat—37 lbs. 2½ ozs./2 tins
Meat Paste—5½ lbs.
Meat Roll—14 lbs. 3 ozs.
Minced Beef Loaf—3 lbs.
Mixed Grill—8 ozs.
Pate—2 tins
Ox Tongue—6 lbs. 6 ozs.
Pork—1379 lbs. 10 ozs./19 tins
Salami—3 lbs.
Steak pies—2 lbs. 10 ozs./4 tins
Stewed Steak—270 tins
Bacon—690 lbs.
Beef—514 lbs. 15 ½ ozs.
Beef and Noodles—3 lbs. 8 ozs.
Chopped Ham & Pork—16 lbs.
Chicken
Croquettes—36 tins
Chicken—3 ozs.—1 tin
Corned Beef—20 lbs. 6 ozs.
Corned Beef Hash—1 lb. 8 ozs.
Ham—1645 lbs. 3 ozs.
Ham & Egg Pie—6 lbs.
Ham & Chicken—5 ozs.
Sheeps Tongue—4 lbs. 14 ozs.
Spam—2 tins
Steak—45½ lbs.
Steak and Kidney—1 lb. 7¾ ozs.
Veal—22 lbs

FRUIT

Apples—3 pks.—12 lbs.—450 No.
Apricots—12 tins—3 lbs.
Apple Bramble—10 ozs.
Applepie fill—31½ lbs.
Bitter Lemon—1 tin
Blackcurrant—2 tins—75 lbs.
Bananas—4 cartons
Cherries—5 lbs—10 trays
Cocktail Fruit—3 tins
Dried Fruit—28 lbs.
Fruit Salad—19 tins
Lemons—3 cases
Loganberries—10 ozs.
Melons—1 tin—100 No.
Oranges—4 lbs—13 ozs.
Peaches—51 tins
Pears—21 tins
Pineapples—37 tins
Pineapple juice—1 tin
Plums—4¼ lbs.—36 tins
Prunes—140 tins
Red Cherries—51 tins
Rhubarb—1 lb.—3 ozs.
Strawberries—60½ lbs.

VEGETABLES

Beans—611 lbs. 3 ozs.
Butter Beans—2 lbs.
Beans/Green—4¼ lbs.
Brussel Sprouts—540 lbs.
Beetroot—20 lbs.
Carrots—251 lbs. 10½ ozs.—82 pkts. and 98 cases
Chicories—20 lbs.
Mushrooms—45 lbs./1 tin
Onions—1 jar

Peas—1936 lbs. 7 ozs./5 tins
Potatoes—32 cwts./10 cases/2 tins
Spaghetti—22½ lbs.
Spinach—266 lbs.
Sweetcorn—1 tin
Tomatoes—38 lbs. 8 ozs./ 4 tins and 7 crates
Tomato Juice—6 lbs. 2 ozs.
Tomato Puree—5 tins
Veg. Salad—254 cases

MISCELLANEOUS

Almonds—96 lbs.
Baking Powder—5¾ lbs.
Beans—1 tin
Beans and Sausages—1 tin
Biscuits—13 pkts.
Bournevita—1 tin
Bouillon Cubes—1¾ ozs.
Butter—1421 lbs.
Capers—1 tin
Celery Salt—1 lb.
Chipples—5 cartons
Coffee—4¼ lbs.
Cherry Cake—520 slices
Choc. Roll—9 No.
Cherrypie Filling—2 tins
Crisps—1404 pkts.
Cream—6 tins
Creamed Rice—1 tin
Cheese—197 lbs. 5¾ ozs./1 box
Cheese Food—696 pkts.
Cheese Spread—420 pkts.
Cereals/All Bran—12 pkts.
Corn Flakes—6 pkts.
Molly Cream—1 tin
Mint Sauce—12 ozs.
Mustard—3¼ lbs.
Mincemeat—2 lbs.
Marmalade—1 jar
Oxo—8 ozs.
Orange Juice—1 tin
Orange Marmalade—1 jar
O.K. Sauce—1 bottle
Pate du Fois—12 ozs.
Pepper— 1 oz.
Frozen Egg—28 No.
Fruit Pie—1 No.
Fruit Sauce—1 tin
German Cervelet—2 lbs.
Goldex Products—90 tins
Ginger Date Pud—3½ lbs.
Heinz Food—2 tins
Beverage—8 ozs.
Honeycombe Mould Mix—12 pkts.
Jam: Cherry—15½ ozs.
apricot—4 tins
melon—2 lbs.
raspberry—1½ lbs.
jam—1 tin
Jolly Roll—4 No.
Krakaver—3 lbs.
Lancs: Hot Pot—15½ lbs.
Lemon Crystals—3¼ lbs.
Lemon Squash—1 bottle
Grapefruit squash—5 bottles
Macaroni Pudding—7 lbs.
Macaroni—16 ozs.
Molly Milk—1 tin
Paella Vesta—1 pkt.
Porage Oats—26 pkts.
Peanut butter—1 jar
Pickles, Pickled Onions, Chutney and Piccalilli—4 tins—34½ lbs.
Rice—1 lb.
Sponge Cakes—3 No.
Syrup—1 tin
Sugar—4 lbs.
Stuffing—72 pkts.
Sweetcorn—1 tin
Sponge Pud.—1 tin
Soup—82 lbs. 3½ ozs./ 9 tins
Soufflette—1 No.
Tea Bags—4 pkts.
Meat Pies—15 doz.
Unlabelled Jars—9 No.
Unlabelled Tins—25 No.
Spong Mix—79½ doz. pkts.
Cereals/Cubs—6 pkts.
Puffed Wheat—18 pkts.
Shread Wheat—3 pkts.
Sugar Smacks—1 pkt.
Weetabix—12 pkts.
Drinking Chocolate—6 lbs.
Evap. Milk—1½ lbs. and 21 tins
Milk—7 tins
Farlene—41 cases
Farley Rusks—14 cartons
Flour—115 lbs.
" Frostie " cakes—2 No.

PUBLIC HEALTH INSPECTORS in the Field of FOOD HYGIENE

INSPECTIONS

Food Consumer Complaints	61
Food for Voluntary Surrender and Disposal	166

FOOD PREMISES:

Cafes and Kiosks	212
Restaurants	78
Bakehouses	63
Canteens	3
Licensed premises (public houses)	12
Hotel and Guest Houses	303
States Dairy and Milk Depots	17
Farms	74
Packing Stations	7
Wet Fish Dealers	5
Fish and Chip Shops	39
Grocers/Greengrocers	403
Butchers	69
Confectioners	63
Retail Markets	39
Food Storage Depots	42
Slaughterhouse	16
Food Vending Machines	16
Butchers	69
Confectioners	63
Retail Markets	39
Food Storage Depots	42
Slaughterhouse	16
Food Vending Machines	16
Dual Visits with other officers	352
Visits to Herm (inspections)	11
Visits to Alderney (inspections)	14
Appointments in Office	27
Appointments outside	88
Miscellaneous visits	174
Unsuccessful visits i.e. no access	90

ICE CREAM SAMPLES

Of 133 samples, only 4 were declared to be initially unsatisfactory. Advice on sensible storage and handling was given and repeat samples were shown to be satisfactory.

RODENT CONTROL

Number of complaints of surface and other infestations	2,592
Number of visits made, investigation and treatments carried out ...	3,468

COMMENTS ON RODENT CONTROL

The service has benefited by the engagement of an additional operator early in the year and whilst this important environmental health work progressed throughout the year on an "on complaint" basis, the operators were, nevertheless, able to carry out more routine revisits but the ideal method of control is by planned preventive action, and this is impracticable within present administration and without the co-operation of the general public.

WASPS DESTRUCTION

The number of wasp nests destroyed was higher at 145 than for the previous year at 113. The Board of Health considered this matter during October and resolved that, there being no statutory obligation upon the Board, the service previously provided by the Board be discontinued except under exceptional circumstances.

HERM

This Island was visited on six occasions by the public health inspectors and on four occasions by the rodent operators.

All food preparation premises were subject to inspection and surveillance and were generally satisfactory, and the commendable co-operation of the Tenant of Herm in remedying any unsatisfactory features reported to him is appreciated.

A new public convenience between Shell and Belvoir beaches was in use during the year; this provides a much needed public health amenity, but it is hoped that a more suitable arrangement can be made for flushing purposes.

ALDERNEY

The Chief Public Health Inspector visited the Island twice during April and July. Many categories of inspections were made with respect to environmental sanitation, but particular attention was given in the field of food hygiene, and several classes of food preparers' premises were visited, and advice and guidance offered to the proprietors. Dairy farms were visited and advised as necessary: the question of heat treatment and more suitable distribution of milk at and from the States Dairy was actively investigated and brought to the notice of the appropriate Committee.

ATTENDANCE AT CONFERENCES

The Chief Public Health Inspector visited Jersey from 4th—7th July, for the purpose of hearing discussions between the States of Jersey Public Health Department, interested trade organisations and Mr. Morley Parry, Food Hygiene Advisory Officer, U.K. Ministry of Health.

The Chief Public Health Inspector attended the annual conference of the Association of Public Health Inspectors at Scarborough from 19th—23rd September.

Mr. S. R. Edwards attended an Association of Public Health Inspectors' Seminar at Clacton-on-Sea from 18th to 20th March.

MEMBERS OF THE BOARD OF HEALTH

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MEMBERS OF STAFF

Public Health Department		*Date of commencement of service with States*
THOMAS, Dr. A. T G.	M.D., B.S., D.P.H. Medical Officer of Health	15. 6.61
WHITE, Dr. C. G., M.B.E.	M.A., B.M., B.Ch., D.P.H., D.I.H. Deputy Medical Officer of Health	15.11.62
BALL, Mr. J.	M.R.S.H., M.A.P.H.I. Chief Public Health Inspector	1. 9.64
BAIRDS, Mr. J. M.	M.R.S.H., M.A.P.H.I. Public Health Inspector	14. 3.66
SMITH, Mr. R.	M.A.P.H.I. Public Health Inspector	3. 1.66
EDWARDS, Mr. S. R.	A.A.P.H.I. Senior Assistant Sanitary Inspector	15. 1.46
LE TOCQ, Mr. S. A.	A.A.P.H.I. Assistant Sanitary Inspector	15. 1.46
PREVOT, Mrs. M. D.	S.R.N., R.F.N., S.C.M., H.V.Cert., Health Visitor/School Nurse	1.10.52
HORKAN, Mrs. M.	S.R.N., R.F.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	1. 5.57
SANGAN, Mrs. M.	S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	1. 3.59
JOHNSTON, Mrs. I.A.R.	R.S.C.N., R.G.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	18. 2.63
THOMSON BROWN, Miss M.	N.N., N.S.C.N., S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	22. 2.65
SIMON, Mrs. J.	S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	7. 2.66
REID, Mr. W. P.	Rodent Operator	1. 1.41
SIMON, Mr. B.	Rodent Operator	31. 1.66
BOWDIDGE, Mr. N.C.	Administrative Assistant to Medical Officer of Health	8.12.47
SEBIRE, Mr. R. A.		6. 4.59
BALDWIN, Mrs. D.		12. 7.66
TORODE, Miss C. M. A.		29. 7.62
BLAMPIED, Miss C. J.		9. 4.63
DAYCOCK, Miss G. A.		18.10.65
PALLOT, Miss J. M.		28.12.65

APPENDIX I

Population by Age-groups, 1931 — 1961

Guernsey and Adjacent Islands

Age last birth-day	1931			1951			Percentage increase or decrease (–) 1931-1951			1961			Percentage increase or decrease (–) 1951–1961		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Fems.	Persons	Males	Females	Persons	Males	Fems.
0–4	3,617	1,793	1,824	4,187	2,116	2,071	15.8	18.0	13.5	3,706	1,912	1,794	–11.5	–9.6	–13.4
5–9	3,633	1,860	1,773	2,980	1,507	1,473	–18.0	–19.0	–16.9	3,481	1,809	1,672	16.8	20.0	13.5
10–14	3,343	1,704	1,639	3,318	1,723	1,595	– 0.7	1.1	– 2.7	4,075	2,076	1,999	22.8	20.5	25.3
15–24	6,959	3,465	3,494	6,039	2,943	3,096	–13.2	–15.1	–11.4	5,706	2,853	2,853	– 5.5	– 3.1	– 7.8
25–34	6,387	3,080	3,307	6,332	3,164	3,168	– 0.9	2.7	– 4.2	5,693	2,826	2,867	–10.1	–10.7	– 9.5
35–44	5,549	2,565	2,984	6,653	3,391	3,262	19.9	32.2	9.3	6,011	2,955	3,056	– 9.6	–12.9	– 6.3
45–54	5,081	2,432	2,649	5,864	2,853	3,011	15.4	17.3	13.7	6,392	3,155	3,237	9.0	10.6	7.5
55–64	4,063	1,959	2,104	4,657	2,081	2,576	14.6	6.2	22.4	5,588	2,587	3,001	20.0	24.3	16.5
65 +	4,111	1,816	2,294	5,466	2,313	3,153	33.0	27.3	37.4	6,447	2,545	3,902	17.9	10.0	23.8
All Ages	42,743	20,675	22,068	45,496	22,091	23,405	6.4	6.8	6.1	47,099	22,718	24,381	3.5	2.8	4.2

APPENDIX II

SELECTED GUERNSEY HEALTH STATISTICS

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Infant Mortality Rate per 1,000 Live Births	25.1	29.5	14.2	32.6	31.6	13.1	26.9	19.9	33.0	22.3	19.7	14.3	21.1	17.6	28.5	21.32	19.61	16.6
Neo-Natal Deaths Rate per 1,000 Live Births	17.6	22.6	9.0	20.3	19.4	8.7	16.5	14.2	16.5	18.1	14.1	13.0	17.1	11.3	24.9	15.71	13.48	15.38
Still Births Rate per 1,000 Live Births	23.9	20.1	14.2	21.7	20.6	13.1	8.9	24.2	18.0	22.3	19.7	22.1	23.8	17.6	15.44	7.86	13.48	15.38
Pulmonary T.B. Rate per 1,000 ..	0.61	0.42	0.27	0.21	0.18	0.11	0.14	0.19	0.12	0.04	0.15	0.11	0.07	0.04	0.06	0.04	0.04	0.06

APPENDIX III

DEATHS BY AGE GROUPS AND CAUSES — 1966

Intern List No.	Cause of Death	0–1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		*Grand Total 1966*
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP I																			
	Infective and parasitic Diseases:																			
002	Pulmonary Tuberculosis	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	3	—	3
008	Tuberculosis, unspecified site	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
	Totals: GROUP I	—	—	—	—	—	—	—	—	1	—	3	—	—	—	—	—	4	—	4
	GROUP II																			
	Cancer and other Tumours																			
150	Oesophagus	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—	2
151	Stomach	—	—	—	—	—	—	—	—	—	—	5	2	7	—	8	6	20	8	28
153	Large intestine, except rectum	—	—	—	—	—	—	—	—	—	—	1	—	—	3	—	2	1	5	6
154	Rectum	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	1	2	3
155	Biliary passages and liver (primary site)	—	—	—	—	—	—	—	—	—	—	—	2	1	—	1	—	2	2	4
156	Liver	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	2
157	Pancreas	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	2	3	3	6
158	Peritoneum	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
161	Larynx	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
162	Bronchus and trachea, and of lung specified as primary	—	—	—	—	—	—	—	—	—	1	9	4	2	2	2	—	13	7	20
	Carried forward	—	—	—	—	—	—	—	—	—	1	18	10	13	7	12	12	43	30	73

Intern List No.	Cause of Death	0–1		1–4		5–14		15–24		25–44		45–64		65–74		75+		Total all Ages		*Grand Total* 1966
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	—	—	—	—	—	—	—	—	—	1	18	10	13	7	12	12	43	30	73
	GROUP II (Continued)																			
163	Lung, unspecified as to whether primary or secondary	—	—	—	—	—	—	—	—	—	—	5	—	1	1	1	1	7	2	9
164	Mediastinum	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
170	Breast	—	—	—	—	—	—	—	—	—	—	—	3	—	1	—	5	—	9	9
171	Cervix uteri	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	2
174	Uterus unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
175	Ovary, Fallopian tube and broad ligament	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—	4	4
177	Prostate	—	—	—	—	—	—	—	—	—	—	—	—	2	—	7	—	9	—	9
181	Bladder and other urinary organs ...	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	4	—	4
190	Melanoma of skin	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
194	Thyroid gland	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
198	Lymph Nodes	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
199	Other and unspecified sites	—	—	—	—	—	—	—	—	—	—	3	1	2	1	1	—	6	2	8
200	Lymphosarcoma and reticulosarcoma	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2
204	Leukaemia and aleukaemia	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	1	2
223	Benign neoplasm of brain and other parts of nervous system	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	Totals: GROUP II	—	—	—	—	—	—	—	—	1	2	30	18	19	13	23	22	73	55	128

Intern List No.	Cause of Death	0–1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		*Grand Total* 1966
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP III *Allergic, endocrine system, metabolic and nutritional diseases*																			
241	Asthma	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	2
260	Diabetes mellitus	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	1	1	3	4
289	Other metabolic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
	Totals: GROUP III	—	—	—	—	—	—	—	—	—	1	—	1	1	3	—	1	1	6	7
	GROUP IV *Diseases of the blood and blood-forming organs*																			
292	Other anaemias of specified type ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2
	Totals: GROUP IV	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2
	GROUP V *Mental, Psychoneurotic and Personality Disorders*																			
304	Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
322	Alcoholism	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
	Totals: GROUP V	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2

Intern List No.	Cause of Death	0–1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		*Grand Total* 1966
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP VI																			
	Diseases of the nervous system and sense organs																			
330	Subarachnoid Haemorrhage	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
331	Cerebral Haemorrhage	—	—	—	—	—	—	—	—	—	—	5	6	2	6	6	10	13	22	35
332	Cerebral embolism and thrombosis	—	—	—	—	—	—	—	—	—	—	1	1	3	3	7	19	11	23	34
334	Other and ill-defined vascular lesions affecting central nervous system	—	—	—	—	—	—	—	—	—	—	2	1	—	1	2	4	4	6	10
345	Multiple sclerosis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
350	Paralysis agitans	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	1	3	4
353	Epilepsy	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
355	Other disease of brain	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	3	3
356	Motor neurone disease and muscular atrophy	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	2
364	Polyneuritis and polyradiculitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
	Totals: GROUP VI	—	—	—	—	—	—	—	—	—	—	9	10	8	13	15	37	32	60	92
	GROUP VII																			
	Diseases of the circulatory system																			
401	Rheumatic fever with heart involvement	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
410	Diseases of mitral valve	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
	Carried forward	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	3

Intern List No.	Cause of Death	0—1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		*Total all Ages*		*Grand Total* 1966
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	3
	GROUP VII (Continued)																			
416	Other heart disease specified as rheumatic	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
420	Arteriosclerotic heart disease, including coronary disease	—	—	—	—	—	—	—	—	1	—	22	8	20	5	18	23	61	36	97
421	Chronic endocarditis, not specified as rheumatic	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	1	2	3	5
422	Other myocardial degeneration	—	—	—	—	—	—	—	—	—	—	1	—	1	4	7	14	9	18	27
433	Functional disease of heart	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2
434	Other unspecified diseases of heart ...	—	—	—	—	—	—	—	—	—	—	3	3	5	5	4	8	12	16	28
443	Other and unspecified hypertensive heart disease	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2
444	Essential benign hypertension	—	—	—	—	—	—	—	—	—	—	1	—	2	1	—	1	3	2	5
445	Essential malignant hypertension ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
446	Hypertension with arteriolar nephrosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
450	General arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3	2	4	6
451	Aortic aneurysm, non-syphilitic and dissecting aneurysm	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	1	2
454	Arterial embolism and thrombosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
456	Other diseases of arteries	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
465	Pulmonary embolism and infarction	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	1	3	1	4
466	Other various embolism and thrombosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
	Totals: GROUP VII	—	—	—	—	—	—	—	—	1	1	30	14	31	18	37	55	99	88	187

Intern List No.	Cause of Death	0 – 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75 +		Total All Ages		Grand Total 1966
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP VIII																			
	Diseases of the respiratory system																			
490	Lobar pneumonia	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	2	2	2	4
491	Bronchopneumonia	—	—	—	—	—	—	—	—	—	—	—	1	—	2	4	4	4	7	11
492	Primary atypical pneumonia	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
501	Bronchitis unqualified	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	2	1	3
502	Chronic bronchitis	—	—	—	—	—	—	—	—	—	—	2	2	7	1	6	2	15	5	20
522	Pulmonary congestion and hypostasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	1	3
525	Other chronic interstitial pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
526	Bronchiectasis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
527	Other diseases of lung and pleural cavity	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	Totals: GROUP VIII	—	—	1	—	—	—	—	—	1	—	4	3	3	3	14	11	28	17	45
	GROUP IX																			
	Diseases of the Digestive System																			
541	Ulcer of duodenum	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
570	Intestinal obstruction without mention of hernia	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	2	2	2	4
578	Other diseases of intestines and peritoneum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
581	Cirrhosis of liver	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	—	2	1	3
583	Other diseases of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
	Totals: GROUP IX	—	—	—	—	—	—	1	—	—	—	1	1	2	—	1	4	5	5	10

Intern List No.	Cause of Death	0 – 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75+		Total All Ages		Grand Total 1966
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP X																			
	Diseases of genito-urinary system																			
592	Chronic nephritis	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2
593	Nephritis not specified as acute or chronic	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
594	Other renal sclerosis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
600	Pyelitis, pyelocystitis and pyelonephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
603	Other diseases of kidney and ureter	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
	Totals: GROUP X	—	—	—	—	—	—	—	—	1	1	2	—	—	—	1	2	4	3	7
	GROUP XIII																			
	Diseases of the Bones and Organs of Movement																			
744	Other diseases of muscle, tendon and fascia	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	Totals: GROUP XIII	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	GROUP XIV																			
	Congenital Malformations																			
754	Congenital malformations of circulatory system	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
756	Congenital malformations of digestive system	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	Totals: GROUP XIV	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	2

Intern List No.	Cause of death	0 – 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75 +		Total All Ages		Grand Total 1966
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP XV																			
	Certain diseases of early infancy																			
760	Intracranial and spinal injury at birth	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4
762	Postnatal asphyxia and atelectasis ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
764	Diarrhoea of newborn	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
774	Immaturity with mention of any other subsidiary condition	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
776	Immaturity, unqualified	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	4
	Totals: GROUP XV	6	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	5	11
	GROUP XVI																			
	Symptoms, senility, and ill-defined conditions																			
782	Symptoms referable to cardiovascular and lymphatic system	—	—	—	—	—	—	—	—	1	—	1	—	1	—	2	1	5	1	6
792	Uraemia	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	3	1	4
794	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	21	10	21	31
795	Ill-defined and unknown causes of morbidity and mortality	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
	Totals: GROUP XVI	—	—	—	—	—	—	—	—	1	—	2	—	2	—	14	24	19	24	43

Intern List No.	Cause of Death	0 – 1		1 – 4		5 – 14		15–24		25–44		45–64		65–74		75 +		Total All Ages		Grand Total 1966
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP N.XVII																			
	Alternative classification of accidents, poisonings, and violence (nature of injury)																			
N.803	Other and unqualified skull fractures	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
N.820	Fracture of neck of femur	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
N.821	Fracture of other and unspecified parts of femur	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
N.853	Cerebral Laceration and contusion ...	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	3	—	3
N.855	Other and unspecified intracranial haemorrhage following injury (without mention of cerebral laceration or contusion)	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
N.856	Head injury of other and unspecified nature	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—	2
N.908	Multiple open wounds of other and unspecified location	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
N.933	Foreign body in pharynx and larynx	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
N.969	Poisoning by other gases and vapours	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
N.971	Poisoning by barbituric acid and derivatives	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
N.977	Poisoning by bella donna, hyoscine and atropine	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
N.990	Drowning and non-fatal submersion	—	—	1	—	—	—	—	—	1	—	3	—	1	—	1	—	7	—	7
	Totals: GROUP N.XVII	—	1	1	1	—	—	4	—	2	—	5	1	2	1	2	3	16	7	23

DEATHS BY AGE GROUPS—SUMMARY

Cause of Death	0–1		1–4		5–14		15–24		25–44		45–64		65–74		75 +		Total all Ages		*Grand Total* 1966	*Total* 1965
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
GROUP I: Infective & parasitic diseases	—	—	—	—	—	—	—	—	1	—	3	—	—	—	—	—	4	—	4	2
GROUP II: Cancer and other tumours	—	—	—	—	—	—	—	—	1	2	30	18	19	13	23	22	73	55	128	104
GROUP III: Allergic, endocrine system, metabolic & nutritional diseases ...	—	—	—	—	—	—	—	—	—	1	—	1	1	3	—	1	1	6	7	9
GROUP IV: Diseases of the blood & blood forming organisms	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2	2
GROUP V: Mental, psycho neurotic & personality disorders	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2	—
GROUP VI: Diseases of the nervous system and sense organs	—	—	—	—	—	—	—	—	—	—	9	10	8	13	15	37	32	60	92	80
GROUP VII: Diseases of the circulatory system ...	—	—	—	—	—	—	—	—	1	1	30	14	31	18	37	55	99	88	187	201
GROUP VIII: Diseases of the respiratory system ...	—	—	1	—	—	—	—	—	1	—	4	3	8	3	14	11	28	17	45	61
GROUP IX: Diseases of the digestive system	—	—	—	—	—	—	1	—	—	—	1	1	2	—	1	4	5	5	10	17
GROUP X: Diseases of the genito-urinary system	—	—	—	—	—	—	—	—	1	1	2	—	—	—	1	2	4	3	7	8
Carried forward	—	—	1	—	—	—	1	—	5	5	79	48	69	51	92	133	247	237	484	484

Cause of Death	0–1		1–4		5–14		15–24		25–44		45–64		65-74		75+		Total all Ages		*Total* 1966	*Total* 1965
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Brought forward	—	—	1	—	—	—	1	—	5	5	79	48	69	51	92	133	247	237	484	484
GROUP XI: Delivery and complications of pregnancy, childbirth & the puerperum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XII: Diseases of the skin and cellular tissue ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
GROUP XIII: Diseases of the bones and organs of movement	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	1
GROUP XIV: Congenital malformations	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	2	2
GROUP XV: Certain diseases of early infancy	6	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	5	11	12
GROUP XVI: Symptoms, senility and ill-defined conditions	—	—	—	—	—	—	—	—	1	—	2	—	2	—	14	24	19	24	43	47
GROUP N.XVII: Alternative classification of accidents, poisonings & violence (nature of injury) ...	—	1	1	1	—	—	4	—	2	—	5	1	2	1	2	3	16	7	23	21
TOTALS:	6	7	2	1	—	—	5	—	9	5	86	49	74	52	108	160	290	274	564	568

Causes of Infant Deaths—Under one month

		M	F	Total
756	Congenital malformations of digestive system	–	–	1
760	Intracranial and spinal injury at birth	–	4	4
762	Post-natal asphyxia and atelectasis	1	–	1
764	Diarrhoae of new-born	1	–	1
774	Immaturity with mention of any other subsidiary condition	1	–	1
776	Immaturity unqualified	3	1	4
		6	6	12

Causes of Infant Deaths—From One month to One year

		M	F	Total
N933	Foreign body in pharynx and larynx	–	1	1
		–	1	1

APPENDIX IV

VITAL STATISTICS—COMPARISON, GUERNSEY/UNITED KINGDOM

		1964	1965	1966
Infant Mortality Rate	England and Wales	19.9	19.0*	19.0*
	Guernsey	21.3	19.61	16.6
Neo-Natal Death Rate	England and Wales	13.8	13.0	12.9
	Guernsey	15.7	13.48	15.38
Maternal Mortality	England and Wales	.25	.25	.26
	Guernsey	1.1	—	—
Tuberculosis (Respiratory)	England and Wales	.05*	.042*	.043*
	Guernsey	.04	.065	—
Cancer All Forms	England and Wales	2.2*	2.22*	2.24*
	Guernsey	2.2	2.27	2.77
Cancer of Lung	England and Wales	.5*	.55*	.56*
	Guernsey	.4	.48	.63

* Provisional Figures.

APPENDIX V

PUBLIC HEALTH DEPARTMENT

Cost of Operation

LABORATORY			
Analysis			£741 4 3
Cleaning and Sundries			565 8 0
Medical Supplies and Equipment			1,927 16 7
			£3,234 8 10
PUBLIC HEALTH			
Cleaning, Fuel, Light and Water			£670 12 0
Infectious Diseases—			
Doctors' Fees	£259 3 0		
Drugs, Vaccines, etc.	899 5 3		
			1,158 8 3
Postages, Stationery and Telephone			944 16 10
Salaries and Wages			34,512 4 5
Superannuation			4,759 2 5
Travelling Expenses			1,891 12 5
V.D. Clinic			802 19 2
Other Expenses			2,165 11 3
			£46,905 6 9
Less: Recoveries from Education Council			4,501 3 2
			£42,404 3 7

SCHOOL MEDICAL SERVICES

ANNUAL REPORT FOR 1966

Throughout 1966 the work of the Education Council's School Medical Services proceeded smoothly and effectively. It is a pleasure to record, with gratitude, the ready co-operation of head teachers and school staffs which has helped so much towards achieving a successful year's work. Not less important has been the increasing interest shown by parents, without whose willingness to take their part, the work would be less rewarding and less useful to the school community.

The assistance of Dr. Elizabeth Witherick in carrying out the regular, routine medical inspections (which is the essential basis of the School Medical Services) has been of immense value. Not only has her help resulted in a larger number of school children being examined, but it has been possible to devote more time to each examination and particularly to those children found to require more detailed attention. There can be no argument but that this enhances both the scope and value of the services as a whole.

There has been only one new appointment in 1966. It is a pleasure to welcome Mrs. J. Simon, S.R.N., S.C.M., H.V. Cert. who took up her appointment as School Nurse/Health Visitor on 7th February, 1966.

The total number of children examined by the School Medical Officers was 2,914, which includes 554 children seen at the clinic. In addition, 97 new cases were referred to the Orthoptic Clinic, 46 new cases to the Speech Therapy Clinic, and 49 new cases to the Child Guidance Clinic. There were also 16 new cases seen by Mr. G. Midgley at his Specialist Ear, Nose and Throat Clinics. More detailed analyses are tabulated below.

Table I

Children examined at schools	1,955
Routine examinations at Lukis House	405
Children referred to Lukis House Clinic	359

Table II

Children examined at schools (1,955)

	Boys	Girls	Total
Infants	443	472	915
Juniors	300	255	555
Seniors	277	208	485
	1,020	935	1,955

Table III

Children examined at Lukis House (405)

	Boys	Girls	Total
Infants	51	40	91
Juniors	1	3	4
Seniors	158	152	310
	210	195	405

Table IV

Defects noted in routine examinations

	Infants			Juniors			Seniors			
	B	G	T	B	G	T	B	G	T	T
Teeth	78	125	203	58	41	99	50	24	74	376
Skin	27	33	60	8	8	16	40	84	124	200
Eyes	29	30	59	50	46	96	69	80	149	304
E.N.T.	34	45	79	9	13	22	12	10	22	123
Speech	20	12	32	1	—	1	—	2	2	35
Heart	4	4	8	4	3	7	7	3	10	25
Lungs	10	6	16	2	—	2	1	2	3	21
Orthopaedic	8	10	18	1	5	6	15	9	24	48
Flat Feet	48	26	74	37	21	58	47	81	128	260
	258	291	549	170	137	307	241	295	536	1,392

Clinics

Of the 359 children referred to the School Medical Officer's clinic at Lukis House, 87% are accounted for under only five headings. These are:—

Table V

Defective eyesight	167	=	46.5%
„ speech	43	=	12.0%
Training College candidates	38	=	10.6%
E.N.T. conditions	37	=	10.3%
Behaviour problems	28	=	7.6%
	313	=	87.0%

Of the remaining 13.0% (46 children) nearly half were referred for general physical examination or in connection with an initial assessment of any requirement for special educational facilities for example, the provision of home tuition or allocation to the Day Training Centre. Five children were referred because of skin complaints, and the same number for assessment of need for extra nourishment to supplement an inadequate home diet.

Child Guidance Clinic

Dr. Salisbury continued to conduct the Child Guidance clinic, carrying out no fewer than 235 sessions during the year, or nearly twenty sessions, on average, every month. Forty-nine new cases were referred to her clinic during the year, a rate of very nearly one new case every week. Although the Child Guidance Clinic is one of the more recent provisions of the School Medical Services there can be no doubt of the continuing need for its existence. Sincere thanks are due to Dr. Salisbury for her excellent work in this specialised sphere.

Ear, Nose and Throat Clinic

Mr. Midgley carried out three specialist E.N.T. clinics during the year at which he gave 35 consultations, 16 to new cases. Of these cases 6 subsequently were admitted to hospital in the United Kingdom for surgical procedures under the island's reciprocal agreement with the National Health Service. Mr. Midgley's clinic is a much needed addition to the School Medical Services and we are indeed fortunate to be able to call upon his skill and experience.

Speech Therapy

Miss T. M. Richmond, L.C.S.T. completed her first year in charge of the Speech Therapy clinic at Granville House. Altogether there were 1,308 attendances at her clinic. Her clinic had 126 children under treatment or observation during the year. 46 new cases were referred of whom 38 were accepted for treatment. There were 6 children on the waiting list at the end of the year and 33 children were discharged having completed treatment. One child was discharged having left school and in three cases treatment was declined by parents. Of 46 children referred only 7 were assessed as not requiring regular speech therapy.

In addition Miss Richmond made two visits to Alderney where she was able to see thirteen children referred to her by Dr. Bell. Of these 9 were adjudged to require treatment and although no child was ready for discharge by the end of the year, several showed considerable improvement.

Altogether Miss Richmond has proved herself equal to a very considerable work load during the year and she is to be congratulated on her achievements.

Orthoptic Clinic

There were no less than 2,479 attendances at the Orthoptic clinic in 1966 including 97 new cases referred during the year. In her annual report Mrs. Edwards records that 74 children were discharged 58 of these as cured and 16 as cosmetically satisfactory. 2 children were assessed as unsuitable for orthoptic treatment and 2 children ceased attending the clinic, both of them having left the island.

28 children underwent operations for squint by Mr. F. R. Neubert F.R.C.S. under whose guidance the ophthalmic services to school children operate.

Defective eyesight is by far the most common cause for children being referred to the School Medical Services. It is a pleasure to record that, throughout yet another year, Mr. Neubert and Mrs. Edwards have met every request made for their special knowledge and attention, whereby an ophthalmic service second to none has been made available to Guernsey school children.

The B.C.G. vaccination programme

School children continue to be protected against tuberculous infection. Of 506 Juniors eligible for B.C.G. vaccination over 96% (484) received it. It is particularly disappointing to have to record that in 22 cases parents refused to allow their children to be skin-tested (tuberculin test) thus these children could not be vaccinated, and 9 children whose skin test proved the need for vaccination were not allowed to be vaccinated, because parents withheld their consent. This is the more disappointing because during the year a new consent form was printed to which was attached an explanation of the aims of the B.C.G. vaccination programme in the hope of inviting greater co-operation from parents. Compared with 1965 the percentage of refusals is essentially the same, which suggests that those parents who refuse protection for their children either do not read the explanatory notes, or else do not believe what they read in them. Nevertheless, with an acceptance rate of more than 95% the great majority of school children stand to benefit from the protection offered and the community as a whole cannot but gain from this.

The tuberculin testing of entrants to the infant schools reached a high proportion 96.5% (927) of 960 children having been tested. Of these 0.24% (23) children showed a positive reaction to the test, indicating experience of tuberculous infection between birth and school entry. Again 28 children could not be tested because parents withheld consent to the test being performed.

The B.C.G. programme is expressed below in tabular form.

Table VI

Infants. Tuberculin testing.

Total No. of Infants examined		984	
Known to be tuberculin positive			24
Therefore, children in need of testing		960	
Children absent for test			5
Consent to test withheld by parents			28
			33
Thus children eligible for testing		927	
No. of children tested		927	
Result of test POSITIVE	23		
Result of test NEGATIVE	904		
	927 = 96.5%		

Table VII

Juniors. Tuberculin testing and B.C.G. Vaccination.

Total No. of Juniors examined	555	
Known to be tuberculin positive		26
Absent for tuberculin testing		3
Consent withheld for skin testing		22
		51
Therefore children in need of testing	504	
Result of test POSITIVE	20	
Therefore children eligible for B.C.G. Vaccination	484	
Absent for vaccination		7
Vaccination refused by parents		9
		16
No. of children protected by B.C.G. Vaccination	468	
i.e.	96.7%	

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During the year it was decided to institute a weekly clinic for tuberculin testing and B.C.G. vaccination, not only to follow up those children who were unavoidably absent from their schools at the time these procedures were carried out, but to meet the requirement for B.C.G. vaccination among children at risk of infection, that is to say children known to be contacts to tuberculous infection within their own families. At these clinics a further 86 children were tuberculin tested and 108 children received vaccination.

The B.C.G. programme is long-term preventive medicine, the full benefits of which can best be assessed only in the future.

While it continues to be possible to protect over 90% of the child population of the island, it can be expected, with some confidence, that new tuberculous infections will eventually be confined to the unprotected ten per cent.

Head Infestation

During 1966 the School Nurses carried out 18,651 head inspections. Only 206 instances of infestation by Pediculosis capitis were found and of these it was found necessary to exclude from school only 18 children. As forecast in the Annual Report for 1965, this represents a further improvement. Infestations found amount to only 1.1% and of these few, only 8.7% needed to be excluded from school. Exclusions expressed as a proportion of total inspections amount to only 0.097%, a very satisfactory achievement.

A. T. G. THOMAS,

School Medical Officer.

April, 1967.

SCHOOL DENTAL SERVICE REPORT 1966

During the year, the following schools were inspected:—

Amherst Infants'	St. Joseph's
Amherst Junior	St. Saviour's Primary
Vauvert Secondary	Forest Primary
Vauvert Infants'	Castel

This made up a total of 2126 inspected at school, and of these 1136 (53.4%) required treatment. This figure is up by 4.4% on last year. The number of children examined at the Clinic, amounted to 2217, of which 1723 (77.7%) required treatment. The overall percentage of children requiring treatment was 65.7%. As can be seen from the figures, ninety one more children were examined at the Clinic than at School. This was due to the conscientious attitude of a large percentage of parents, who require that their child be seen every six months, and who are not prepared to wait until we can inspect the child in School. This is a very difficult problem, because although this enlightened attitude in parents is most commendable, and indeed essential, it places an impossible burden upon us, and means that we are unable to inspect and treat our Schools in their entirety, often enough.

TREATMENT

A total of 4869 permanent and deciduous teeth were filled. Parents are bringing their children at an earlier age, and are realizing the importance of first tooth care. This accounts for the relatively high proportion of deciduous teeth filled, to permanent, 1155, as against 3714.

EXTRACTIONS

The extraction of permanent teeth remains at a static figure—749, nine more than last year, but deciduous extractions are down by 416.

ORTHODONTICS AND PROSTHETICS

Seventy orthodontic cases were commenced during the year, and the number of cases completed were 35. I feel that this service is of great value to the children, and it is appreciated by patients and parents alike.

The dentures provided amounted to 37. This service is ideal for the patient with hopelessly decayed teeth, and bad oral hygiene. It is a radical form of treatment, but can be carried out quickly, ensuring a clean mouth, where before there was neglect and sepsis.

To finish my report, I would like respectfully to recommend once again the fluoridation of the Water Supply. With the benefits to be gained in health in school children and future generations, from this simple measure, we might be able to see some end to the ravages of dental decay in Guernsey.

D. HEARNS

Principal School Dental Officer.

Dental Inspection and Treatment carried out by the Authority during the Year 1966.

No. of Pupils on the Registers of Maintained Primary and Secondary Schools 6,800 approx.

1. *Number of Pupils inspected by the Authority's Dental Officers*			
(*a*) at school inspections	2126)		
(*b*) at clinics	2217)		
		Total	4343
2. *Number found to require treatment*			2855
3. *Number actually treated*			2929
4. *Number of Attendances made by Pupils for Treatment*			7104
5. *Number of Patients made Dentally Fit*			2094
6. *Sessions Devoted to*			
(*a*) school inspections	15)		
(*b*) treatment	838)		
		Total	853
7. *Fillings*			
(*a*) permanent teeth	3714)		
(*b*) temporary teeth	1155)		
		Total	4869
8. *Extractions*			
(*a*) permanent teeth	749)		
(*b*) temporary teeth	1506)		
		Total	2255
9. *Number of General Anaesthetics given for Extractions*			1633
10. *Number of Dentures provided*			37
11. *Number of Crowns Fitted*			26
12. *Number of Root Canal Treatments*			36
13. *Other Operations*			
(*a*) permanent teeth	426)		
(*b*) temporary teeth	271)		
		Total	697
14. *Orthodontics*			
(*a*) cases commenced during the year			70
(*b*) cases completed during the year			35
(*c*) cases discontinued during the year			3
(*d*) number of appliances fitted			87