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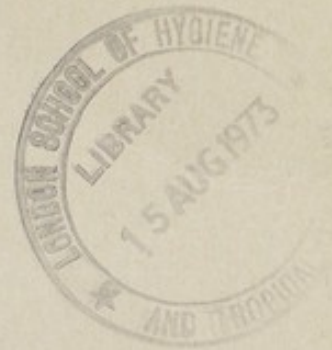
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70th
ANNUAL REPORT

OF THE


Medical Officer of Health.

REPORT FOR THE YEAR 1968.

GUERNSEY :

1969.





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Report of the Medical Officer of Health for 1968

Lukis House,
Grange,
Guernsey.

19th September, 1969.

Sir,

I have the honour to present to you the Annual Report on the health of the Bailiwick of Guernsey for the year 1968.

I have the honour to be, Sir,

Your obedient servant,

C. G. WHITE, M.B.E., M.A., B.M., B.Ch., D.P.H., D.L.H.,

Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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INTRODUCTION

The following paragraphs are included for those who may read this report without any background information about the area it concerns.

The administrative area is the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over-simplification which must suffice for present purposes, but the student will not lack for much more detailed information elsewhere.

The Public Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and responsible to the States. This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self-government since William, Duke of Normandy gained the English Crown, are sufficient proof of this.

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 (Guernsey Airport)	1,724.1	Sunless days, 1968	64
Average, 50 years	1,866.7	Average, 50 years	58

Comparative Sunshine hours, 1968:

Highest total hours in the British Isles:

Jersey (St. Helier)	1,857.2	Swanage	1,734.4
Guernsey (L'Ancrese)	1,821.1	St. Mary's (Scilly)	1,727.2
Shanklin	1,744.8	Dale Fort	1,723.1

RAINFALL:

Total inches, 1968	34.86	Rain days, 1968	170
Average, 50 years	35.94	Average, 50 years	185

TEMPERATURE:

	°C.	°F.
Yearly mean	10.2	50.3
Average, 50 years	10.7	51.3
Mean daily range	4.6	8.2
Average, 50 years	4.9	8.9

WIND:	Calm	N.	NE.	E.	SE.	S.	SW.	W.	NW.
Days in the year	11	43	55	39	37	47	49	62	33

GENERAL

"The Report, I venture to think, will be found to include some valuable vital statistics, which will not only be instructive, but which will be found useful by Medical Practitioners and by the Public generally".

H. Le Cocq,
President, Board of Health,
May 4th, 1900.

The quotation is taken from the letter to T. Godfray Carey, Esq., President of the States, which introduced the first Annual Report of the Medical Officer of Health, for the year 1899. Dr. John Brownlee who wrote that report, faced a formidable task. The sudden increase in deaths from diphtheria, enteric fever and scarlet fever in the island, particularly since the year 1895, had prompted the Royal Court to appoint a special committee, charged with the duty of reporting upon the causes of these epidemics, and to recommend measures to reduce, if possible to eradicate these diseases.

The committee, of three, reported on February 9th 1899: they met their responsibilities admirably and their description of the island makes fascinating reading today. Their report included one from the States Analyst, and letters from Dr. Francis Carey and Dr. John Aikman. Some of the measures recommended then are in use today, but perhaps I may be forgiven a smile, a kindly one, when I read this extract from their report:

"But, in our opinion, all sanitary measures would be incomplete and more or less inefficient without the services of a qualified Medical Officer of Health, say for a period of three years . . ."

Those three years have stretched to seventy and this report will still "be found to include some valuable vital statistics . . ." which I hope will be found instructive and useful to my colleagues in general practice and, perhaps, to the public generally; but I have not such an alarming account to give of 1968 as Dr. Brownlee had of the years preceding his appointment. The work of Messrs. N. Domaille, W. M. MacCulloch and E. C. Ozanne, who reported to the Royal Court in the winter of 1899, still goes on and thanks to the manner in which they discharged their duty, mine is perhaps a little easier.

The epidemic fevers will not figure very largely in this report, and certainly not in the mortality tables, though I should note in passing that tuberculosis remains obstinately resistant to eradication. The advance of the science of medicine reveals new spheres in which preventive medicine may be applied. The incidence of some forms of malignant disease, degenerative disease and in some cases, even congenital disease may be capable of reduction by measures of control, and if they can be controlled today, who is so wise as to say that a time will not come when some of the afflictions which we regard as pure misfortune now shall cease to exist except in history? Before 1968 passed into history, three men left Earth to circle the Moon and returned to describe what they had seen. The time-honoured dictum that there is nothing new under the Sun will not be heard so often in the years to come.

During the year, the day to day work of the Health Department has perforce been concerned more with the aftermath of yesterday than the exciting prospects for a distant tomorrow. At the very root of preventive medicine one comes face to face with the way people live. Some enjoy circumstances of their own creation, good or bad, but many more must strike the best balance that they can between what they would wish and what they find available to them. Throughout the year a constant topic of conversation and debate has been the ubiquitous problem of housing; how much new building there should be, how many dwellings shall be apportioned to the private sector and how many are needed to meet the demands upon the States Housing Authority. No Medical Officer of Health can remain aloof from such discussions and yet, while applauding the intention to engage upon new construction, I sometimes wonder how much of Guernsey's twenty five square miles remains to be built upon. Our daily work takes me and my staff through many doors and we have learned, all too often, that even the prettiest and most picturesque facade can conceal living conditions which we are quite unable to condone.

There is nothing new in this; Guernsey is not alone; hardly a town or city in Great Britain which does not face the same problem for much the same reason. The living standards of today have so far outstripped the standards to which so many houses were built in the past that all too many have been left behind. Some are now beyond adaptation to current standards and many of these are grouped together with such a disregard for the basic amenities of natural light and ventilation that each group must be considered an entity. Piecemeal tinkering with a single dwelling in such an area is pointless and unhelpful. Bolder policies are required and broader concepts envisaged.

Within 30 minutes walk of this office can be counted at least 10 houses, some quite large, standing empty and deserted, which have remained unoccupied for many months—sometimes years because no powers exist by which they can be brought into use. These can be remarked by the casual observer, who may wonder how they can remain so for so long when he is constantly hearing and reading of the cry for more dwellings. These are in the heart of town and by no means derelict. A more penetrating survey could be expected to disclose much unused dwelling accommodation and might indicate how some of these could be brought into occupation once more.

But there are those houses, albeit left behind by the pace of improved standards, which are capable of economical preservation and rehabilitation. This is the field in which I believe much can be done—the preservation of the island's existing housing stock. By all means build anew, to the best of modern standards, but let consideration be given to the modernisation of the interiors of sound houses now standing, so that there is less demand for new building. Repair loans are available, it is true, but what would be the impact of a scheme of improvement grants? Would it not encourage many an owner to modernise his property, at a cost to the States per unit far less than the cost of new construction? Would it not reduce the pressure for more land, for more new housing estates? Would it not result in more families living contentedly in conditions in which they can take just pride? The sea is a fractious and unforgiving neighbour and we can hardly extend the boundaries of the island by stealth; perhaps by an acre or two at most.

This principle of preserving the existing stock of island dwellings where practicable, is, I know, being examined by the Housing Authority. Theirs is a

complex task, solving the equation compounded of ancient customs of property tenure, the need to co-ordinate with the efforts of the Island Development Committee towards the future and the ever-present pressure of their waiting lists. If my observations provoke interest and discussion outside those Boards and Committees already grappling with the problem, then it may be that there will be a feed-back of initiative which could help resolve some of their difficulties. Dr. Brownlee wrote much of his first report describing the way people lived in this island at the turn of the century, fulfilling the first instruction given him ". . . to inform himself, as far as practicable, respecting all influences affecting or threatening to affect the public health in this island". That instruction still stands, and may not be ignored.

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	10.5
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
1967	45,884	741	16.14	546	11.46	9.83	21	28.34
1968	46,182	752	16.28	656	14.2	12.21	16	21.28

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.

POPULATION

The 1968 estimates are as follows:—

Guernsey	46,182
Alderney	1,508
Sark	575

BIRTHS

In 1968 there were 752 live births in the Island, of these 388 were males and 364 females. The birth rate is therefore 16.28 per thousand live births. The corresponding figure for 1967 was 16.14. The provisional birth rate for the United Kingdom for 1968 is 16.5.

There were 59 illegitimate births, that is a rate of 78.5 per thousand live births. In the United Kingdom the rate is 85.2. However, in urban areas the rate is 85.7 per thousand and in rural areas 56.6 per thousand live births.

There were 10 still births as against 16 in 1967 giving a rate of 13.12 per thousand live births compared with the rate of 14 for the United Kingdom.

INFANT MORTALITY

The number of deaths of infants under one year of age was 16, giving an infant Mortality Rate of 21.28. The total last year was 24, giving a rate of 28.34. The rate for 1965 was 19.61 and for 1964 21.32 per thousand live births. Of the total 16 deaths, 9 occurred under the age of one month giving a neo-natal death rate of 11.97 per thousand live births as compared with 21.59 last year. The rates for England and Wales in 1968 were Infant Mortality: 18. Neo-natal Mortality: 12.4.

The Board of Health was concerned to observe the 1967 figures for the Infant Mortality Rate and Neo-natal Mortality Rate. Both these rates were raised and compared unfavourably with a steady decline recorded in the same rates for England and Wales for the preceding years. These figures are reproduced here:

	1965	1966	1967
Infant Mortality Rate —Guernsey	19.61	16.6	28.3
England & Wales	19.0	19.0	18.3*
Neo-natal Death Rate—Guernsey	13.5	15.4	21.6
England & Wales	13.0	12.9	12.5

* Provisional figure.

By statistical method it was possible to show that these raised Guernsey rates were still within +2 standard deviations of the mean of these rates for the preceding eighteen years and to state that there was no general trend upwards. Nevertheless, the sudden increase was disturbing and the Board instructed that an investigation should be carried out to examine the 1967 infant and neo-natal deaths in more detail. This investigation continues as the year ends and a report will be forthcoming next year.

Now the Infant Death Rate expresses the total number of deaths in the first year of life as a proportion of 1,000 live births and the neo-natal death rate expresses the number of deaths in the first month of life per 1,000 live births. It is now more usual to divide neo-natal deaths into early and late neo-natal deaths, that is, those occurring in the first seven days of life and those surviving the first week but dying before the 29th day.

From this has developed the perinatal death rate, now regarded as a much better index of the hazards to the foetus and the new-born child. Heretofore the perinatal death rate has not been calculated in Guernsey Health Reports and this is an opportune time to introduce it.

The perinatal death rate is found by adding together still births and early neo-natal deaths and expressing these per 1,000 births both live and still. Herewith the data and rates for the past five years, including those for 1968.

Year	Still births			Deaths 0-7 days			Perinatal deaths			Live births		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
1964 ...	4	3	7	8	3	11	12	6	18	453	438	891
1965 ...	9	2	11	1	7	8	10	9	19	427	389	816
1966 ...	9	3	12	5	5	10	14	8	22	397	383	780
1967 ...	8	8	16	9	7	16	17	15	32	362	379	741
1968 ...	8	2	10	7	2	9	15	4	19	388	364	752
	Still births			Early Neonatal Deaths			Total	Still births	Live births	Total	Perinatal Death rate	
1964 ...	7			11			18	7	891	898	20.04	
1965 ...	11			8			19	11	816	827	22.97	
1966 ...	12			10			22	12	780	792	27.78	
1967 ...	16			16			32	16	741	757	42.27	
1968 ...	10			9			19	10	752	762	24.93	

From this some conclusions can already be deduced. The total number of births, live and still were some 140 less in 1967 than in 1964, whereas the number of still births had more than doubled while early neonatal deaths had increased by almost 50%, (comparing 1967 with 1964). From this one learns perhaps the most important factor, that in a small community, to express crude rates per thousand is bound to result in considerable fluctuations in that rate from year to year. As witness to this, the perinatal death rate for 1968 is almost half that for the preceding year, despite that no radical changes have been made during 1968 in ante natal or maternity services within the community.

Nevertheless, few investigations are fruitless and it may be possible to establish some common factor which led to such a high number of still births and early neonatal deaths in 1967, although none is apparent at the time of writing. One must not forget, while reading these quantitative symbols in tabular form, that we are concerning ourselves with Guernsey's most precious commodity—the next generation. Any effort which secures the future of each member of it is worthwhile.

(The perinatal death rate for England and Wales in 1968 is given as 25 per 1,000 total births in GRO Circular (M.O.H.) No. 4/1969 issued from the General Register Office, Somerset House).

DEATHS

The total number of deaths in 1968 was 656, compared with 546 in 1967. The crude death rate arising from the total deaths is 14.2 per thousand with a corrected death rate of 12.21 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. The death rate for the United Kingdom is 11.9 per thousand. Deaths are tabulated by cause, age and sex in Appendix III.

It is satisfactory to record that no deaths were certified as due to maternal causes and none to respiratory tuberculosis during 1968.

The principal causes of death are to be found in Group VII Diseases of the circulatory system (204), Group II Cancer and other tumours (124) and Group VIII Diseases of the respiratory system (107).

It is interesting to record the average ages at death in these groups, excluding neonatal deaths (in the first month of life).

				<i>Average ages at death 1968</i>		
				<i>Males</i>	<i>Females</i>	
Group II	...	...	...	68.8	69.2	Malignancy
Group VII	...	...	...	69.1	76.9	Circulatory diseases
Group VIII	...	...	...	69.6	75.9	Respiratory diseases

A table giving the average ages at death in all the Groups in which deaths were registered during 1968 follows. It will be noted that the average ages of both males and females in each group are comparable except in Group NXVII concerning accidental deaths. There were only 18 deaths altogether in this group, predominantly males (14) whose average age at death was only 42.9 years, whereas the females (4) averaged 76.5 years. Of the males 10 (72%) were under the age of 65 years, whereas all 4 females died at ages beyond 65. 5 males (36%) died under the age of 25 years.

<i>Group</i>	<i>Average age at death—1968</i>	
	<i>Males</i>	<i>Females</i>
I		68
II	68.8	69.2
III	57.5	58.6
IV	71	72
V		84.5
VI	75.5	74.9
VII	69.1	76.9
VIII	69.6	75.9
IX	77	63.3
X	77.1	78.3
XII		69
XIII	46.3	
XV	Infants under 1 month	
XVI	74.2	83
NXVII	42.9	76.5
Average all groups	66.1	75.1

CANCER DEATHS

1964	...	...	...	...	100
1965	...	...	...	...	104
1966	...	...	...	...	127
1967	...	...	...	...	114
1968	...	...	...	...	124

Leaving aside cancer of the lung and respiratory passages which are, as usual, dealt with separately, the total deaths from cancer were 124 in 1968 as compared with 114 in 1967.

CANCER AND LUNG CANCER

<i>Year</i>							<i>Cancer All Forms</i>	<i>Cancer of Lung</i>
1964	...	...	...	...	...	...	100	19
1965	...	...	...	...	...	...	104	22
1966	...	...	...	...	...	...	127	29
1967	...	...	...	...	...	...	114	26
1968	...	...	...	...	...	...	124	21

<i>Year</i>	<i>Cancer all Forms</i>		<i>Cancer of Lung</i>		<i>Cancer of Lung per 1,000 of population</i>	
	<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>
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
1967	167	114	40	26	0.63	0.56
1968	190	124	57	21	0.89	0.45

CREMATIONS

<i>Year</i>						<i>Total</i>
1964	...	...	...	...	...	102
1965	...	...	...	...	...	122
1966	...	...	...	...	...	89
1967	...	...	...	...	...	129
1968	...	...	...	...	...	149 (Local and from elsewhere)

MARRIAGES

416 marriages took place during the year as compared with 389 last year. The corresponding rates are 9.01 and 8.47 per thousand respectively.

CARE OF THE AGED

The figures for 1968 and previous years are as follows:

	1965	1966	1967	1968
Total waiting list at 1st January	95	106	108	104
	(32M)	(47M)	(44M)	(42M)
	(63F)	(59F)	(64F)	(62F)
Deaths during year	45	29	36	39
Admissions to geriatric beds during year	66	60	104	74
Total waiting list at 31st December ...	106	108	104	101
	(47M)	(44M)	(42M)	(37M)
	(59F)	(64F)	(62F)	(64F)

Throughout the year there was continuous pressure for admission to available geriatric beds. Efforts to find existing accommodation which could be adapted as a welfare home or to increase the number of beds available proved unavailing. By the year's end it was apparent that new building must be considered and proposals to achieve this were well advanced for submission to the States. Meanwhile it is a pleasure to record the ready co-operation of the St. Peter Port Hospital, The King Edward VII Hospital and Les Cotils Hospital Home to make the best possible use of such accommodation for these cases as became available.

VENEREAL DISEASE

	<i>Male Section</i>		<i>Female Section</i>	
	1967	1968	1967	1968
1. Number of persons under treatment or surveillance on 1st January:				
Syphilis	5	4	6	2
Gonorrhoea	21	17	0	1
Non-specific or non-veneral conditions	10	12	0	0
2. Number of persons previously removed from register who returned for treatment due to re-infection	6	3	1	0
3. Number of fresh infections during the year:				
Syphilis contracted locally	0	0	1	0
Syphilis contracted outside the Island	3	3	0	0
Gonorrhoea contracted locally	14	14	6	17
Gonorrhoea contracted outside the Island	34	42	0	0
Non-specific or non-veneral conditions contracted locally	31	17	4	0
Non-specific or non-veneral conditions contracted outside the Island ...	25	59	0	0

	<i>Male Section</i>		<i>Female Section</i>	
	1967	1968	1967	1968
4. Cases discharged:				
Syphilis	4	4	5	2
Gonorrhoea	52	63	5	18
Non-specific or non-venereal conditions	54	70	4	0
5. Number of persons remaining under treatment or observation on 31st December:				
Syphilis	4	3	2	0
Gonorrhoea	17	10	1	0
Non-specific or non-venereal conditions	12	18	0	0
6. Number of attendances	644	938	102	96
Number of Sailors attending:—				
G.C.—N.S.U.				
15 14				
Number of Hotel Staff attending:—				
9 19				
Number of Imported Labour attending:—				
(Tomato Board and Building Trades)				
8 20				
Number of Visitors attending:—				
10 6				
Number of Local People attending:—				
14 17				
3 'Outside' infections (GC) from Jersey.				
5 Trichomonas infections were diagnosed.				
42 attendances by appointment outside regular hours, including early a.m., late p.m. and Sundays.				

KING EDWARD VII HOSPITAL

Patients admitted during 1968

	<i>Admissions</i>	<i>Deaths</i>
<i>Geriatric cases</i>	16	9
<i>Isolation cases</i>		
Tuberculosis	10	0
Chicken Pox	3	0
Measles (Rubella)	1	0
Herpes Zoster	1	0
Gastro-enteritis	1	0
Infective Hepatitis	1	0
Glandular Fever	1	0
Pyrexia of unknown origin	1	0
Acute Rheumatism with Scarlet Fever?	1	0
TOTAL ADMISSIONS	36	9

HEALTH VISITING

It is a pleasure to welcome Miss M. G. Robilliard M.B.E., S.R.N., S.C.M., H.V.Cert. who was appointed to the newly established post of Senior Health Visitor/School Nurse in July 1968. She returns to serve her native island after many years outstanding work abroad, more recently in Africa.

Health Visitors completed a total of 5,710 visits to babies and pre-school children and 1,412 visits to the aged during 1968. This represents a commendable service to the community and one must remember that about half of a Health Visitor's time is devoted to her duties as School Nurse. Theirs is the field-work of preventive medicine in the category of social services (as distinct from environmental health) and much of the effectiveness of the Department in service to both young and old is due to their continued and devoted work.

ANNUAL STATISTICS FOR HEALTH VISITORS, 1968

<i>Health Visiting</i>	<i>Total</i>
1. Primary visit 0-1	767
2. Primary visit 1-5	322
3. Revisit 0-1	2,207
4. Revisit 1-5	2,414
5. Old Persons	1,412
6. Mentally disordered	77
7. Problem Families	42
8. Infectious households	150
9. Special and other visits	896
10. Non-effective visits	1,222
11. Total of visits	9,509
 <i>Board of Health Clinics—Sessions</i>	
12. T.B. and chest	44
13. Inoculations and vaccinations	30
14. Staff Medicals	97
Phenistix tests carried out	717
15. Infant Welfare	106
Administration and Organisation Sessions for Board of Health and School Medical Services	257

REPORT OF MR. J. BALL, CHIEF PUBLIC HEALTH INSPECTOR

The total number of complaints received in the Department during the year was 1,376; this shows an increase of 11% on the figure for 1967.

Rodent complaints are not included in this figure and are referred to later in this report under a separate heading.

The following table refers to classified visits and inspections carried out by the Public Health Inspectors in the General Category.

Total Visits During 1968

Houses inspected	155
Houses re-inspected	367
Overcrowding complaints	20
Workplaces inspected	24
Factories	1
Cesspools	69
Septic Tanks	21
Streams, etc.	40
Drainage—initial visits	105
Drainage—revisits	93
Drain tests applied	35
Drain tests revisits	28
House drainage	117
Public sewers	23
Plans inspected on site	67
Verminous premises	147
Verminous persons	1
Verminous articles	3
Disinfestations	79
Refuse accumulations	183
Controlled tips	122
Smoke emissions	3
Atmospheric nuisances	91
Noise nuisances	—
Rodent control—visits	72
Rodent control—revisits	20
Infectious disease	2
All visits in connection with infectious disease	35
Public conveniences	398
Dual visits with other departments	93
Caravans	11
Schools	19
Ditches	6
Abandoned vehicles	14
Camping sites	4
Visits to Herm	5
IDC. investigations	7
Miscellaneous visits	228
Unsuccessful visits (i.e. no access)	66
Appointments in office	25
Appointments outside office	81
Complaints referred from Parochial Authorities	18
Total:	2,898

The following table refers to the activities of the Public Health Inspectors in the field of food premises inspections and food hygiene.

SAMPLING (Bacteriological and Chemical):—

Food	...	...	...	...	...	...	...	...	...	9
Water	...	...	...	...	...	...	...	...	...	38
Ice cream	...	...	...	...	...	...	...	...	...	113
Swimming pool waters (Cl ² and pH tests)	...	...	...	...	...	...	...	...	...	144
Milk	...	...	...	...	...	...	...	...	...	6
Food consumer complaints	...	...	...	...	...	...	...	...	...	31
Food complaints, other visits	...	...	...	...	...	...	...	...	...	95
Food surrender	...	...	...	...	...	...	...	...	...	202
Restaurants, cafes, etc.	...	...	...	...	...	...	...	...	...	220
Bakehouses	...	...	...	...	...	...	...	...	...	40
Canteens	...	...	...	...	...	...	...	...	...	1
Licensed premises	...	...	...	...	...	...	...	...	...	4
Hotels and guest houses	...	...	...	...	...	...	...	...	...	335
States Dairy and milk depots	...	...	...	...	...	...	...	...	...	18
Food factories	...	...	...	...	...	...	...	...	...	6
Farms	...	...	...	...	...	...	...	...	...	89
Packing stations	...	...	...	...	...	...	...	...	...	1
Fish and chip shops	...	...	...	...	...	...	...	...	...	32
Grocers	...	...	...	...	...	...	...	...	...	295
Greengrocers	...	...	...	...	...	...	...	...	...	5
Butchers	...	...	...	...	...	...	...	...	...	21
Confectioners	...	...	...	...	...	...	...	...	...	31
Wholesale and storage depots	...	...	...	...	...	...	...	...	...	6
Vending machine and sites	...	...	...	...	...	...	...	...	...	12
Beach kiosks	...	...	...	...	...	...	...	...	...	38
Retail market	...	...	...	...	...	...	...	...	...	12
Visits with other departments	...	...	...	...	...	...	...	...	...	197
Unsuccessful visits (i.e. no access)	...	...	...	...	...	...	...	...	...	93
Miscellaneous visits	...	...	...	...	...	...	...	...	...	298
Appointments in office	...	...	...	...	...	...	...	...	...	18
Appointments outside office	...	...	...	...	...	...	...	...	...	24
Visits to Herm	...	...	...	...	...	...	...	...	...	5
Refuse accumulations	...	...	...	...	...	...	...	...	...	22
Mobile vehicles	...	...	...	...	...	...	...	...	...	5
Food poisoning investigation	...	...	...	...	...	...	...	...	...	1
Food poisoning other visits	...	...	...	...	...	...	...	...	...	10
										2,477

SAMPLES SUBMITTED FOR ANALYSIS (i.e. Substance, Nature and Quality):—

<i>Type of sample</i>	<i>Reason for sample/result</i>	<i>Action taken</i>
Pears	Phenolic substance detected	Trader advised
Pears and lemons	Phenolic substance detected	Trader advised
Well water	Paint contamination— negative	Nil
Slice of bread	Glass fragments detected	Warning letter
Beef sausages	Mould growth detected	Warning letter
Tin of cream	Containing foreign body	Supplier advised
Packet of tea	Containing fine yellow powder	Nil
Tinned pickled red cabbage	High iron content	Nil
Cakes	Containing maggots (larvae) identified as those of the Stored Nut Moth	Warning letter
Ground almonds	No evidence of larval infestation	Nil
Flaked peanuts	No evidence of larval infestation	Nil
Debris from bakery floor	No evidence of larval infestation	Nil
Loaf	Containing jute fibres	Court proceedings: manu- facturer fined £15
Sponge pudding mix	Unusual taste and smell	Samples sent to manu- facturer for further ex- amination
Custard slice	Containing foreign body identified as wire and paper fastener	Warning letter
Quarry water	Suspected pollution of watercourse	Remedial action taken by quarry owner
Quarry water		
Quarry water		
Tetrapak milk	Foreign matter on outside of pack	Nil
Corned beef	Excess iron, not harmful	Nil
Tetrapak milk	Foreign matter on outside of pack	Nil
Packet of crisps	Containing foreign body	Nil
Doughnut	Containing wasp	Warning letter
Guernsey gache	Containing foreign body	Nil
Loaf	Containing silver three- penny pieces	Nil
Sausage roll	Containing match stick	Warning letter
Cream choux	Containing foreign body	Warning letter
Loaf	Contaminated with webbing and larvae of Stored Nut Moth	Referred for formal ac- tion to Law Officers
Guernsey biscuit	Debris on outer substance	Nil
Bread roll	Containing foreign body	Nil
Cornish pastie	Containing mould growth	Retailer warned

SAMPLES SUBMITTED FOR BACTERIOLOGICAL EXAMINATION:—

		<i>No. of samples Satisfactory Unsatisfactory taken</i>		
Water	—well	47	39	8
	mains	5	5	Nil
	well (Sark)	4	4	Nil
	well (Herm)	6	5	1
	rainwater	1	1	Nil
	swimming pools	5	5	Nil
	stream water	6	Nil	6
Food	—cream slice	1	1	Nil
	cream horn	1	1	Nil
	steak & kidney pie	1	1	Nil
	pate	1	1	Nil
	red cabbage	1	1	Nil
	ham—cooked	2	1	1
Ice-cream—	Grade 1	86	) Satisfactory	
	Grade 2	22		
	Grade 3	3	) Unsatisfactory	
	Grade 4	1		
Cream	—Grade 2	1	Satisfactory	
	Grade 3	2	Unsatisfactory	

112 ice cream samples were taken during the year and submitted for examination; 108 were declared to be satisfactory; the 4 unsatisfactory samples were on subsequent re-examination declared satisfactory.

Food Complaints

There were 31 food complaints made in the Department during 1968.

FOOD SURRENDERED AS UNSOUND OR UNFIT FOR HUMAN CONSUMPTION

Meat and meat products	13,964 lbs.
Fish	65 lbs. 504 portions
Fruit and vegetables	9,986 lbs.
Cheese	649 lbs.
Butter	1,125 lbs. 8 ozs.
Various food stuffs contained in:	1,497 bottles
	336 cans
	1,187 tins
	and other packages, grossing 3,488 lbs.

RODENT CONTROL

Number of visits, treatments and re-treatments carried out were 2,945.

The rodent control service is administered and operated as a "free" service and is available to all who seek to make use of it; it is interesting to note, however, that not less than 62% of the investigations and treatments were made in respect of non-domestic premises.

DISINFESTATION

During the year 151 visits and treatments were carried out following receipt of complaint, in the Department, of flea infestation; these were dealt with, almost exclusively, by use of a liquid fine spray disinfestant.

ALDERNEY

The Island was not visited during 1968.

HEALTH EDUCATION

One health education lecture was given during the year.

CONFERENCES

In March Mr. S. R. Edwards and Mr. S. A. Le Tocq attended a weekend seminar of the Association of Public Health Inspectors at Hastings. Many topics of vital current interest were discussed; attendance at such weekend schools is, in the opinion of your Chief Public Health Inspector, absolutely necessary on a regular basis if members of the staff are to keep themselves abreast of current developments and techniques in the public health field.

The Vice President of the Board of Health accompanied the Chief Public Health Inspector to Blackpool in September for the purpose of attending the annual conference of the Association of Public Health Inspectors. Both delegates found their attendance at Conference very well worthwhile, not least in value being the papers delivered, with subsequent discussions, in respect of housing and allied social matters, and are appreciative of the opportunity extended to them to attend Conference.

LABORATORY

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

Section 1: General Laboratory Tests.

The number of reports issued was 20,679 and specimens referred to Dorchester totalled 850.

Section 2: Public Health Tests.

The number of reports issued was 79.

Section 3.

Blood transfusions and grouping.

	1966	1967	1968
A. Pints donated	647	864	899
B. Donors requested	710	979	1,008
C. Pints X matched	902	1,100	1,072
D. Patients X matched	383	460	456

Section 4: Exfoliative Cytology

The number of reports issued was 890.

Summary

The total of all reports issued was 21,648. Last year the figure was 17,208 and the work increase is approximately 26% and is a substantial rise, confirming remarks made in previous reports that the growth rate will continue at a high level for some time to come.

The new extension to the Department was completed in June 1968 and provided a comprehensive blood donor transfusion centre together with a haematology laboratory. These new facilities have without doubt provided the means to accept and control the increased work flow experienced this year and provided valuable economy in staff movements. It has also provided new thinking in the Department administration and form of operation.

Cytology examinations have also risen this year by approximately 24% which suggests that whereas in many U.K. centres cervical smears have tended to decrease the local situation is satisfactory. Present experience suggests that more use of this special service may be expected.

For the first time in many years the blood transfusion service statistics do not show significant increase over previous years. If the 1969 figures are comparable with 1967 and 1968 we may be able to accept them as a reliable index of donor requirement, other factors remaining equal.

In August the first student technician was appointed and a second will be recruited in 1969. The new policy of providing basic structure for future qualified technical staff from the Guernsey population is at present proceeding satisfactorily.

Apart from minor additional procedures adopted during the year, the department installed a complete Radiometer Astrup Equipment in December. This acquisition means that improved control and detection of certain blood abnormalities is now possible due to the analytical data provided by this equipment. It is hoped to have this apparatus fully operational in early 1969.

PUBLIC HEALTH DEPARTMENT

Cost of Operation

LABORATORY

Analysis	£1,879 19 9
Cleaning and Sundries	848 19 11
Medical Supplies and Equipment	2,864 2 0
Salaries and Wages	13,126 1 6
Superannuation	1,857 9 5
	<hr/>
	£20,576 12 7
	<hr/>

PUBLIC HEALTH

Cleaning, Fuel, Light and Water	£1,429	0	10
Infectious Diseases—			
Doctors' Fees	£847	3	0
Drugs, Vaccines, etc.	1,665	2	9
			2,512 5 9
Postage, Stationery and Telephone		889	10 4
Salaries and Wages	28,980	8	2
Superannuation	4,124	1	0
Travelling Expenses	2,039	15	3
V.D. Clinic		916	7 11
Other Expenses	2,771	3	1
			43,662 12 4
Less: Recoveries from Education Council		4,900	0 0
			£38,762 12 4

ALDERNEY

Report from Dr. D. C. Bell

Epidemics

There were no serious outbreaks of epidemic diseases in the year. There was a small outbreak of whooping cough at the beginning of the year with sixteen cases. Otherwise, three isolated cases of measles were recorded.

Vaccinations against smallpox 45.

Combined Tetanus, Whooping Cough and Diphtheria vaccinations 54.

182 school children were given B.C.G. Vaccine.

Births

There were 22 births during the year and, in addition, 6 cases were sent to Guernsey for delivery. One premature baby died.

Deaths

15 deaths occurred.

Causes of death

Carcinoma					5
Bronchial	—	1			
of prostate			1		
intestinal	—	1			
of oesophagus			1		
of liver	—	1			
Coronary thrombosis					3
Pneumonic conditions					4
Cirrhosis of liver					1
Endocarditis					1
Congestive heart failure					1

States Dairy

In August the Dairy went over to Pasteurisation and delivering the milk in sealed cartons.

Mignot Memorial Hospital

The existing building is proving too small for the island's present needs, which have been increasing steadily as regards the general wards and, in particular, geriatric cases.

The Management Committee decided to ask the States for money to increase the capacity by building maternity beds separate from the general wards.

Mr. Grut and Mr. Sarre from the Board of Health came over to discuss the matter with the Management Committee and the States of Alderney have approved the voting of £19,000 for this purpose.

Visits

There were no visits by Health Inspectors during the year. In view of the way in which the island is developing and expanding in every way I would be grateful if regular visits could be arranged during the present year.

Average Sunshine and Rainfall

	<i>Sunshine</i>	<i>Rainfall</i>
January	47.4 hrs.	2.74 ins.
February	80.9	3.96
March	157.4	.90
April	214.9	1.94
May	226.9	2.60
June	193	2.03
July	268	1.16
August	149.9	1.42
September	160.9	3.99
October	81	4.51
November	61.4	1.42
December	36.7	3.46
TOTAL ...	<hr/> 1,678.4 hrs. <hr/>	<hr/> 30.13 ins. <hr/>

MEMBERS OF THE BOARD OF HEALTH

A. N. Grut, Esq., President.

A. F. S. Mackay, Esq., Vice-President.

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G. H. A. Simmons, Esq., F.R.C.S.

Secretary and Hospital Administrator—J. W. Sarre, Esq.

MEMBERS OF STAFF

<i>Public Health Department</i>	<i>Date of commencement of Service with Dept.</i>
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
SMITH, Mr. R. M.A.P.H.I. Public Health Inspector	3. 1.66
BAIRDS, Mr. J. M. M.R.S.H., M.A.P.H.I. Public Health Inspector	14. 3.66
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
ROBILLIARD, Miss M. G. M.B.E., S.R.N., S.C.M., H.V.Cert. Senior Health Visitor/School Nurse	22. 7.68
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
TOLCHER, Mr. M. R. Administrative Assistance to Public Health Department	1. 9.63 up to 9.11.68
LEWIS, Mr. K. G. Administrative Assistant to Public Health Department	4.11.68.

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	Females	Persons	Females	Persons	Females	Persons	Females	Persons	Females
0-4	3,617	1,793	4,187	2,071	15.8	18.0	3,706	1,794	-11.5	-9.6
5-9	3,633	1,773	2,980	1,473	-18.0	-19.0	3,481	1,672	16.8	20.0
10-14	3,343	1,639	3,318	1,595	-0.7	1.1	4,075	1,999	22.8	20.5
15-24	6,959	3,465	6,039	3,096	-13.2	-15.1	5,706	2,853	-5.5	-3.1
25-34	6,387	3,080	6,332	3,168	-0.9	2.7	5,693	2,867	-10.1	-10.7
35-44	5,549	2,565	6,653	3,262	19.9	32.2	6,011	3,056	-9.6	-12.9
45-54	5,081	2,432	5,864	3,011	15.4	17.3	6,392	3,237	9.0	10.6
55-64	4,063	1,959	4,657	2,576	14.6	6.2	5,588	3,001	20.0	24.3
65 +	4,111	1,816	5,466	3,153	33.0	27.3	6,447	3,902	17.9	10.0
All	42,743	20,675	45,496	23,405	6.4	6.8	47,099	24,381	3.5	2.8
Ages										

APPENDIX II

VITAL STATISTICS—COMPARISON, GUERNSEY/UNITED KINGDOM

	1964	1965	1966	1967	1968	
Infant Mortality Rate per 1,000 live births	England and Wales Guernsey	19.9 21.3	19.0 19.61	19.0 16.6	18.3* 28.34	18.0 21.28
Neo-Natal Death Rate per 1,000 live births	England and Wales Guernsey	13.8 15.7	13.0 13.48	12.9 15.38	12.5 21.59	12.4 11.97
Stillbirth Rate per 1,000 total births	England and Wales Guernsey	16.34 7.79	16.0 13.30	15.4 15.15	14.8 21.14	14.0 13.12
Maternal Mortality per 1,000 total births	England and Wales Guernsey	.25 1.1	.25 —	.26 —	.20* 1.34	.24 —
Tuberculosis (Respiratory) per 1,000 population	England and Wales Guernsey	.05 .04	.042* .065	.043* —	.037* .021	0.03 —
Cancer All Forms per 1,000 population	England and Wales Guernsey	2.2 2.2	2.22* 2.27	2.24* 2.77	2.27* 2.48	2.32 2.69
Cancer of Lung per 1,000 population	England and Wales Guernsey	.5 .4	.55* .48	.56* .63	.58* .56	0.59 0.45

* Provisional Figures

APPENDIX III

DEATHS IN AGE GROUPS AND CAUSES — 1968

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 1968	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	GROUP I																			
	<i>Infective and Parasitic Diseases</i>																			
026	Other syphilis of central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Total: GROUP I	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	GROUP II																			
	<i>Cancer and other Tumours</i>																			
143	Malignant neoplasm of floor of mouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
145	Malignant neoplasm of oral meso-pharynx	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
151	Malignant neoplasm of stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
153	Malignant neoplasm of large intestine, except rectum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10
155	Malignant neoplasm of biliary passages and of liver (stated to be primary site)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
156	Malignant neoplasm of liver (secondary and unspecified)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
	<i>Carried forward</i>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28

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 1908	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
	<i>Brought forward</i>																				
	GROUP II (Continued)																				
157	Malignant neoplasm of pancreas ...																				
162	Malignant neoplasm of bronchus and trachea, and of lung specified as primary																				
170	Malignant neoplasm of breast ...																				
171	Malignant neoplasm of cervix uteri ...																				
175	Malignant neoplasm of ovary Fallopian tube and broad ligament																				
176	Malignant neoplasm of other and unspecified female genital organs ...																				
177	Malignant neoplasm of prostate ...																				
179	Malignant neoplasm of other and unspecified male genital organs																				
181	Malignant neoplasm of bladder and other urinary organs																				
191	Malignant neoplasm of skin																				
193	Malignant neoplasm of brain and other parts of nervous system																				
196	Malignant neoplasm of bone																				
	<i>Carried forward</i>																				

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 1968
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i>								1	1	1	1	6	20	5	9	14	41	27	68
	<i>GROUP II (Continued)</i>																			
199	Malignant neoplasm of other and unspecified sites									1	1	2	5	6	2	3	3	12	11	23
200	Lymphosarcoma and reticulosarcoma											1						1		1
201	Hodgkin's disease										1								1	1
203	Multiple myeloma (plasmocytoma) ...														2					2
204	Leukaemia and aleukaemia												1						1	2
211	Benign neoplasm of other parts of digestive system												1			1	2	3	2	5
218	Benign neoplasm of male genital organs													1		1		2		2
219	Benign neoplasm of kidney and other urinary organs													1						1
230	Neoplasm of unspecified nature of digestive organs												1				1	3	3	6
231	Neoplasm of unspecified nature of respiratory organs												1	2		3		6	1	7
232	Neoplasm of unspecified nature of breast														1		3		4	4
235	Neoplasm of unspecified nature of other female genital organs																		1	1
Totals: GROUP II									1	2	3	18	15	32	12	17	24	69	55	124

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 1968	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
	GROUP III																				
	<i>Allergic, endocrine system, metabolic and nutritional diseases</i>																				
241	Asthma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1
260	Diabetes mellitus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	Totals: GROUP III	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
	GROUP IV																				
	<i>Diseases of the Blood and Blood-forming Organs</i>																				
292	Other anaemias of specified type	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
293	Anaemia of unspecified type	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Totals: GROUP IV	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	GROUP V																				
	<i>Mental, Psychoneurotic and Personality Disorders</i>																				
304	Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	Totals: GROUP V	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	GROUP VI																				
	<i>Diseases of the nervous system and sense organs</i>																				
330	Subarachnoid haemorrhage	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
331	Cerebral Haemorrhage	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18
	Carried forward	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19

Intern List No.	Cause of Death		0-1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total all ages		Total Grand 1968	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
		<i>Brought forward</i>																				
		GROUP VI (Continued)																				
332		Cerebral embolism and thrombosis																				
334		Other and ill-defined vascular lesions affecting central nervous system																				
340		Meningitis, except meningococcae and tuberculous	1																			1
342		Intracranial and intraspinal abscess ...											1									1
350		Paralysis agitans													1							1
		Totals: GROUP VI	1								1		5	4	9	9	20	30	34	45		79
		GROUP VII																				
		<i>Diseases of the circulatory system</i>																				
411		Diseases of aortic valve described as rheumatic											1									1
414		Other endocarditis specified as rheumatic											1		1		2					4
416		Other heart disease specified as rheumatic																				1
420		Arteriosclerotic heart disease, including coronary disease																				1
421		Chronic endocarditis, not specified as rheumatic									1		26	7	22	7	20	30	69	44		113
422		Other myocardial degeneration																				1
433		Functional disease of heart											1	1	1	1	3	3	5	5		10
434		Other and unspecified diseases of heart	1																			1
440		Essential benign hypertensive heart disease											4	2	8	3	15	14	28	19		47
		<i>Carried forward</i>	1								1	33	11	32	11	40	52	107	74			181

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 1968
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
		<i>Brought forward</i>																		
	<i>GROUP VII (Continued)</i>																			
441	Essential malignant hypertensive heart disease	1	—	—	—	—	—	—	—	1	—	33	11	32	11	40	52	107	74	181
442	Hypertensive heart disease with arteriolar nephrosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
444	Essential benign hypertension	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
446	Hypertension with arteriolar nephrosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
451	Aortic aneurysm, non-syphilitic and dissecting aneurysm	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2
454	Arterial embolism and thrombosis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
456	Other diseases of arteries	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	2	3
460	Varicose veins of lower extremities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
465	Pulmonary embolism and infarction	—	—	—	—	—	—	—	—	—	1	—	—	4	—	—	2	6	3	9
	Totals: GROUP VII	1	—	—	—	—	—	—	—	1	1	36	12	37	14	42	60	117	87	204
	<i>GROUP VIII</i>																			
	<i>Diseases of the respiratory system</i>																			
480	Influenza with pneumonia	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
481	Influenza with other respiratory manifestations, and influenza unqualified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
491	Bronchopneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	53
492	Primary atypical pneumonia	1	—	—	—	—	—	—	—	—	1	—	6	4	12	28	20	33	2	2
493	Pneumonia, other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
500	Acute bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
501	Bronchitis unqualified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
502	Chronic bronchitis	—	—	—	—	—	—	—	—	—	—	3	—	2	1	—	—	9	1	10
	<i>Carried forward</i>	1	3	—	—	—	—	—	—	1	1	6	1	12	8	21	36	41	49	90

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 1968	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
		<i>Brought forward</i> GROUP VIII (Continued)																			
522	Pulmonary congestion and hypostasis	—	—	—	—	—	—	—	—	1	1	6	1	12	8	21	36	41	49	90	
525	Other chronic interstitial pneumonia	—	—	—	—	—	—	—	—	—	—	—	2	2	1	6	3	8	11	11	
527	Other diseases of lung and pleural cavity	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	Totals: GROUP VIII	1	3	—	—	—	—	—	—	1	1	7	1	15	10	23	44	47	60	107	
GROUP IX <i>Diseases of the Digestive System</i>																					
560	Hernia of abdominal cavity without mention of obstruction	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1
570	Intestinal obstruction without mention of hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
571	Gastro-enteritis and colitis, except ulcerative, aged 4 weeks and over	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
576	Peritonitis	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	3	—	3
578	Other diseases of intestines and peritoneum	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	2	3	2	5	5
581	Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	—	2	2	4	4
583	Other diseases of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
586	Other diseases of gallbladder and biliary ducts	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
587	Diseases of pancreas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	Totals: GROUP IX	1	—	—	—	—	—	—	—	—	—	3	2	4	—	2	8	11	10	21	21

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 1968	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	GROUP X																			
	<i>Diseases of the genito-urinary system</i>																			
592	Chronic nephritis																			1
593	Nephritis not specified as acute or chronic																			1
594	Other renal sclerosis																			3
600	Infections of kidney																			5
	Totals: GROUP X																			10
	GROUP XII																			
	<i>Diseases of the Skin and Cellular Tissue</i>																			
704	Pemphigus																			1
710	Other hypertrophic and atrophic conditions of skin																			2
	Totals: GROUP XII																			3
	GROUP XIII																			
	<i>Diseases of the Bones and Organs of Movement</i>																			
731	Osteitis deformans																			1
733	Other diseases of bone																			1
744	Other diseases of muscle, tendon and fascia																			1
	Totals: GROUP XIII																			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 1968	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
GROUP XV																					
<i>Certain diseases of early infancy</i>																					
760	Intracranial and spinal injury at birth	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
763	Pneumonia of newborn	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
776	Immaturity, unqualified	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	7
Totals: GROUP XV		7	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	2	9
GROUP XVI																					
<i>Symptoms, senility, and ill-defined conditions</i>																					
781	Other symptoms referable to nervous system and special senses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
782	Symptoms referable to cardiovascular and lymphatic system	—	—	—	—	—	—	—	—	—	—	2	1	3	—	7	12	12	13	25	
783	Symptoms referable to respiratory system	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2
785	Symptoms referable to abdomen and lower gastro-intestinal tract	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2
790	Nervousness and debility	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
792	Uraemia	—	—	—	—	—	—	—	—	—	2	—	—	3	1	4	3	9	6	15	
794	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	17	5	17	22	
Totals: GROUP XVI		—	—	—	—	—	—	—	—	1	2	5	2	9	1	16	32	31	37	68	

Intern List No.	Cause of Death												Total All ages		Grand Total 1968							
	0-1		1-4		5-14		15-24		25-44		45-64		65-74			75+						
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F					
GROUP N.XVII																						
<i>Alternative classification of accidents, poisonings, and violence (nature of injury)</i>																						
N.806																1	—	1				
N.839																	1	—	1			
N.856																						
N.861						1												1	—	1		
N.908																						
N.964																						
N.968																						
N.990																						
N.994																						
Totals: GROUP N.XVII																						
						2		3		2		3		2		1	2	3	2	14	4	18

DEATHS OF 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 1968	Total 1967	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
GROUP I: Infective & parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP II: Cancer and other tumours	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP III: Allergic, endocrine system, metabolic & nutritional diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP IV: Diseases of the blood & blood forming organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP V: Mental, psycho neurotic & personality disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP VI: Diseases of the nervous system and sense organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP VII: Diseases of the circulatory system ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP VIII: Diseases of the respiratory system ...	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP IX: Diseases of the digestive system	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP X: Diseases of the genitourinary system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carried forward	3	4	1	—	—	—	—	3	4	6	7	34	100	50	109	170	288	267	555	480

Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total all Ages	Grand Total 1968	Total 1967
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	<i>Brought forward</i>	3	4	1	—	—	—	3	4	6	71	34	100	50	109	170				288	267	555	480
GROUP XII: Diseases of the skin and cellular tissue ...	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	3	1
GROUP XIII: Diseases of the bones and organs of movement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XIV: Congenital malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XV: Certain diseases of early infancy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XVI: Symptoms, senility and ill-defined conditions	7	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP N.XVII: Alternative classification of accidents, poisonings & violence (nature of injury) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS:	10	6	1	—	3	3	7	8	80	38	111	53	128	205	343	313	656	546	

Cause of Infant Deaths—Under One Month—1968

		M	F	Total
760	Intracranial and spinal injury at birth ...	1	-	1
761	Other birth injury ...	1	-	1
762	Postnatal asphyxia and atelectasis ...	1	1	2
763	Pneumonia of newborn ...	1	-	1
773	Ill-defined diseases peculiar to early infancy ...	1	-	1
776	Immaturity unqualified ...	2	1	3
		7	2	9

Cause of Infant Deaths—From One Month to One Year—1968

		M	F	Total
340	Meningitis, except meningococcal and tuberculous ...	-	1	1
434	Other and unspecified diseases of the heart ...	1	-	1
480	Influenza with pneumonia ...	-	3	3
491	Bronchopneumonia ...	1	-	1
571	Gastro-enteritis and colitis, except ulcerative age 4 weeks and over	1	-	1
		3	4	7

SCHOOL MEDICAL SERVICES—1968

During 1968 the work of the Education Council's School Medical Services proceeded smoothly and a total of 2,112 routine medical examinations were conducted. In addition 334 school children attended the School Medical Officer's clinics at Lukis House. The tables below give these figures in greater detail and the work of the ancillary clinics, orthoptics, speech therapy, child guidance and E.N.T. is also recorded.

There has been one addition to the staff: in July 1968 Miss M. G. Robilliard M.B.E., S.R.N., S.C.M., H.V. Certificate was appointed to the newly created post of Senior Health Visitor/School Nurse and we welcome her to the department.

An important development during the year arose from a decision by the Elementary Schools Sub-Committee of the Council in April. It was decided to offer the facility of regular medical examinations by the School Medical Officers to pupils attending private schools. Steps were taken to implement this decision during the following term and the response has demonstrated that many parents have welcomed this new policy. By the end of the academic year 1968/69 this facility will have been made available to every private school in the island. The increased work-load is within the capacity of the existing staff and there is every reason to regard this as a progressive development which has been achieved without detriment to the existing services available to children attending the Education Council's Schools.

Children examined at schools	1,725
Children examined at Lukis House	387
	2,112
Children attending Lukis House clinics	334
	2,446

Children examined at school (1,725)

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Infants	393	415	808
Junior	313	312	625
Senior	143	149	292
Children	849	876	1,725

Children examined at Lukis House (387)

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Infants	22	24	46
Juniors	13	13	26
Senior	178	137	315
Children	213	174	387

DEFECTS NOTED—INFANTS

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Teeth	23	23	46
Skin	13	11	24
Eyes	9	9	18
E.N.T.	33	21	54
Speech	13	5	18
Heart	7	6	13
Asthma	1	0	1
Orthopaedic	3	3	6
Flat feet	45	41	86
	<hr/>	<hr/>	<hr/>
	147	119	266
	<hr/>	<hr/>	<hr/>

DEFECTS NOTED—JUNIOR

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Teeth	30	12	42
Skin	12	37	49
Eyes	44	33	77
E.N.T.	18	44	62
Speech	2	1	3
Heart	8	3	11
Asthma	3	2	5
Orthopaedic	7	9	16
Flat feet	97	36	133
	<hr/>	<hr/>	<hr/>
	221	177	398
	<hr/>	<hr/>	<hr/>

DEFECTS NOTED—SENIOR

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Teeth	13	12	25
Skin	9	11	20
Eyes	18	24	42
E.N.T.	13	29	42
Speech	1	3	4
Heart	5	5	10
Asthma	1	1	2
Orthopaedic	9	11	20
Flat feet	41	39	80
	<hr/>	<hr/>	<hr/>
	110	135	245
	<hr/>	<hr/>	<hr/>

Children attending School Medical Officer's clinics at Lukis House.

Reason for Reference

Defective vision	...	...	...	...	...	...	...	164
Defective speech	...	...	...	...	...	...	...	35
Ear, nose and throat conditions	...	...	...	...	...	...	...	35
Behaviour problems	...	...	...	...	...	...	...	8
Respiratory conditions	...	...	...	...	...	...	...	7
Orthopaedic conditions	...	...	...	...	...	...	...	5
Skin conditions	...	...	...	...	...	...	...	1
Training college candidates	...	...	...	...	...	...	...	41
General medical examinations	...	...	...	...	...	...	...	38
								334

The E.N.T. Clinics

(Mr. G. Midgley F.R.C.S.—Visiting Consultant)

					<i>Boys</i>	<i>Girls</i>	<i>Total</i>
New cases	...	...	...	...	10	5	15
Reviews	...	...	...	...	16	10	26
					26	15	41

Orthoptic Clinic

(Mrs. Mary Edwards, D.B.O.)

New cases 1968	...	...	...	...	...	...	...	71
Discharged during 1968	Cured	...	...	...	...	...	...	62
		Cosmetically satisfactory	...	...	...	...	...	15
								77
Total attendances at clinic	...	...	...	...	...	...	...	2,087

In addition, 62 children were referred to Mr. Neubert following visual acuity screening tests among first term entrants at the infant schools.

Mr. Neubert performed 41 operations for squint correction.

Child Guidance Clinic

(Dr. B. J. Salisbury, M.B., B.S., D.P.M., D.C.H.)

Dr. Salisbury conducted a total of 196 sessions during 1968. In addition to existing cases continuing under observation or treatment from the preceding year, 30 new cases were referred to the Child Guidance Clinic in 1968.

Speech Therapy Clinic

(Miss J. M. Richmond, L.C.S.T.)

The following figures summarise the work of the Speech Therapy Clinic during 1968.

Children under observation or treatment	...	...	...	142
New referrals	...	...	...	49
of whom the number accepted was	...	...	45	
speech therapy not indicated	...	...	4	
Children discharged after treatment	...	...	...	41
Number on waiting list at 31.12.68	...	...	...	5
Total attendances in 1968	...	...	...	1,297

In addition Miss Richmond visited Alderney on two occasions seeing ten children. One new case was referred and six discharged (4 having left the island and 2 discharged cured).

Tuberculin Testing and B.C.G. Vaccination Programme

The acceptance rates for tuberculin (M.P.T.) testing and B.C.G. vaccination continue at a most satisfactory proportion. 95.6% of children eligible for tuberculin testing were, in fact, tested and of those eligible for B.C.G. 98.4% were vaccinated.

Infants

Infants examined	...	...	...	854
Tuberculin testing not required	...	...	36	
Eligible for tuberculin testing	...	...	...	818
Absent for tuberculin testing	...	...	0	
Tuberculin test refused by parents	...	...	36	
Tuberculin tests performed	...	...	...	782
Result tuberculin + vc	...	...	22	
Result tuberculin — vc	...	...	760	

Thus of 818 children eligible for tuberculin testing 95.6% (782) were tested. Of these 97% (760) were found to be tuberculin negative.

B.C.G. Vaccination

Juniors examined	...	...	...	651
Tuberculin testing not required	...	...	40	
Eligible for testing	...	...	...	611
Absent for testing	...	...	48	
Testing refused by parents	...	...	29	
Number tuberculin tested	...	...	...	534
Result tuberculin + vc	...	...	29	
Result tuberculin — vc	...	...	505	

Thus, of the 534 children tested 94.6% (505) were found to be tuberculin negative. It is these children who are offered B.C.G. vaccination.

Eligible for B.C.G. vaccination	...	...	...	505
Absent for vaccination	...	...	2	
Vaccination refused by parents	...	...	6	
Children vaccinated with B.C.G.	...	...	...	497

Thus of 505 children found to be tuberculin negative and offered B.C.G. vaccination 98.4% (497) were vaccinated.

It should be added that a further 80 children were tuberculin tested at clinics at Lukis House and a further 163 children received B.C.G. vaccination. While many of these children were not of school age, the high number (48) of juniors absent for tuberculin testing at school is rather misleading. The majority of these absentees subsequently attended Lukis House and were tested at clinics there. Negative reactors accepted B.C.G. vaccination.

Head Inspections

During the year the School Nurses carried out 16,937 head inspections. Of these, 140 instances of pediculosis capitis infestation were found, but of these only 26 children required exclusion from school in order to complete treatment. Exclusion rarely exceeded two school days. The rate of 1.5 exclusions per thousand school children per year is satisfactorily low, although the infestation rate of 8.3 per thousand school children per year is one which can be still further reduced.

C. G. WHITE,
School Medical Officer.

REPORT ON SCHOOL DENTAL SERVICE 1968

During 1968 the following schools were inspected:

Delancey	Hautes Capelles
Forest	Vauvert Infants
St. Saviour's	St. Joseph's
Amherst Junior	Valnord
Amhert Infants	

Inspections

The total number of children examined in school was 1,862, of which 942 required treatment. Vauvert Secondary, now St. Peter Port Secondary, was to be examined in November, but due to the change to new premises, this inspection had to be cancelled.

About a third as many children again, totalling 2,454, were examined at the clinic, at the parents' request, and of these 1,855 required treatment. Most conscientious parents are seeking an annual inspection for their children, and as we cannot re-examine a particular school in under twenty months, these children are coming to the clinic regularly, and having the bulk of the conservative work done for them. The advantage of this system is that these regular patients are extremely good attenders, and moreover will see a course of treatment through, comprising, perhaps five appointments. Unfortunately quite a number of the children whom we see in school, whose parents sign a consent form requesting treatment, either do not turn up at all, for their appointment, or come once, and do not continue. These are the toothaches of six months hence. If we could examine every school under our care, once a year and be able to offer treatment where necessary, we would have taken the first step towards a satisfactory dental service. I cannot see this problem solved, other than by the appointment of a third dental officer, who could occupy the third surgery, in the proposed clinic at La Couperderie.

Treatment

The number of children treated of all age groups, totalled 2,416 whilst the attendances for treatment were 7,266. A total of 2,130 patients were made dentally fit.

Conservation

About eight times as many permanent teeth were filled as deciduous, 4,048 permanent as compared to 498 deciduous. We are continuing to concentrate on the permanent dentition, by filling only those teeth where the cavity has just commenced and where success is assured.

Extractions

Only grossly carious permanent teeth were extracted, totalling 385 in all. Deciduous extractions were 2,151, again due to gross caries. I am most anxious to reduce the number of deciduous extractions, particularly molars, as a child losing his deciduous molars, between 6-8 years can have tremendous space loss, with consequent orthodontic problems, when he comes to eleven years.

General Anaesthetics

These are down on last year, as we find that a greater proportion of children are seeking local anaesthetic for extractions. Apart from an abscessed tooth with swelling, local anaesthetic is in the vast majority of cases, the most convenient method of having deciduous teeth extracted.

Orthodontics and Prosthetics

There is a steady demand for orthodontic treatment, but much of our work is preventative. In other words, if we consider that a child may have an orthodontic problem, we keep him under observation and perhaps perform serial extractions, to augment facial growth and create more space for the erupting permanent dentition. This obviates the necessity of appliances later on.

Proposed Dental Clinic

Plans are being considered to convert the hut in the grounds of the Education Department, to a three surgery dental clinic. At the request of the Education Officer, I have submitted a number of designs, and a sketch plan has been drawn, showing a three surgery lay-out, with recovery, dark room, office and waiting room. The main advantage of this layout, is that there will be a flow of patients through the building, and no child need go back to the waiting room, after extractions under general anaesthetic. I hope that the sound proofing will be as efficient as is necessary.

D. J. HEARNS,
Principal School Dental Officer.

Dental Inspection and Treatment carried out by the Authority during the year 1968

No. of Pupils on the Registers of Maintained Primary and Secondary Schools
7,091

1. <i>Number of Pupils Inspected by the Authority's Dental Officers</i>	
(a) at school inspections ...	1,862
(b) at clinic	2,454
	Total 4,316
2. <i>Number Found to Require Treatment</i>	2,797
3. <i>Number Actually Treated</i>	2,416
4. <i>Number of Attendances made by Pupils for Treatment</i> ...	7,266
5. <i>Number of Patients made Dentally Fit</i>	2,130

6. <i>Sessions Devoted to</i>					
(a)	school inspections	...	15		
(b)	treatment	...	978		
				Total	993
7. <i>Fillings</i>					
(a)	permanent teeth	...	4,048		
(b)	temporary teeth	...	498		
				Total	4,546
8. <i>Extractions</i>					
(a)	permanent teeth	...	835		
(b)	temporary teeth	...	2,151		
				Total	2,986
9. <i>Number of General Anaesthetics given for Extractions</i>		...			1,271
10. <i>Number of Dentures Provided</i>		...	...	...	36
11. <i>Number of Crowns fitted</i>		...	...	...	34
12. <i>Number of Root Canal Treatments</i>		...	...	...	41
13. <i>Other Operations</i>					
(a)	permanent teeth	...	352		
(b)	temporary teeth	...	326		
				Total	678
14. <i>Orthodontics</i>					
(a)	cases commenced during the year	...	...	...	42
(b)	cases completed during the year	...	...	...	29
(c)	cases discontinued during the year	...	...	...	7
(d)	number of appliances fitted	...	...	...	58

