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the Health  
of the  
City of Leicester  
during 1965





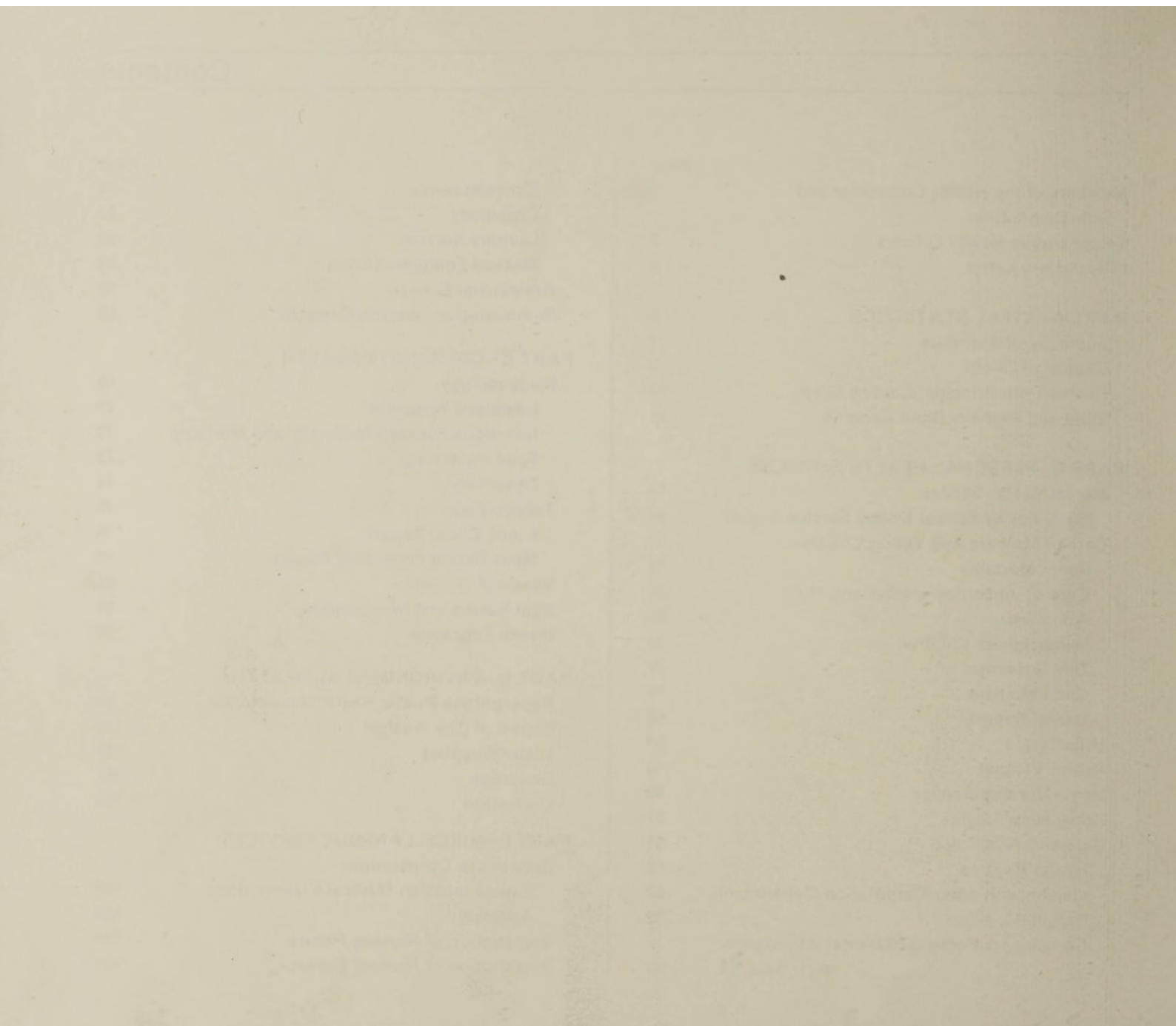


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## Contents

	<i>Page</i>		<i>Page</i>
Members of the Health Committee and Sub-Committees	1	Convalescence	63
Senior Public Health Officers	2	Chiropody	64
Introductory Letter	3	Laundry Service	64
<b>PART A—VITAL STATISTICS</b>	5	Medical Equipment Loan	65
Summary of Statistics	7	Ambulance Service	66
Causes of Death	8	Re-housing on Medical Grounds	68
Deaths from Principal Causes Graph	10	<b>PART C—COMMUNITY HEALTH</b>	
Blind and Partially Blind Persons	11	Epidemiology	69
<b>PART B—PERSONAL HEALTH SERVICES</b>		Infectious Hepatitis	70
Mental Health Service	14	Infectious Disease-Morbidity and Mortality	72
Emily Fortey School Dental Service Report	24	Food Poisoning	73
Care of Mothers and Young Children	27	Dysentery	74
Infant Mortality	28	Tuberculosis	75
Care of unmarried mother and child	29	Chest Clinic Report	76
Adoption	29	Mass Radiography Unit Report	82
Handicapped Children	30	Venereal Disease	84
Day Nurseries	32	Vaccination and Immunisation	85
Child Minders	34	Health Education	92
Dental Report	35	<b>PART D—ENVIRONMENTAL HEALTH</b>	
Midwifery	36	Report of the Public Health Inspectorate	96
Health Visiting	40	Report of City Analyst	132
Home Nursing Service	46	Water Supplies	150
Home Help Service	51	Sewerage	154
Care and After-care	61	Cremation	155
Health Centres	62	<b>PART E—MISCELLANEOUS SERVICES</b>	
Liaison with other Corporation Departments	62	Services to Corporation:	
Hospital Liaison	62	Superannuation Medical Examinations	156
Compulsory Removal-National Assistance Act, Sect. 47	63	Advisory	156
		Registration of Nursing Homes	156
		Registration of Nurses' Bureaux	156



## Health Committee

(as constituted 23rd May, 1966)

<b>Chairman</b>	Mrs. K Benson	Mr T A Harris	Ald F J Jackson	Mr E A Proudman
<b>Vice-Chairman</b>	Mr N R Hanger Ald Miss M Goodwin Ald F G Gumbrill	Ald W E Howell Ald Mrs C E Jackson	Mr A E Padmore Mr S J Phipps	Mrs H J Williams Mr A R Williamson
<b>Co-opted Member</b>	Miss M H Perkins			

*The Committee meet on the 3rd Friday in each month in the Committee Room, Town Hall, at 3.15 pm*

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<b>Health Inspection Sub-Committee</b>	Mrs K Benson ( <i>ex-officio</i> ) Ald Miss M Goodwin Mr N R Hanger ( <i>ex-officio</i> )	Mr T A Harris Ald W E Howell Ald Mrs C E Jackson	Ald F J Jackson Mr E A Proudman Mr A R Williamson
<b>Mental Health Services Sub-Committee</b>	Mrs K Benson ( <i>ex-officio</i> ) Ald Miss M Goodwin Mr N R Hanger ( <i>ex-officio</i> )	Ald W E Howell Ald Mrs C E Jackson Ald F J Jackson	Mr A E Padmore Mrs H J Williams
<b>Co-opted Members</b>	Miss M H Perkins	Dr A A Valentine	
<b>Maternity, Nursing and General Welfare Sub-Committee</b>	Mrs K Benson ( <i>ex-officio</i> ) Ald. Miss M Goodwin Ald F G Gumbrill	Mr N R Hanger ( <i>ex-officio</i> ) Ald W E Howell Mr S J Phipps	Mr E A Proudman Mrs H J Williams
<b>Co-opted Members</b>	Mr C Nest	Mrs J F Mitchell	Miss M H Perkins
<b>Improvement Areas Sub-Committee</b>	Mrs K Benson ( <i>ex-officio</i> ) Ald Miss M Goodwin	Mr N R Hanger ( <i>ex-officio</i> ) Ald W E Howell	Ald Mrs C E Jackson Mr A R Williamson



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## Senior Public Health Officers

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<b>Medical Officer of Health</b>	B J L Moss, <i>MB, BS(London), MRCS, LRCP, DCH, DPH</i>
<b>Deputy Medical Officer of Health</b>	C Burns, <i>MB, ChB, DCH, DPH</i>
<b>Senior Medical Officer (Epidemiology &amp; General Duties)</b>	D R S Leslie, <i>MB, ChB, DIH, DPH (appointed w.e.f. 1.4.65)</i>
<b>Senior Medical Officer (Maternity &amp; Child Welfare)</b>	Mary Tate, <i>MB, ChB, DCH, DObstRCOG</i>
<b>Consultant Chest Physician</b>	C M Connolly, <i>BSc, MD, MRCP, DPH</i>
<b>City Analyst</b>	E R Pike, <i>ACT, MPS, FIFST, FRIC</i>
<b>Chief Public Health Inspector</b>	G A Hiller, <i>FRSH, FAPHI</i>
<b>Chief Administrative Assistant</b>	G Quick, <i>ARSH</i>
<b>Chief Administrative Nursing Officer</b>	Jane I Jones, <i>SRN, SCM, QNS, HV, HV Tutor's Cert</i>
<b>Chief Mental Welfare Officer</b>	S A Goodacre
<b>Chief Ambulance Officer</b>	J E Oswell, <i>FICAP</i>
<b>Home Help Organiser</b>	Florence E Pole



*To the Chairman, the Lord Mayor, and the Members of the  
City Health Committee*

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1965.

At the commencement of the century the most urgent need was to reduce infant mortality and the ravages caused by a wide variety of infectious diseases. Since that time, due to improvement in the environmental conditions and the considerable advances made in medical treatment, many diseases have been either entirely wiped out or their seriousness markedly reduced. The resulting survival of a greater number of people into adult life has brought about changes in the pattern of disease. Some of the infectious diseases are being replaced by new diseases of an affluent society, e.g. road traffic accidents and cancer of the lung. But the increasing preponderance of the elderly in the population has led to the definition of new problems. A recent national survey has suggested that up to 20% of old people become isolated as the result of the migration of their relatives to new industrial areas or new housing estates. This may give rise to depression and apathy which is further aggravated when their own mobility is diminished by the development of degenerative changes in their bones and joints. Isolated in accommodation too large for them, and trying to stretch a meagre pension to cover the rising cost of food and fuel, it is not surprising that conditions such as nutritional anaemia and hypothermia are becoming increasingly common hazards. The shortage of home helps has inevitably meant that inadequate support can be given to these old people to enable them to maintain reasonable standards of cleanliness, nutrition and warmth.

The continued use of solid fuel fires requiring daily setting and cleaning and the preparation of individual meals

in the home is both time consuming and uneconomical in the use of staff in short supply. The increasing geriatric problem necessitates that urgent consideration be given to the heating of these old people's homes and also a far more rapid expansion of the meals-on-wheels service.

Research has led to the introduction of new techniques for the early detection of a number of diseases in their pre-symptomatic stage. Thus, by means of fairly simple tests large numbers of people may be examined to detect such conditions as diabetes, glaucoma, hypertension or cancer of the cervix, and it is now feasible, therefore, to give consideration to the mass screening of various sections of the population considered to be at risk.

The introduction of this new type of preventive work will necessitate some changes in the existing Health Services, and to obtain the full co-operation of the public it is essential that as soon as the diagnosis is confirmed facilities for treatment should be readily available—including, if necessary, a hospital bed. Once the specialised hospital investigation and treatment have been completed the only way in which better use can be made of the limited existing hospital accommodation is for the local authority to improve their domiciliary after-care services and thus facilitate the early discharge of patients to their own homes.

Plans have already been submitted for a long-term building programme to provide new premises suitable for both the general practitioner and local authority services. Similarly, re-organisation of existing staff is taking place in order to make better use of the skilled personnel in short supply, but if we are to find the early diabetic or to detect the woman with an early treatable cancer, then money must be made available for the provision of premises and for the recruitment and adequate training of staff. In no circumstances can the Department as it exists at the moment be expected to bear further additions to its work without an increase in both technical and supporting administrative staff.

Although the construction of new buildings will take time, the recruitment and training of staff to undertake this new rôle in the preventive services should not be delayed. In the past militant pressure groups have sought, and obtained, improvement of services, but sometimes their wishes have been overruled on the grounds of financial expediency. This can surely no longer be justified when lives are at stake. During the year under review, to take just two examples, 21 women died of carcinoma of uterus and 56 died of carcinoma of breast. If adequate diagnostic facilities and staff had been available for the detection of these conditions, need these people have died?

I would like to express my grateful thanks to the staff of the Department for their help and support during the year and to the general practitioners and other agencies for their very helpful co-operation.

May I also take this opportunity to record my sincere gratitude to my Chairman and the Health Committee for the help and encouragement extended to the staff and to myself in the work which we undertake.

I am,

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

B. J. L. MOSS, MB., BS., DPH.

*Medical Officer of Health*

Health Department

Grey Friars

Leicester

(Tel. No. 29581)

30th May, 1966



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## Vital Statistics

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**Vital Statistics** Summary of statistics for the year 1965

	1965	1964
Population (estimated), mid-1965	267030	267050
Population at Census, 23rd April 1961	273298	
Marriages	2501	2389
Area Comparability Figure: Births	1.07	1.07
Deaths	0.92	0.99
Live births (corrected):		
Number	5018	5087
Rate per 1000 population (standardised birth-rate=20.11)	18.79	19.05
Illegitimate live births per cent of total live births	12.28%	10.93%
Stillbirths: Number	68	97
Rate per 1000 total live and stillbirths	13.37	18.71
Illegitimate stillbirth rate per 1000 total illegitimate live and stillbirths	11.24	15.93
Total live and stillbirths	5086	5184
Infant deaths (deaths under one year)	108	116
Infant Mortality Rates		
Total infant deaths per 1000 total live births	21.52	22.80
Legitimate infant deaths per 1000 legitimate live births	21.13	21.63
Illegitimate infant deaths per 1000 illegitimate live births	24.35	32.37
Neo-natal mortality rate (deaths under four weeks per 1000 total live births)	13.95	16.12
Early neo-natal mortality rate (deaths under one week per 1000 total live births)	12.16	13.76
Perinatal mortality rate (stillbirths and deaths under one week combined per 1000 total live and stillbirths)	25.36	32.21
Illegitimate perinatal mortality rate (illegitimate stillbirths and illegitimate deaths under one week combined per 1000 total illegitimate live and stillbirths)	25.68	37.17
Legitimate perinatal mortality rate (legitimate stillbirths and legitimate deaths under one week combined per 1000 total legitimate live and stillbirths)	25.32	31.61
Maternal mortality (including abortion)		
Number of deaths	—	3
Rate per 1000 total live and stillbirths	0.00	0.58
Deaths (corrected for transferable deaths)	3354	3338
Death-rate (standardised death-rate=11.56)	12.56	12.50
Area of City (in acres)	16990	16990
Number of inhabited tenements, January 1966	85053	84990
Number of Empty houses, January 1966	1439	1584
Rateable Value at 1st April 1965	£13517408	£13358454
General Rate for the year 1965-66	11/2d in £	10/8d in £

	<i>Registrar-General's figures</i>	<i>England and Wales</i>
	1965	1964
Birth-rate	18.0	18.4
Death-rate	11.5	11.3
Infant mortality rate (per 1000 births)	19.0	19.9



**Causes of death** at different periods of life during 1965

Cause of death	sex	Total all ages	under four wks	under 1 year	Age in years									
					1—	5—	15—	25—	35—	45—	55—	65—	75+	
Tuberculosis, respiratory	<i>m</i>	7	.	.	.	.	.	.	.	2	2	2	1	
	<i>f</i>	6	.	.	.	.	.	.	1	2	2	1	.	
Tuberculosis, other	<i>m</i>	1	.	.	.	.	.	.	.	.	1	.	.	
	<i>f</i>	1	.	.	.	.	.	.	.	.	.	1	.	
Syphilitic disease	<i>m</i>	1	.	.	.	.	.	.	.	.	.	1	.	
	<i>f</i>	2	.	.	.	.	.	.	.	.	1	1	.	
Whooping cough	<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	
	<i>f</i>	1	.	.	1	.	.	.	.	.	.	.	.	
Measles	<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	
	<i>f</i>	1	.	1	.	.	.	.	.	.	.	.	.	
Other infective and parasitic diseases	<i>m</i>	6	.	2	1	1	.	.	.	1	1	.	.	
	<i>f</i>	3	.	.	.	.	.	.	.	.	1	1	1	
Malignant neoplasm, stomach	<i>m</i>	60	.	.	.	.	.	.	2	13	11	18	16	
	<i>f</i>	34	.	.	.	.	.	.	1	2	6	12	13	
Malignant neoplasm, lung, bronchus	<i>m</i>	96	.	.	.	.	.	1	1	9	44	36	5	
	<i>f</i>	22	.	.	.	.	.	.	.	3	7	4	8	
Malignant neoplasm, breast	<i>m</i>	1	.	.	.	.	.	.	.	.	.	.	1	
	<i>f</i>	56	.	.	.	.	.	.	4	5	15	16	16	
Malignant neoplasm, uterus	<i>f</i>	21	.	.	.	.	.	1	1	4	8	2	5	
Other malignant and lymphatic neoplasms	<i>m</i>	131	.	.	.	1	1	2	4	26	23	37	37	
	<i>f</i>	140	.	.	1	.	3	2	3	18	27	43	43	
Leukaemia, aleukaemia	<i>m</i>	5	.	.	.	1	.	.	1	.	1	1	1	
	<i>f</i>	5	.	.	.	.	.	.	2	.	1	.	2	
Diabetes	<i>m</i>	6	.	.	.	.	.	1	.	.	1	2	2	
	<i>f</i>	14	.	.	.	.	.	.	.	.	3	6	5	
Vascular lesions of nervous system	<i>m</i>	257	.	2	.	.	.	2	2	11	35	85	120	
	<i>f</i>	392	.	.	.	.	.	.	2	6	31	81	272	
Coronary disease, angina	<i>m</i>	333	.	.	1	.	.	1	10	37	94	104	86	
	<i>f</i>	208	.	.	1	.	.	.	.	6	24	67	110	
Hypertension with heart disease	<i>m</i>	23	.	.	.	.	.	.	.	1	3	9	10	
	<i>f</i>	35	.	.	.	.	.	.	.	.	.	10	25	

**Causes of death continued**

Cause of death		Total all ages	under four wks 1 year		Age in years									
					1—	5—	15—	25—	35—	45—	55—	65—	75+	
Other heart disease	<i>m</i>	186	.	.	.	.	.	.	4	8	17	41	116	
	<i>f</i>	281	.	.	.	.	.	.	.	4	19	42	216	
Other circulatory disease	<i>m</i>	68	.	.	.	.	1	.	1	8	15	14	29	
	<i>f</i>	86	.	.	1	.	.	1	.	1	10	16	57	
Influenza	<i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	
	<i>f</i>	1	.	.	.	.	.	.	.	.	.	1	.	
Pneumonia	<i>m</i>	55	.	1	3	1	1	1	1	3	13	16	15	
	<i>f</i>	81	.	2	.	.	1	.	.	2	9	17	50	
Bronchitis	<i>m</i>	124	.	5	.	.	1	.	.	11	23	45	39	
	<i>f</i>	42	.	1	1	.	.	1	1	3	4	12	19	
Other diseases of respiratory system	<i>m</i>	12	.	1	.	.	.	.	.	.	2	4	5	
	<i>f</i>	16	1	4	1	.	1	.	.	1	.	2	6	
Ulcer of stomach and duodenum	<i>m</i>	19	.	.	.	.	.	.	.	3	3	9	4	
	<i>f</i>	6	.	.	.	.	.	.	.	.	2	1	3	
Gastritis, enteritis and diarrhoea	<i>m</i>	2	.	.	.	.	.	.	.	.	1	.	1	
	<i>f</i>	9	1	2	.	.	.	.	.	.	.	1	5	
Nephritis and nephrosis	<i>m</i>	18	.	.	.	.	.	1	2	4	6	1	4	
	<i>f</i>	8	1	.	.	.	.	.	.	2	2	3	.	
Hyperplasia of prostate	<i>m</i>	8	.	.	.	.	.	.	.	.	1	1	6	
Congenital malformations	<i>m</i>	26	11	8	.	1	1	.	.	3	1	1	.	
	<i>f</i>	20	7	3	1	.	1	.	.	.	4	2	2	
Other defined and ill-defined diseases	<i>m</i>	107	30	3	.	2	2	3	1	9	19	15	23	
	<i>f</i>	137	19	2	2	.	5	4	6	7	18	30	44	
Motor vehicle accidents	<i>m</i>	39	.	.	.	3	13	7	3	4	3	2	4	
	<i>f</i>	20	.	.	1	2	3	.	1	4	4	2	3	
All other accidents	<i>m</i>	28	.	.	1	1	4	.	1	1	5	4	11	
	<i>f</i>	54	.	1	1	.	1	1	.	2	5	7	36	
Suicide	<i>m</i>	14	.	.	.	.	2	1	3	2	3	1	2	
	<i>f</i>	16	.	.	.	.	1	1	1	3	5	3	2	
Homicide and operations of war	<i>m</i>	1	.	.	.	.	.	.	.	.	.	1	.	
	<i>f</i>	2	.	.	.	.	1	.	.	1	.	.	.	
Total all causes	<i>m</i>	1634	41	22	6	11	26	20	36	156	328	450	538	
	<i>f</i>	1720	29	16	11	2	17	11	23	76	208	384	943	



### Vital Statistics

Whilst the deaths in the City from specific diseases do not indicate the amount of ill health, from these and other diseases, certain features present which may be commented upon.

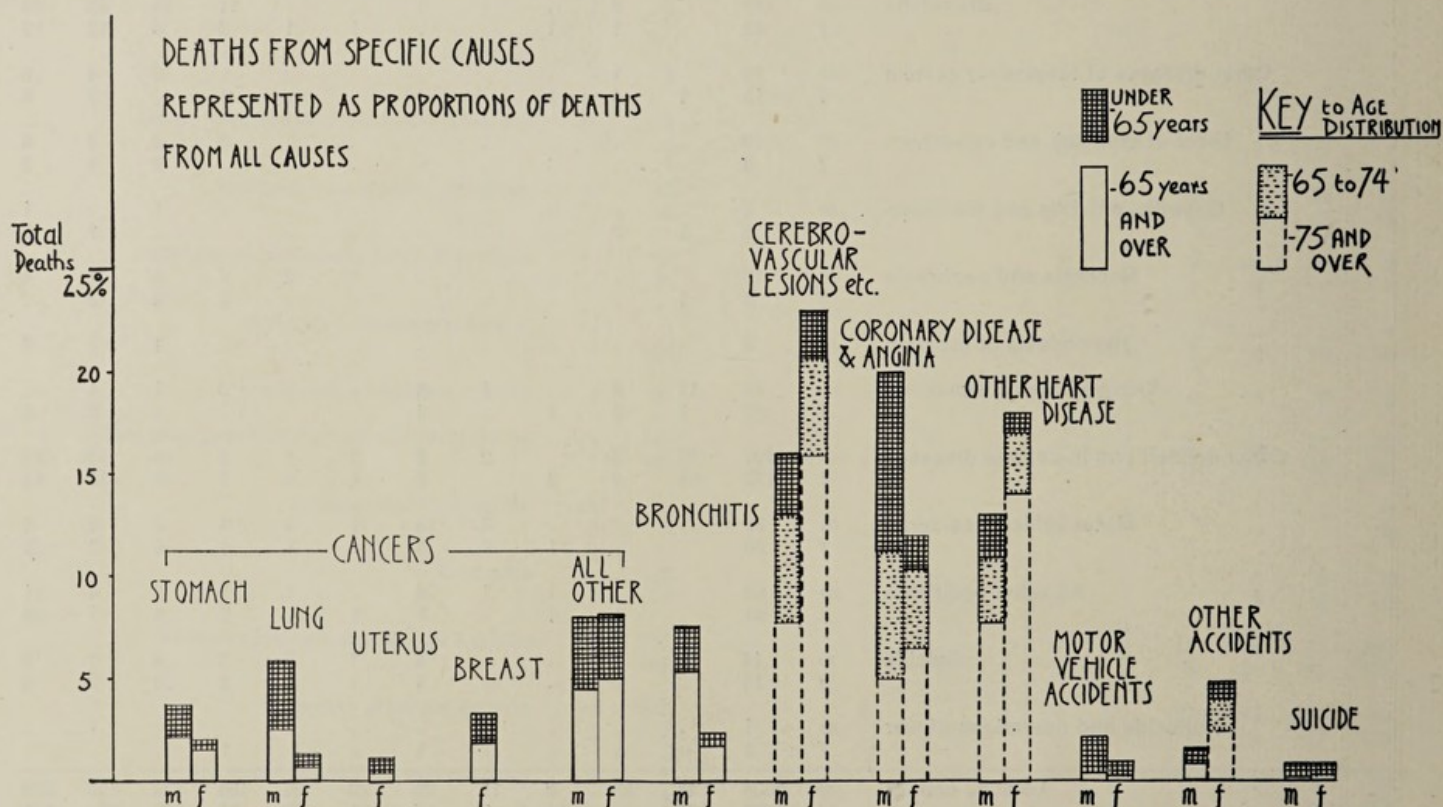
More men lost their lives before reaching retiring age, due to "lung cancer", than died after reaching it, and more men and women died of lung cancer before 65 than died of bronchitis before 65, although bronchitis accounted for more deaths after that age.

Other conditions in which a predominantly working population was more afflicted than the elderly were coronary disease, motor vehicle accidents, and suicide. Numeric-

ally, coronary disease is the most important, frequently disrupting family life by the loss of the father. Prevention of the disease is contributed to, but not wholly attained, by sustained physical activity, moderate eating habits, and abstinence from smoking.

In contrast, over two-thirds of "strokes" which happened to women occurred in those over 75, and this was numerically the largest of all groups and also placed the heaviest load on Home Nursing and Home Help Services. Degenerative disease (especially of blood vessels and heart) remains the major cause of death.

Of "other accidents" to which women succumbed, 83% befell those over 65.





I am indebted to Mr K J Powell, *FISW*, Director of Welfare Services for the information included in this Section.



Classification according to age (at date of registration) of **blind persons** registered in 1965  
 These figures include 16 cases (5 male, 11 female) transferred from the partially sighted register

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	Total
Cataract <i>m</i>	.	.	.	.	.	.	.	.	.	1	.	1	.	3	2	3	.	1	11
<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	3	.	4	10	3	1	21
Glaucoma <i>m</i>	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	1
<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	1	2	2	.	3	8
Retrolental Fibroplasia <i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Others <i>m</i>	.	.	.	.	.	2	.	1	.	.	2	.	1	1	8	5	2	1	23
<i>f</i>	1	1	1	.	.	.	1	.	.	1	1	1	2	3	8	12	4	.	35
Total	1	1	1	.	.	2	1	1	.	1	3	3	6	8	24	32	9	6	99

Classification according to age (at date of registration) of **partially sighted persons** registered in 1965

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	Total
Cataract <i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	1	1	1	.	1	4
<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	1	.	.	15	4	.	.	20
Glaucoma <i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	1	.	2
<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	1
Retrolental Fibroplasia <i>m</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>f</i>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Others <i>m</i>	.	.	.	.	.	2	.	.	.	1	1	2	1	.	.	1	1	.	9
<i>f</i>	.	.	.	1	.	1	.	.	.	1	3	4	1	4	5	2	1	.	23
Total	.	.	.	1	.	3	.	.	.	2	4	7	2	6	21	9	3	1	59

#### Follow-up of registered blind and partially sighted persons

1 Number of cases registered during the year in respect of which section F of form BD8 recommends:	Cataract	Glaucoma	Retrolental Fibroplasia	Others
a No treatment	18	6	.	47
b Treatment (medical, surgical or optical)	32	4	.	35
2 Number of cases at 1b above which on follow-up action have received treatment:	15	3	.	30



## **Social Work**

This report is in respect of the fifth complete year since the Mental Health Act, 1959, became fully effective on the 1st November, 1960. The comparative statistics for the whole period in the various tables which follow show the methods used to deal with the community casualties much more easily than they show the value of supportive and preventive care. There is no doubt that many referred to us in need are helped in time to avoid serious breakdown and that some lonely and depressed patients are diverted from suicidal attempts. Mental Health Education too, had more attention in 1965 than in any previous year. Numerous talks, lectures and discussions produced an audience response indicating increasing interest. Alongside our Hospital/Local Authority integrated team approach proceeds the development of an enlightened community. More public interest, however, means a great deal more work, and if this progress is to be continued, maximum staff strength must be maintained, if necessary at a higher financial cost.

### *Account of work carried out*

#### *Referrals*

At the beginning of the year, the case load equalled 2,588 active cases. During the year there were 830 new patients referred to make a total number of 3,418 dealt with during the year.

The source of referral of the 830 new cases, coupled with 324 patients referred who were already known, is shown in Appendix "A" which indicates the origin of referral of 1,154 patients, all of whom were referred for action during 1965.

#### *Admissions to Hospital*

Of the 3,418 patients dealt with during the year, 550 were admitted to psychiatric hospitals by officers of the Department, and 9 were admitted to Convalescent Home care.



Follow-up was necessary in all but 17 instances. These exceptions usually occur when the admission is to a hospital outside our own area.

Of the 559 admissions  
 467 were to the Towers Hospital  
 10 were to the Carlton Hayes Hospital  
 70 were to the Glenfrith Hospital  
 1 was to Rampton Hospital  
 1 was to Monyhull Hall Hospital  
 1 was to St. Joseph's Home  
 9 were to Roecliffe Manor Convalescent Home  
 559 total admissions

Total admissions	1965	1964	1963	1962	1961
	559	593	593	508	407

The corresponding figures for the previous years are shown in the table opposite.

It is estimated that there were a further 494 direct admissions to the Towers Hospital from the Leicester City area. The term "direct admissions" means, in this instance, that there was no Mental Welfare Officer participation.

Of the 55 patients who were afforded temporary care, 46 were admitted to the Glenfrith Hospital and 9 were accommodated at the Roecliffe Manor Convalescent Home.

The admission method of the 559 patients was as follows:

Admission method (M.H Act 1959)	New patient	Patient already known	1965		1964		1963		1962		1961	
			Total No.	%	Total No.	%	Total No.	%	Total No.	%	Total No.	%
Informal	145	129	274	49.00	296	50.00	286	48.25	211	41.75	169	41.50
Section 29	48	46	94	17.00	72	12.15	158	26.65	173	34.00	122	30.00
Section 25	28	47	75	13.00	114	19.20	42	7.05	18	3.75	19	4.60
Section 26	2	5	7	1.25	4	.65	8	1.35	9	.75	7	1.70
Section 60	4	6	10	1.75	4	.65	5	.85	4	1.75	3	.70
Temporary care	1	54	55	10.00	57	9.60	51	8.60	37	7.00	36	9.00
Returned patients	7	37	44	8.00	46	7.75	43	7.25	56	11.00	51	12.50
Total	235	324	559	100	593	100	593	100	508	100	407	100

The 44 returned patients had inadvisedly left hospital and on being reported absent to the Mental Welfare Officer, they were subsequently located and they agreed to their re-admission on the same day. Forty-three of these concerned Towers Hospital patients and 1 the Glenfrith Hospital.

Of the 70 admissions to the Glenfrith Hospital, 23 patients were admitted for long stay care and 46 were admitted for short stay or temporary care, either to afford relief for parents or for diagnosis and treatment. Domiciliary visits or out-patient clinic appointments are arranged whenever necessary and usually precede a diagnosis of suitability for long stay care.

Table of comparison between first admissions and re-admissions

			1965		1964		1963		1962		1961	
			No.	%	No.	%	No.	%	No.	%	No.	%
Those admitted for the	1st time		225	40.00	217	36.60	231	38.95	194	38.20	139	34.00
..	..	2nd ..	116	20.75	136	22.90	110	18.55	121	24.00	71	17.50
..	..	3rd ..	75	13.50	59	9.95	72	12.15	52	10.20	59	14.50
..	..	4th ..	35	6.25	42	7.00	57	9.60	26	5.10	34	8.50
..	..	5th ..	11	2.00	22	3.80	25	4.15	23	4.50	19	4.50
..	..	6th ..	16	3.00	25	4.20	18	3.05	16	3.00	17	4.25
..	..	7th ..	12	2.00	14	2.35	6	1.00	8	1.60	5	1.25
..	..	8th ..	7	1.25	15	2.55	10	1.70	7	1.40	4	1.00
..	..	9th ..	5	1.00	6	1.00	6	1.00	1	.20	5	1.25
..	..	10th ..	13	2.35	11	1.90	15	2.60	4	.80	3	.75
Returned patients			44	8.00	46	7.75	43	7.25	56	11.00	51	12.50
Total			559	100	593	100	593	100	508	100	407	100



Those referred who did not need hospital care or further community support after initial action had been taken 232

Those who were admitted to hospital, but City Mental Welfare Officers' follow-up was not necessary 17

Finalised cases, no further need for community care, including those who died, left area, were lost trace of etc 194

Total deletions from case load during 1965 443

### Community Care

Of the 3,418 patients dealt with, 443 ceased to be active cases by the end of the year (see opposite).

At the end of the year there were 2,975 live cases on the register and the age distribution and the type of disorder of these patients is shown in the tables below.

	Mental illness		Psychopathic disorder		Subnormal		Severely subnormal		Total		Grand Totals				
Age	m	f	m	f	m	f	m	f	m	f	1965	1964	1963	1962	1961
Under 16 years	3	3	.	.	7	10	125	122	135	135	270	190	178	159	129
16-30 years	183	175	7	.	23	27	223	156	436	358	794	668	670	571	472
31-60 years	548	556	3	2	10	9	197	148	758	715	1473	1335	1150	1010	827
Over 60 years	115	295	.	.	.	1	9	18	124	314	438	395	290	239	181
Total	849	1029	10	2	40	47	554	444	1453	1522	2975	2588	2288	1979	1609

	Under 16		16-30		31-60		60+		Total		Grand Totals				
	m	f	m	f	m	f	m	f	m	f	1965	1964	1963	1962	1961
A Acute cases	134	134	309	224	425	435	60	166	928	959	1887	1872	1444	1106	589
B Sub-acute	.	.	6	14	14	13	2	5	22	32	54	50	341	349	318
C Pending	.	.	.	.	.	.	.	.	.	.	.	.	.	.	376
D Inactive	.	.	121	120	320	268	62	143	503	531	1034	666	503	524	326
Total	134	134	436	358	759	716	124	314	1453	1522	2975	2588	2288	1979	1609

- A Acute: Active cases with many case work problems. Need for continued support at Mental Welfare Officer Team level  
 B Sub-acute cases: Readjustment almost complete. Supervision required by Department. Some of these at Team Welfare Assistant level.  
 C Pending assessment of case need.  
 D Inactive (temporary state).

### **Hostels and training centres**

The Corporation's mental health services took a considerable step forward during 1965 with the opening of Runcorn House as a short-stay hostel for adults of both sexes, and of the Fosse Industrial Unit, a training centre for 200 adults. In addition, there was a significant expansion in the activities of voluntary organisations which led to a valuable improvement in the social club facilities available.

#### *Runcorn House*

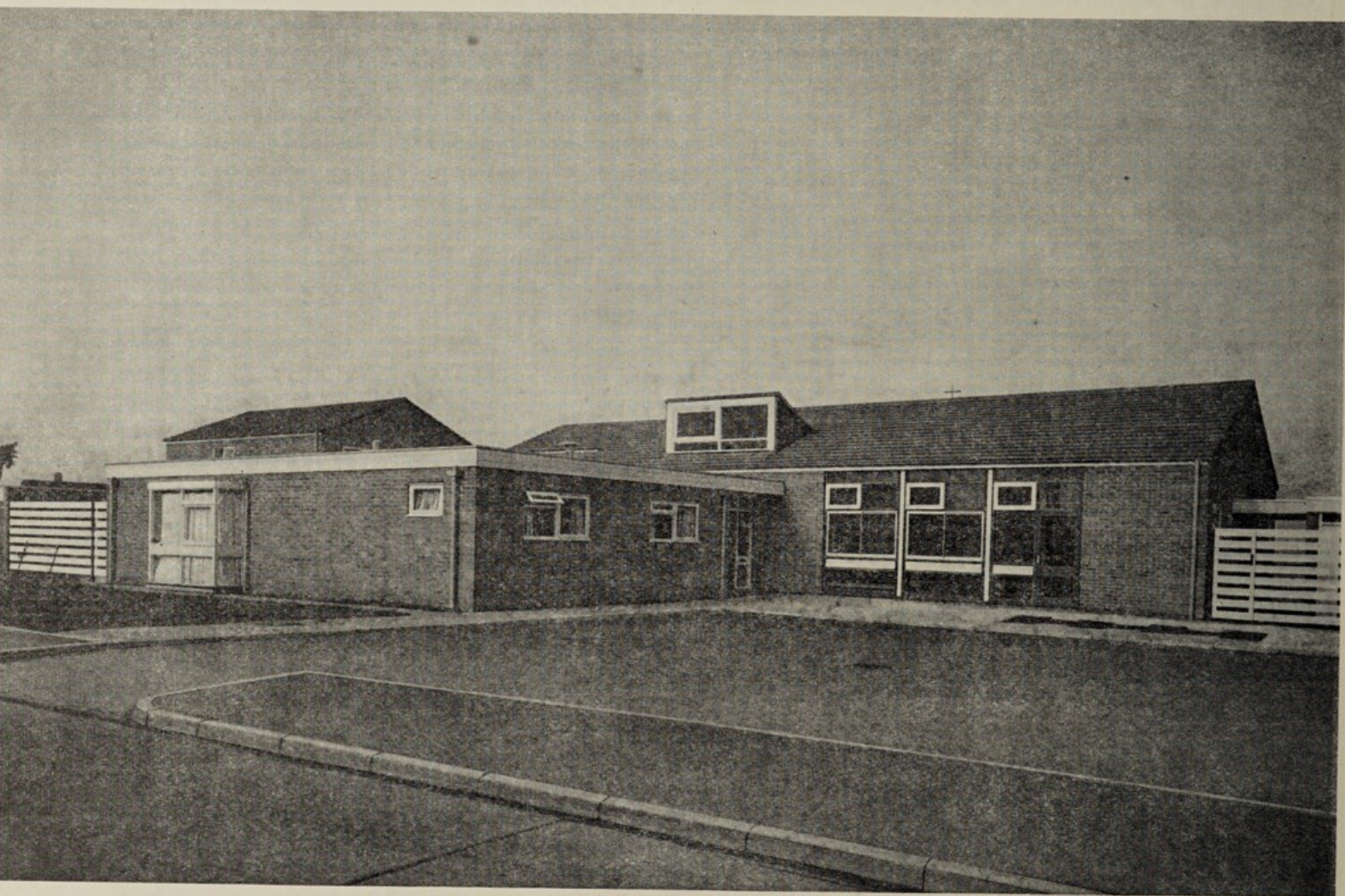
This purpose-built hostel received its first residents on 8th November, 1965 and was formally opened by the Lord Mayor on 6th December. It is envisaged that it will serve two main functions; first as the final stage in the rehabilitation of hospital patients and secondly as a preventive measure for persons in the community who, for one reason or another, are temporarily unable to go on living in their own homes or lodgings, but whose condition is not such as to require hospital treatment. In both cases it is intended that hostel admission shall be a temporary measure and, although it is impossible to lay down rigid conditions, an average stay of about six months is considered to be a realistic target. Every effort will be made to encourage residents to retain or regain their independence, both economic and social, and to return as soon as possible to normal life in the community.

The hostel is situated on Runcorn Road in the Eyres Monsell district, within easy reach of a shopping centre and public transport. The scheme provides 24 single bed-sitting rooms in 3 separate two-storey living units, together with a single-storey communal unit which includes accommodation for a Warden and Assistant Warden. All the bed-sitting rooms have wash-hand basins, bed lights and built-in wardrobes, and the hostel is centrally heated throughout by means of a gas-operated ducted warm-air system.

The first intake consisted of six residents, four men and two women, and by the end of the year these numbers had doubled to eight men and four women. The majority of these were, until moving into the hostel, in-patients in the Towers Hospital, some for very long periods—24 years in one case. Two residents left the hostel in 1965, one returning home to her mother and the other, unfortunately, having to be returned to the Towers Hospital. It is, of course, too early to comment on the degree of success of the hostel as a rehabilitative measure, but it is felt that at least a good



*Runcorn House*





beginning has been made in enabling hospital patients of such long duration to return to the community.

#### *Fosse Industrial Unit*

The opening of this newly built adult training centre enabled the long overdue closure of the unsatisfactory temporary centre at Spittlehouse Street to take place and the adult trainees, accommodated at the Emily Fortey School Junior Training Centre to be transferred, thus allowing the admission of a number of young children who had been awaiting places for considerable periods of time. In addition, the arrangement whereby a number of sub-normals living at home attended daily at the Training Unit at Glenfrith Hospital was discontinued.

The new Unit will accommodate 200 mentally disordered adults of both sexes and offers a wide variety of social and vocational activities carefully graded to the needs of individuals, with the aim of making appropriate provision for all categories and degrees of mentally disordered persons in the community who require and are able to benefit from such provision. The object in every case is to enable the trainee to achieve fully all the development of which he or she is capable and the criterion of complete success would, of course, be that after a period at the Unit the trainee is able to live a completely independent life, working successfully in unsheltered employment and living in his own home or lodgings. It is recognised that this is likely to be achieved in only a proportion of cases and that, for the remainder, the Unit must, after training has achieved the highest possible development of which the individual is capable, continue to provide sheltered employment indefinitely.

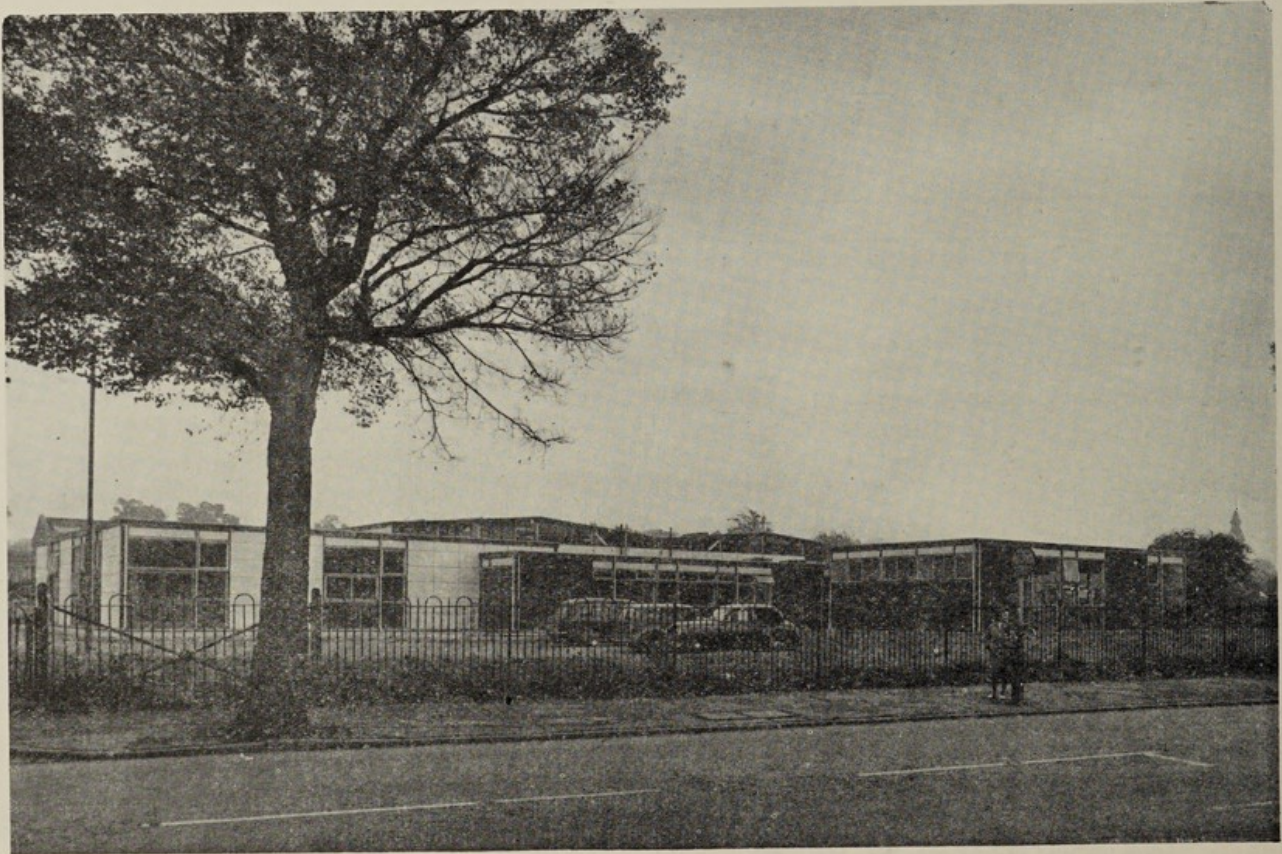
The building stands on a site of approximately 1.5 acres which allows room for future expansion and the major part of the scheme comprises a large workshop of 9,000 sq. ft. sub-divided into work areas by portable storage racking which provides maximum flexibility of use for

Training 1.1.65				
Centre	Age Group	Male	Female	Total
Adult Training Centre (temporary) (Spittlehouse Street)	16 +	40	.	40
Glenfrith Hospital training unit	16 +	10	20	30
Emily Fortey School	16 +	11	21	32
Emily Fortey School	< 16	49	41	90
Attending Red Cross Crèche	< 5	10	10	20
Total number of trainees		120	92	212

Training 31.12.65				
Centre	Age Group	Male	Female	Total
New Adult Training Centre (Fosse Industrial Unit)	16 +	68	58	126
Junior Training Centre (Emily Fortey School)	< 16	56	45	101
Red Cross Crèche	< 5	12	11	23
Total number of trainees		136	114	250

*The Fosse Industrial Unit*

constantly changing types of work. Smaller work areas permanently partitioned off from the main workshop house woodworking machinery and the street lamp washing unit.





### *Staffing*

The establishment consists of:

- 1 manager
- 1 supervisor (male)
- 1 supervisor (female)
- 6 senior instructors
- 8 instructors
- 1 clerk
- 1 driver/handyman
- Domestic staff

### *Work carried out*

A variety of industrial activities is now available and suitably graded work can be provided for the training of persons of varying levels of ability. The work is of two kinds. On the one hand various local firms and, in one case the local authority itself, provide sub-contract work in the form of finishing, cleaning, assembling, sorting or packing various products, which are paid for at the appropriate rate. On the other hand, the Unit produces certain articles and markets them itself. The former type of work has the advantage that the Unit is relieved of the responsibility for marketing finished products, the disadvantage being that the volume of work is liable to fluctuate at short notice. It is therefore essential that both types of work should be available so that fluctuations in the level of sub-contract work can be compensated by trainees making articles for sale which can, if necessary, be held in stock for a time.

Examples of the former type of work are:

- Finishing and testing of floats for petrol tank gauges
- Soldering co-axial cables for television aerials
- Trimming and packing plastic bags
- Assembling and packing tyre puncture repair outfits
- Washing Corporation street lamp shades, etc.

Examples of the latter type are:

- Making garden furniture
- Cutting and packing firewood
- Making film projector stands
- Making stool/steps
- Packing detergent
- Concrete products, etc.

### *Social training*

In addition to vocational training and industrial activity, a planned programme of social training, geared to the needs of individuals is provided with the object of making the trainees as socially acceptable and independent in normal society as possible.

### *Emily Fortey School*

The transfer of the thirty-two remaining trainees over sixteen years of age from the Emily Fortey School to the Fosse Industrial Unit when the latter opened has brought about considerable changes at the school and has both posed problems and provided opportunities.

The School is now purely a junior training centre and the age balance has, of course, shifted to the younger age groups. This shift has obviously thrown additional work on the staff and this will continue as the older trainees reach the age of sixteen years and are in their turn transferred to the Fosse Industrial Unit to be replaced by a further intake of children aged 4-5 years. This, of course, is a highly desirable development and will prevent the building up in the future of the substantial waiting list for admission which has been a problem in past years. As stated, however, it does make the work of the staff harder and in order to deal with this an additional nursery assistant was appointed, commencing duty in October 1965. It will be necessary to watch the situation closely to see whether this proves adequate.

It is intended to convert one of the craft rooms at the school into a domestic science room and in order to enable



**Dental inspection and treatment**

at Emily Fortey School

	1965	1964
No treatment required	.	12
Defective—not referred	.	63
Defective—referred for treatment	10	24
Inspected	10	99
Anaesthetics given	9	11
Permanent teeth extracted	9	21
Temporary teeth extracted	17	15
Permanent teeth filled	.	2
Scaling	2	1

this to take place the approved number of places at the school has been reduced to 110. A further development in 1965 was the setting up of the Transitional Class, in which an Assistant Supervisor gives intensive social training to groups of 1–3 trainees, aged 14–15 years. An additional post of Assistant Supervisor was added to the establishment for this purpose, and it is hoped that it will help to prepare these children for transfer to the Fosse Industrial Unit at age sixteen years.

*Fosse Industrial Unit—main workroom*



#### *Voluntary organisations—social clubs etc*

Club facilities are available on Monday and Wednesday evenings in the recreation room at the Fosse Industrial Unit when the voluntary workers of the Leicester Association for Mentally Handicapped Children combine with the training centre staff in the organisation and the activities. These two evenings mainly cater for male and female adults who suffer from subnormality.

This voluntary organisation also runs a Friday evening social club in Chapel premises which is greatly appreciated by the younger handicapped children. It is of great benefit also to some parents who use the facilities to enable them to get a break from the constant care of their own handicapped child.

The Leicester Association for Mental Health co-ordinates help from many other interested voluntary organisations and between them, and using the premises provided at the St. John Ambulance Headquarters, yet another Social Club is operated. This also is on Friday evenings, but it provides more especially for the mentally ill. The term is used here in the broadest sense, however, and help is given to all who may benefit by attending, whether they are hospital in-patients, day patients, out-patients, discharged patients, or individuals in the community who need social contacts to prevent deterioration. No distinction is made between patient and helper. Patients and helpers represent all ages and all sections of society.

The Samaritans Society give help in a different field and their work in befriending the lonely and despairing has been of great value during the year.

#### *Future developments*

A second hostel, to cater for medium and high grade subnormals who, while unable to live a fully independent life, do not need hospital care, is in the planning stage and is due to commence building in 1967–68. A Special Care Unit is to be built during 1966–67 within the grounds of the Emily Fortey School and will cater for very severely handicapped children up to the age of sixteen years, many of whom have physical as well as mental disorders, and who are too severely affected to benefit from the normal curriculum of the Emily Fortey School.

In the field of social work, negotiations are in progress for the local authority to take over, subject to equitable financial arrangements with the Regional Hospital Board, the social work at present done by staff employed by the hospital authorities. This will enable a complete co-ordination of effort in this field, and in addition, it is hoped to employ a psychiatric social worker who, amongst his or her other duties, will act as a training and advisory officer to the social workers generally.

The field of voluntary service has also much scope for further development, and provided there is ready access to professional help or advice, it can be of immense value in a Comprehensive Mental Health Service. If such a service is to materialise it needs as an essential ingredient the sympathetic understanding of the whole community. A positive Mental Health Education programme must of necessity be introduced gradually; at this point of time, however, Voluntary Associations contain the enlightened few who can be of tremendous help to those who suffer from mental disorder, who so often feel alone and unwanted. There is now a need for the development of a panel of understanding employers to give guidance concerning those we wish to train for outside employment. A panel of understanding landlords would also be of value to help reintegrate those we wish to return to the community.

Appendix 'A' Source from which all patients were referred

Appendix A Source from which all patients were referred

	Mentally III				Psychopathic disorder				subnormal				Severely subnormal				Totals				Grand Totals for year					
	<16		16+		<16		16+		<16		16+		<16		16+		<16		16+							
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	1965	1964	1963	1962	1961	
General Practitioners	.	.	79	95	.	.	.	.	1	1	.	.	1	3	.	.	81	99	180	159	167	144	142			
Hospitals																										
during in-patient treatment	.	.	40	40	.	.	.	.	2	5	.	1	1	3	.	1	43	48	92	87	76	133	92			
Hospitals after or during out-patient or day-patient treatment	.	.	11	7	.	.	.	.	.	.	.	.	.	.	.	.	11	7	18	15	21	30	21			
Hospitals after in-patient treatment	1	.	34	21	.	.	.	.	3	1	.	.	1	1	.	.	37	23	61	47	57	50	97			
Local Education Authorities	.	.	.	.	.	.	.	.	1	5	5	8	6	4	5	8	7	9	29	17	25	28	23			
Police and Courts	.	.	30	25	.	.	.	.	3	1	.	.	1	.	.	.	33	27	60	58	51	45	50			
Patients themselves	.	.	26	20	.	.	.	.	3	.	.	.	.	.	.	.	29	20	49	37	31	25	18			
Relatives	.	.	30	37	.	.	.	.	1	4	20	15	9	5	20	15	40	46	121	106	130	102	74			
Associates friends, landlords, neighbours, employers	.	.	11	14	.	.	.	.	.	.	.	.	.	.	.	.	11	14	25	32	37	30	15			
Social agencies																										
Including other authorities and departments and voluntary agencies	2	.	65	64	.	.	3	2	2	10	.	4	1	3	5	6	68	77	156	124	118	123	109			
Consultant psychiatrists Probably following domiciliary visits. All may well have originated from General Practitioners	1	.	78	125	.	.	1	.	3	1	1	.	2	.	3	.	83	126	212	243	275	212	71			
Other medical officers including general hospitals and unofficial referrals from Education Department medical officers	.	1	34	27	.	.	4	2	2	5	38	31	4	3	42	34	40	35	151	78	91	58	54			
Totals	4	1	438	475	.	.	8	4	21	33	64	59	24	23	76	64	483	531	1154	1003	1079	980	766			



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## Care of Mothers and Young Children

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Care of Mothers and young children

Infant deaths		Legitimate						Illegitimate										All infant deaths	
Age at death		Less than 24 hours		1 day—under 28 days		1 month—less than 1 year		Total		Less than 24 hours		1 day—under 28 days		1 month—less than 1 year		Total		Grand Total	
Cause of Death		m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f		
Birth injury		2	.	1	1	.	.	3	1	1	.	.	.	.	.	1	5		
Asphyxia Atelectasis		.	.	1	1	.	.	1	1	2	.	.	1	.	3	5			
Pneumonia, bronchitis		.	1	.	1	3	3	5	.	.	.	1	.	1	.	9			
Other respiratory disease		.	.	.	.	3	4	3	4	.	.	.	.	.	.	7			
Haemolytic disease		.	1	.	.	.	.	1	.	.	.	.	.	.	.	1			
Haemorrhagic disease		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Haemorrhage, cause unstated		1	1	1	.	2	.	4	1	.	.	.	.	.	.	5			
Prematurity		4	2	1	2	.	.	5	4	3	1	1	.	.	3	2	14		
Chronic maternal illness		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Acute maternal illness		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Disease, condition of pregnancy		1	.	2	2	.	.	3	2	.	.	.	.	.	.	5			
Difficulties in labour		2	.	.	.	.	.	2	.	.	.	.	.	.	.	2			
Placental/cord condition		.	.	.	.	.	.	.	1	.	.	.	.	.	1	1			
Congenital malformations		6	2	7	1	5	2	18	5	1	1	1	3	2	4	4	31		
Violence, accidental		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Violence, deliberate		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Lack of care by ignorance		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Excessive cold/heat		.	.	1	.	.	.	1	.	.	.	.	.	.	.	1			
Diarrhoeal disease		.	.	.	.	.	2	.	2	.	.	.	1	.	1	3			
Other disease of digestive system		.	.	.	1	1	.	1	1	.	.	.	.	.	.	2			
Septicaemia, sepsis of newborn		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Pertussis		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Poliomyelitis		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Measles		.	.	.	.	.	1	.	1	.	.	.	.	.	.	1			
Meningitis, encephalitis		.	.	.	.	1	.	1	.	.	.	.	.	.	.	1			
Other virus disease		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Other bacterial disease		.	.	.	.	1	.	1	.	.	.	.	.	.	.	1			
Cancer, leukaemia		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Other tumours		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Tuberculosis		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Other disease of CNS		.	.	.	.	.	1	.	1	.	.	.	.	.	.	1			
Vague or undetermined causes		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.			
Other		.	.	.	1	.	.	.	1	.	.	.	.	.	.	1			
Totals		16	7	14	10	16	13	46	30	4	5	1	2	5	3	10	10	96	

Nearly 1 in 3 deaths occurring in the first year of life were due to congenital abnormality and 1 in 7 to prematurity. Eleven additional deaths occurred, but were recorded as being of under 28 weeks gestation. 14 at least of the babies who died were born to parents from overseas. The figures are approximate and incomplete, but 8 Indian, 4 West Indian and 2 African mothers were thought to be involved. One, if not more, came from Eire. The 5 "cot" deaths were ascribed to acute infection of upper respiratory tract or lungs, except for one instance of congenital heart defect. Antenatal care was clearly inadequate by the default of 5 mothers of illegitimate children, and 3 of the deaths appeared to be causally related to this.

# **Diocese of Leicester Council for Social Work**

## **Analysis of work done in 1965**

Total number of cases referred	1965	1964
Illegitimate pregnancies	248	213
Matrimonial-family	67	34
	315	247
Brought forward from 1964 (babies unborn)	46	48
Active from previous years	20	21
	381	316

Fees paid to Homes and Hostels	1965	1964
City Health Department only	1	1
City Health Department and mother's insurance	2	2
City Health Department and mother's insurance and mother's parents	1	1
City Health Department and mother's parents	3	1
City Health Department and National Assistance Board	1	.

## **Details of adoption work**

Adopters' applications	400
accepted	149
refused	8
withdrawn	11
proceeding	75
referred elsewhere	157
Babies offered	216
placed	157
awaiting placement	9
placement postponed	9
withdrawn before placement (by mother)	32
withdrawn after placement	9

## **Care of unmarried mother and child**

There continues to be a grave lack of accommodation available for the unmarried pregnant woman, and particularly for the unmarried mother and her child. Both before and after the birth of the baby, the girl is in great need of a background of security and understanding in which to take stock of her distressing and bewildering situation. This, for many reasons, may be denied her by her own family. The decisions she makes at this time are critical both for her own and her child's whole future, and all too frequently the immediate problem of accommodation colours these decisions disproportionately. In 1965 a number of babies were offered for adoption principally for this reason. In many more it was a contributory factor, and had accommodation been available mothers would have been able to give more consideration to the possibility of keeping their babies.

The Children's Department, in their dealings with mothers under the age of seventeen, also find that lack of accommodation is very often a large factor in a mother's decision to part with her baby.



## Handicapped Children

### *Observation/handicap register*

Number of children placed on Register in 1965:

Observation	1764
Handicapped	106

Two common reasons for placement on the Observation Register were:

Prematurity and low birth weight	156
Postmaturity (gestation 42 weeks and over)	338

Of these:

236 deliveries took place in hospital
102 at home
114 were primiparous births (33.7%)
46 infants suffered from anoxia after birth (13.6%)

Number of infants placed on the Handicap Register for a congenital abnormality—73.

Amongst the mothers of these:

9 had had a previous stillbirth
11 had had toxæmia requiring bed rest
2 had had threatened abortion
2 had had hydramnios

### *Stillbirths*

68 cases of stillbirth occurred, 61 of them born in hospital.

1st child	18
2nd child	15
3rd child	13
4th child	6
5th child	5
6th child	6
7th child	3
8th child	1

Toxæmia occurred in 14 of the cases.

The child was malformed in 8 cases—hydrocephalus 2, anencephalus 6.

The child was macerated in 28 cases.

In September 1965, the responsibility for the follow-up of children on the Observation Register was placed with the Assistant Medical Officer of the Infant Welfare Clinic most available to the family. The Assistant Medical Officers and Health Visitors work in close co-operation in this matter. The rôle of the Assistant Medical Officer in Clinics is therefore changing considerably. Whereas previously they have been occupied to a great extent with minor ailments, feeding, and management difficulties in infancy and early childhood, they are now turning their attention far more to developmental assessment, with a view to the early diagnosis of deviations from the normal, in the fields of mental, physical, and emotional growth.

This work is of vital importance if handicaps are to be recognised at the earliest possible moment in the child's life. Prompt appropriate treatment, support and guidance for the parents, and early assistance from many statutory and voluntary bodies, make an enormous difference to the handicapped child's prospects of progress towards achieving the maximum amount of independence of which he is capable. Too often, and for too long, many aspects of the care of the handicapped child (particularly the mentally subnormal) have been largely postponed until the age of placement in a special school, training centre, or sub-normal hospital. By this time years of inestimable value may be lost—critical years for the acquisition of basic skills, and for the prevention of the development of secondary handicaps in the child and in his family.

The Development Clinic, held once weekly for handicapped children and their parents, has, since its commencement in 1964, become overcrowded, and a second session will be started in 1966. The work has been largely concerned with mentally subnormal babies and young children, and their parents. Support and guidance for the parents has been shown to be a considerable need, and it is hoped that before long the service of a Nursery for handicapped children is to be made available. The purpose of the Nursery



will be:

- 1 Assessment of the child's handicap, over a period, in a more normal play situation which is far preferable to a short visit to a strange consulting room.
- 2 Support and guidance of parents in the management of their child, and a closer inclusion of them as central figures in the team, making both immediate and long-term plans for their child, and carrying them out.

Certain cases have arisen of difficult differential diagnosis in very young children, mainly between inherent mental subnormality and emotional deprivation. The need to admit children to a day nursery in order to clarify this diagnosis is illustrated by the case of L.D., who was a young child at first thought to be deaf. Subsequent close observation of her activities in the nursery over a period established the fact that she was a case of infantile autism. In another case it was found that a child previously considered as possibly mentally subnormal was, in fact, suffering from retardation due to maternal deprivation.

In both cases close observation in the homely atmosphere of a nursery enabled the correct diagnosis to be made at an earlier stage in the child's life than would have been possible if reliance had been placed solely on a number of visits to a clinic spread over a prolonged period.

Often these cases arise in families whose co-operation would not be obtained unless it had been possible to allow the child to attend free of charge during the period of assessment. Some parental guidance is often necessary if the child is to develop as quickly as possible to his full potential.

The Red Cross Crèche has continued to provide for a great need, on three afternoons each week, under the admirable guidance of Miss Ash. It provides the children with a stimulating experience in which play and learning are combined, and hard-pressed mothers are relieved for these short periods from the unrelenting demands made upon them.

#### *Audiology*

Screening of children for deafness by Health Visitors has continued, special attention being paid to children who are placed on the Observation/Handicap Register.

Number of children tested 3042  
Number of children tested under 1 year 2237

#### *Audiology clinic*

Children were referred to this clinic from Ear, Nose and Throat Surgeons, Paediatricians, the School Health Service, Day Nurseries, Health Visitors, Infant Welfare Clinics and other sources. It is hoped that General Practitioners will consider using this service to a great extent in the future.

The weekly session held for the assessment of hearing in the very young child, and for parent guidance and speech training, has become overcrowded during the year. This is partly due to the fact that it has become increasingly plain that more time is needed in the Clinic for assessment purposes, with a view to the earliest possible commencement of training, which is so essential for maximum success in achieving the most normal speech possible. Painstaking history-taking, examining of ears, nose and throat, developmental assessment, and psychological assessment, are so closely connected with this work as to be indivisible.

Professor Ian Taylor, of Manchester University, paid a consultative visit to the Clinic in July and gave valuable advice on five cases.

Mrs. Woolf, of Stoneleigh School for the Deaf, has continued to give valuable help in training in the Clinic.

It is hoped that before long the services of a Peripatetic Teacher of the Deaf may be obtained. In this way the size of the weekly clinic session could be substantially reduced, allowing more time for assessment and re-assessment of hearing acuity and for further advances into the field of communication disorders in early childhood.

	Nursery Places	Attendances	Daily Average Attendances
Cossington Street	60	8814	36
Frank Street	50	9760	39.8
Fosse Road	45	7436	32.4
Fairway	35	5338	21.7
New Walk	35	7461	30.4
Sparkenhoe Street	50	10096	41.7
Number of children on Register at 31.12.65			260
Number of approved places			275
Average attendances in 1965, 6 nurseries			202

### Day Nursery Service

The Corporation provides 6 Day Nurseries—1 purpose-built, 3 pre-fabricated (built between 1942 and 1950) and 2 converted Victorian houses—to provide a service to mothers who are unable to give their children adequate care at home during the day.

The children are admitted from the age of 6 weeks to 5 years. The maximum charge has increased from 10/- per day to 13/- per day from the 8th February, 1965. Strictest selection is employed for the admission to Day Nurseries, but despite this there is still a waiting list, particularly in the toddler age group. This has resulted in a greater hardship for a number of mothers and children whose sociological needs are urgent.

Sonne dysentery has accounted for a number of absentees, but, particularly, an outbreak of Echo Virus at one of the Nurseries required complete closure of the nursery for a prolonged period. There is no doubt that the physical condition of the nursery, its unsuitable layout and the extreme difficulty of maintaining reasonable standards contributed to the spread of infection and the sickness that arose among the children and staff.

The following is the list of infectious diseases which occurred amongst attenders at the nurseries during the year:

Whooping Cough	3
Chicken-pox	22
Mumps	31
German Measles	7
Measles	77
Scabies	3
Impetigo	3
Scarlatina	1
Jaundice	1
Thrush	2
Sonne Dysentery	42
Echo Virus	39



The Day Nursery staff continue to carry out their duties most efficiently, despite the difficulties arising from the limited accommodation facilities. The Service continues to compete with the Nursery Schools for staff, but unfortunately their "image" is not so attractive. The hours, 7.30 a.m. to 6.30 p.m. plus the limited holiday entitlement, compare unfavourably with those of the school nursery classes, where school hours and school holidays are in force.

Nursery Assistants (unqualified) are, therefore, employed to help the qualified staff give the necessary care and attention to the children. In-Service training of these assistants is planned in collaboration with the Charles Keene College, to begin in January 1966.

Credit must be given to the Matrons for maintaining the high standards of child care, despite the vast turnover in staff and the chronic shortage of nursery nurses.

The Ministry of Health Circular 5/65 on the "Day Care of Children" was received on 10th April, 1965. This circular advised on the standards of accommodation and care in nurseries. 5 of the 6 Day Nurseries were, on the architect's inspection, found to be below the recommended standard and plans were drawn up for upgrading the present premises and improving equipment and the long-term replacement programme was approved.

An increased establishment of 6 additional part-time domestics was also approved. These, when appointed, would relieve the nursing staff from routine domestic work in which they are at present involved. The policy of admitting a limited number of handicapped children was approved by the Committee, and the staff have welcomed the challenge of this development.

## Registration of Child Minders

### Nurseries and Child Minders Regulation Act, 1948

	1965	1964	1963	1962	1961
Registered Minders	52	38	25	23	21
Number of children	295	226	150	131	119

In addition, two premises are registered to take in 46 children for minding.

During the year 25 persons were registered and the registrations of 7 persons were cancelled.

One premises was registered during the year and none was cancelled.

Increased efforts have been made to combat illegal minding of young children, and the co-operation of the Press and radio have been sought in bringing to the attention of the public the dangers of placing their children with minders who do not comply with the standards required by the local authority.

## Dental Report for 1965

by E. T. Cunnell, B.D.S., Principal Dental Officer

The Local Authority dental service provides free treatment for school children, pre-school children, including those at Day Nurseries, expectant and nursing mothers and, to a limited extent, for the Emily Fortey School. This report deals solely with the dental facilities as applied to the Maternity and Child Welfare service.

The decrease in the demand for treatment from expectant and nursing mothers has continued, but to counteract this trend the whole range of treatment offered to and accepted by the pre-school children has been increased.

This awareness of parents of the value of treatment, particularly conservative treatment, for the deciduous series of teeth is most encouraging. I have no doubt that this is due largely to the dental health propaganda material displayed in clinics and schools.

The Student Health Visitors undertook a survey of young children's feeding habits on behalf of the dental section of the Society of Medical Officers of Health. The results of this national survey have not yet been published, but will be reported to the Committee when they become available.

I would again like to express thanks to all my staff for their continued support, to the Medical Officer of Health, his medical colleagues and the health visitors for their co-operation during the year.

### Maternity and Child Welfare Service 1965

*Dental services for expectant and nursing mothers and children*

#### Part A Dental treatment—numbers of cases

	Number of persons examined during the year	Number of persons who commenced treatment during the year	Number of courses of treatment completed during the year
1 Expectant and nursing mothers	124	124	84
2 Children aged under 5 and not eligible for school dental service	227	212	213

#### Part B Dental treatment provided

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns and inlays	Extractions	General anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
1 Expectant and nursing mothers	34	73	.	.	293	63	32	25	1
2 Children aged under 5 and not eligible for school dental service	4	171	4	.	494	185	.	.	.





### Midwives

During 1965, 147 midwives notified their intention to practise. Of these, 42 were Municipal Midwives and 8 were in registered nursing homes. The remaining 97 were practising in maternity hospitals.

*Mothercraft and relaxation*—See Ante Natal Classes, Page 93.

### Ante-natal clinics

Attendances					
Clinic	No. of sessions	First visit	Re-visit	Total	Average per session
Stocking Farm	49	87	338	425	8.67
New Walk (a.m.)	50	180	111	291	5.82
New Walk (p.m.)	49	179	268	447	9.12
Belgrave Hall	52	319	421	740	14.23
Newby Street	52	181	321	502	9.65
New Parks	52	94	212	306	5.88
Southfields Drive	52	134	176	310	5.96
Valence Road	52	121	239	360	6.92
Totals	408	1295	2086	3381	8.28

### Post-natal clinic

Clinic	First visit	Re-visits	Total
New Walk	28	1	29
Southfields Drive	5	1	6
Valence Road	10	4	14
New Parks	8	3	11
Totals	51	9	60

The Post Natal Clinics where required took place at the end of an Ante Natal Session. The patients attended by appointment and the Midwife went if her work allowed.

### Midwives and general practitioner/obstetricians

The following figures indicate the distribution of work between midwives in relation to the 1,718 deliveries attended by midwives in 1965.

#### Deliveries attended by a midwife

a	i	Doctor not booked, but present	2
	ii	Doctor not booked, not present	92
b	i	Doctor booked and present	152
	ii	Doctor booked, not present	1472
Total			1718

### Allocation of maternity beds on sociological grounds

It is still the responsibility of the Health Department to assess the cases for hospital confinement for sociological reasons.

Domiciliary midwives make a full report on the home conditions of all applicants, and these are then considered by the Senior Medical Officer for Maternity and Child Welfare.

Summary of above	
Number of applicants	1080
Number recommended	830
Number not recommended	191

There was no waiting list last year and all patients recommended obtained a hospital bed.

Of the remaining 59 cases:

- 20 moved away from Leicester
- 4 were delivered
- 3 miscarried
- 7 were booked on medical grounds
- 17 decided to have home confinements
- 6 booked at private hospitals
- 1 booked at a Mother and Baby Home
- 1 was found to be not pregnant

(prior to acceptance on sociological grounds)

### Flying squad

This was called twice by a doctor, and never by a midwife.

- i Blood transfusion given and patient transferred to hospital.
- ii Blood transfusion not given and patient was not transferred to hospital.

### Patients confined in hospital

The planned early discharge scheme continued as before. The Midwife visited these patients at least once in the Ante Natal period in order to advise them of the preparations they would have to make.

The numbers continued to rise. In each case the Midwife visited the patients for 10 days or longer if necessary and then the care of the mother and baby was passed over to the Health Visitor.

In 1965, 1,950 patients were transferred to the care of a midwife before the tenth day.

#### Summary of hospital discharges

Day of discharge	1	2	3	4	5	6	7	8	9	Total
Number of patients	214	513	220	120	96	137	379	122	149	1950

10,715 visits were paid to 1,950 patients before the 9th day.



## *Domiciliary midwifery*

### *Staffing*

There is an approved establishment of 35. At the end of the year there were 29 full-time and 7 part-time domiciliary midwives in post (whole-time equivalent 31.2). There were 6 new appointments and 6 resignations during the year. One midwife retired, 3 left the service for domestic reasons, 2 to go to other local authorities, and one left to return to hospital service.

### **Summary of work done by municipal midwives**

Area	Cases	Visits		Total
	attended	Ante-natal	Post-natal	
Full-time	1651	27259	34158	61417
Part-time	67	3318	3780	7098
Totals	1718	30577	37938	68515

Although there has been a decline in the number of cases delivered on the district from 2,045 in 1964 to 1,718 in 1965, this has been more than offset by the increase in the total number of visits. More children are being born in hospital as a result of some improvement in the number of sociological admissions, but an increasing amount of ante-natal care is being provided by the domiciliary midwife. There is a further 12% increase in the number of early discharges from hospital, necessitating over 2,000 additional visits to be undertaken by the Domiciliary Midwifery Service.

The immigrant population presents a language problem in some cases. To overcome this the midwife arranges to meet a school child at midday, or the husband in the evening, so that they may act as interpreter. Quite often the midwife accompanies the husband on shopping expeditions to buy the layette or articles required for a home confinement.

The radio communication introduced into the Service in 1964 has more than justified the initial expenditure. The patients are benefiting from a more efficient service, the midwives when on call are no longer housebound to the telephone and the more recently qualified midwife gains confidence from knowing that medical aid, should it be necessary, is easily summoned.

Tribute is paid to the excellent co-operation received from the Ambulance Personnel in developing this system of radio control. During the year numerous local authority representatives have been to see the system of communications. Many have emulated it—some have claimed to be its pioneers.





### *Staffing*

The staffing situation was similar to the previous year. There were 38 health visitors in post at the end of the year (whole-time equivalent 34.7). 7 health visitors left the Service during 1965—1 to go to another local authority, 2 emigrated, 1 transferred to the District Nursing Service and 3 left for domestic reasons.

### *Feature of the year*

#### *General Practitioner/health visitor attachment*

Prior to the inception of the National Health Service, the forerunners of to-day's health visitors were concerned mainly with the supervision of maternal and child health. To-day the work of the health visitor has expanded and her rôle is that of visitor to the whole family, and as such her aims and work and that of the family doctor become complementary to each other. Experiments nationally, whereby health visitors have been allotted to general practices, have been observed with great interest. On investigation it was found that such attachment schemes, although having much to commend them, were not a practical proposition in Leicester. The general practitioners do not work in circumscribed areas and many continue to work as single handed practices.

An analysis of health visitor case loads highlighted one health visitor with as many as 80 general practitioners visiting within her area. Therefore, alternative methods of improving communication between the general practitioners and local authority health visiting staff must be investigated and encouraged if we are to achieve a truly comprehensive community care programme.

### *De-centralisation of staff*

Six health visitors and 1 clinic nurse were de-centralised to the New Walk Nursing Centre; this relieved the pressure on accommodation in Halford Street and was a further step in housing different sections of the Public Health Nursing Service into one building. Day to day contact with other staff establishes better relationships and a greater insight into each other's rôle in the community. In spite of this, office accommodation remains one of the major problems and handicaps in bringing about a truly integrated efficient service. Much time is spent in travelling from base office to working area, and this time can be expensive in man-hours and inevitably limits the effective working time available for true family visiting.

### *Practical work instruction*

The new syllabus of health visitor training began in September, 1965. 12 health visitors were given responsibility allowances for the practical instruction of health visitors students. The Training Council envisage such instructors to be responsible for 3 students and to have a reduced case load to enable them to have the time necessary for such training. Owing to staff shortage the reduction of such case loads was not possible and much encouragement had to be given to help health visitors to undertake this extra duty. However, during the autumn term the health visitors concerned appeared to be shouldering their extra responsibility and indeed enjoying the stimulation arising from closer links with the Training School, and gaining a much greater knowledge of the preparation of the newer members of their profession.



#### *Clinic nurses*

The establishment is 6, and during the year we retained 6 in post. Their duties include the follow-up of infectious disease, visiting of the homes to check on the chiropody service, making housing reports, as well as assisting the health visitors in the clinics. An extra duty that they undertook during the year came about as a result of a request from the Ministry of Health for new immigrant families to be visited and advised as to where they could register for their general practitioner service.

#### *Refresher courses, conferences and in-service training*

Five health visitors attended their routine five-yearly refresher course. The themes this year were mental health and current problems in public health and the courses were held in Leicester and Durham.

Two members of staff attended a day conference at Coventry on mental health problems in the community. Twenty members of staff attended a day conference at Vaughan College on "Living Together", where they examined the problems surrounding racial prejudice and the assimilation of immigrants. In-service training continues as the need arises. 14 health visitors benefited from a course on screening for deafness in young children.

#### *Visitors to the department*

Programmes were arranged for numerous visitors to the Department, including Dr. Krishnaswamy from India, Councillor Kosanga from Tel Aviv, students undertaking senior public health courses at the Staff College in Liverpool

and the Royal College of Nursing, London, as well as students from the National Training College for Youth Leaders, and student nurses from all the local hospitals.

#### *The health visitor training school*

As in previous years the Health Visitor Training School continues to be the source of recruitment for health visiting staff of the City. From July, 1948 to August, 1965, 382 students have successfully passed the Royal Society of Health Examination. Of these, 132 have been Bursary Students who undertake an 18 month contract of service after qualification. In September, 1964, 24 students commenced the Course, 2 left during the year—this was a mutual agreement between the sponsoring authorities and the Training School at the end of the trial period. Of the remaining 22 students, 19 were successful in passing the examination of the Royal Society of Health. Two of the unsuccessful students passed at the second attempt. One was unable to re-sit the examination owing to illness.

Miss Marie W. Hunt, SRN, SCM, HV Tutor Certificate, was appointed to the tutorial staff in place of Miss Dorothy Bailey, Health Visitor Tutor. Miss Hunt commenced her duties in October, 1965

Continuing the policy to bring the Course into line with educational practice in other disciplines, an effort was made to work towards integration with other full-time social work courses at Vaughan College. Owing to administrative difficulties this was necessarily restricted, but health visitor students participated in some joint lectures, seminar and tutorial sessions with students of the residential Child Care Course organised for the Home Office. Termly meetings with practical work supervisors continued and served as a discussion group in which the correlation of theory and practice could be considered and mutual difficulties resolved.

An evening course of discussion groups "Supervising the Student" was held at Vaughan College early in the year and several practical work supervisors availed themselves of this additional opportunity for in-service training.

Visits were paid to County Nursing Superintendents and Superintendent Health Visitors in areas sponsoring students on the Course.

The Health Visitor Training Course Panel continues to meet to assist in the formulation of policy, two meetings being arranged during the year. Through the co-operation of the Warden, a small office was made available to the Tutors at Vaughan College. With the co-operation of the Administrative Officer of the Department of Adult Education, University of Leicester and the Central Purchasing Department, a new brochure cover was printed and issued during the year.

In January, 1965, the Council for the Training of Health Visitors issued a draft of the new training rules. Training Schools were required to submit details of the new curricula for health visitor training and the new syllabus for approval. Plans for the new course were submitted to the Council for the Training of Health Visitors in June 1965 and were officially approved in September.

In-service training facilities were continued. The Health Visitor Tutors, in conjunction with the Health Education Assistant, were responsible for planning a series of lectures and discussions on "Teaching and Learning" for staff interested in Health Education.

Tutors have also participated in lecture programmes for student Queen's Nurses, Speech Therapists, Teachers of Educationally Subnormal Children, Probation Officers and Residential Child Care Officers. Programmes of practical work have been planned for students from other disciplines and areas, including a Younghusband Course student from Lanchester College of Technology, and health visitor students from the Institute of Education, London University.

#### *Additional educational activities*

During the year, negotiations with the Department of Adult Education, University of Leicester and the Leicester Royal Infirmary in connection with an integrated course continued. The proposed curriculum was discussed at an exploratory meeting in September, 1965 and submitted to the interested statutory bodies for consideration in October 1965.



Health visiting	1965	1964
Number of first visits to children born 1965	5021	5139
Number of revisits to children born 1965	14823	14835
Number of visits to children born 1960-64	44040	40055
Number of first visits to ante-natal cases	615	637
Number of other visits to ante-natal cases	580	707
Number of visits to tuberculosis patients	1594	1401
Number of visits re tuberculin test readings and BCG follow-up	200	155
Number of visits concerning infants' deaths and stillbirths	103	138
Number of visits concerning after-care	35*	987
Number of visits to diabetic patients	1919	1911
Number of visits concerning applications for convalescent home accommodation	188	200
Number of visits concerning infectious diseases	1409	1643
Number of visits concerning home accidents	.	480
Number of visits concerning problem families	2596	2352
Number of visits concerning re-housing	262	186
Number of other visits (see separate list)	3288	3129
Number of no access visits	10792	9375
Number of visits to persons 65 and over	1014	.
Number of visits re chiropody (excluding age 65 or over)	140	.
Total	88619	83330

\*Now shown under a separate heading

#### *Summary of health visiting statistics*

There has been a marked increase (4,000) in visits to children under the age of 5 resulting from the steady forward movement of the birth bulge which appeared to have reached its peak in 1963.

A 14% increase in visits to patients suffering from tuberculosis is only a slight indication of the volume of work entailed and the difficulties encountered in tracing contacts. In some cases the task of trying to prevent the spread of this disease is made even more difficult because of the constant changing of address of certain sections of the population.

Increasing attention is also being given to problem families whose difficulty is social adaptation rather than a medical one. There was a 10% increase in visits to families in this category. By contrast with the treatment of physical disease, results are not spectacular, as these families need continued support and encouragement if further deterioration in their social habits is to be avoided and if they are to be helped to climb out of their mire of apathy and antagonism to the society in which they live. It is of great credit to the health visitors that by their unstinted efforts they are able to maintain the stability of so many families in which the problems to be confronted appear insuperable.

The ageing population necessitates increasing emphasis being placed upon the provision of after-care services, particularly for those elderly patients recently discharged from hospital, who may need the support of both medical and social services in order that a relapse or deterioration in their condition may not occur.



**Attendances of Health Visitors at Clinics and other sessions**

	1965	1964
Child Welfare Centres	4073	3775
Ante-natal clinics	523	687
School sessions (including school clinics)	1467	1430
Immunisation and vaccination clinics	101	97
Hospital sessions	549	413
Screening tests and audiology clinics	425	446
Post-natal clinics	.	20
Parentcraft sessions	256	215
Mothercraft and Health Education sessions	160	317
Other sessions	734	803
Development clinics	12	.
Total	8300	8205

Number of school health service home visits: 1513

**Number of other visits:**

Visits to child minders	460
Visits to mentally disordered persons	113
Visits to other discharges from hospital	124
Other visits	2591
Total	3288



### *Staffing*

There is an approved establishment of 68 home nurses, including nursing auxiliaries, and at the end of the year 76 (whole-time equivalent 64.9) were in post made up as follows:

State Registered Nurses (14 part-time)	50
State Enrolled Nurses (3 part-time)	9
Auxiliaries (6 part-time)	7
Students	10
Total	76

There were 13 new appointments and 11 resignations; two left to go to the service of other local authorities, 2 transferred to other services, 1 emigrated and 6 left for domestic reasons.

### *Training*

Two courses of District Nurse Training were held during the year under the auspices of the Queen's Institute of District Nursing, at which 15 students attended. 8 students were from other local authorities.

During 1965 the Training School was moved from New Walk into Vaughan College, the Adult Education Department of the University. This gives the student Queen's Nurses an opportunity to mix with other students from various courses held there, for example, the Health Visitor Course and the Home Office Course. All the facilities of the College are available to the students—the library and the Common Room.

### *Features of the year*

The Service continues to operate from the three Centres. It was possible, as a result of the District Nurse Training School being moved to Vaughan College, to de-centralise a group of health visitors into the freed accommodation, so bringing New Walk Nursing Centre into line with the other major centres, Valence Road and Loughborough Road. By housing district nurses, health visitors and Home Help Organisers in the same building, staff communications are very much improved, good liaison is facilitated and the community reap the benefit of a more efficient service.

During the year more of the staff were organised into a "Group System" of nursing care. The group consists of qualified Queen's Nurses (one male nurse to each group), State Enrolled Nurses and Nursing Auxiliaries. The work is no longer allocated from a central office; each group is responsible for the nursing of all cases within a circumscribed geographical area. The advantage of such a system is that staff can be deployed to their best advantage; the Queen's Nurse can concentrate her attention on those cases requiring skilled nursing care, knowing that her colleagues, the Enrolled Nurse and the Nursing Auxiliary, can undertake the care of patients whose main requirements are daily insulin injections, dressings of a chronic nature or help with personal hygiene—getting a patient up and dressed for the day. The Queen's Nurses, however, retain the overall responsibility for patients on the area and the weekly group discussions keep all the members informed of the patients' progress and needs.



### Summary of Nursing statistics

Number of cases treated	1965
Treated at centres	354
Day visits	6049
Night visits	161
Total cases	6370*

\*Some cases are included under more than one heading

### Visits undertaken

	1965	1964	Increase over 1964
Day visits	181212	180725	487
Night visits	7009	3967	3033
Total cases	188221	184701	3520

### Visits according to Nursing Centre

	1965	1964	1963	1962	1961
Central	57150	68832	60293	61874	64230
Belgrave	66804	56638	53385	55346	53626
West End	57258	55255	65062	48668	50516
Night	7009	3976			

### Cases by age groups

		Under 1 year	1-4	Total under 5	5-14	15-64	65-74	75+	All ages	Total
Treated at Centre	m	1	2	3	16	141	16	5	181	
	f	.	1	1	1	141	25	5	173	354
Nursed by day	m	57	190	247	118	1195	505	512	2577	
	f	29	68	97	85	1471	872	1268	3793	6370
Nursed at night	m	2	3	5	1	24	18	18	66	
	f	.	.	.	1	28	20	46	95	161

		Under 1 year	1-4	5-14	15-64	65-74	75+
Total cases	<i>m</i>	57	190	118	1195	505	512
	<i>f</i>	29	68	85	1471	872	1268
Day visits	<i>m</i>	547	1744	926	19199	17007	15508
	<i>f</i>	314	733	965	39221	34100	50948

It is interesting to note the decline in bed-bound cases, great emphasis being placed upon early ambulation as a means of preventing contracture, etc. Although time-consuming, this rehabilitation is an extremely important part of the district nurse's visit.

The improvement in the sanitary facilities and hot water supply over the last five years in the households where the nurses are visiting is noted with pleasure. There are, however, many "black spots" where district nurses are expected to undertake sterile dressing procedures in houses where

Patients aged 65 or over		1965	1964	1963	1962	1961
Number of male patients over 65		1017*	1068	1086	1014	1028
Number of female patients over 65		2140†	2117	2133	2016	2035
Total		3157	3185	3219	3030	3063
Number of visits		117563	115207	115859	107315	99352
Patients nursed in bed, as a proportion of patients nursed in bed and ambulant		46.1%	45.8%	65.5%	96.6%	86.9%
Proportion of patients nursed having Bathroom		65.4%	64.5%	62.3%	61.2%	55.6%
Inside WC		48.9%	48.4%	35.3%	45.5%	41.3%
Shared WC		0.44%	0.34%	0.86%	0.53%	0.78%
Hot water supply		64.1%	62.9%	55.8%	63.0%	54.3%
Number having bedsores at time of first visit		157	161	193	188	233
Incontinent patients—urine		356	367	431	388	439
faeces		209	217	431	263	313

\*Males 65-74=505; 75 and over=512

†Females 65-74=872; 75 and over=1268

The ratio of patients aged 65 and over to those below the age of 65 remained constant at about 50:50 and the ratio of visits as between the two groups is approximately 60:40 in each of the 5 years 1961-65.



the cooking stove is shared by three or four families and the traditional sterilisation by boiling of instruments and utensils, the preparation and baking of dressings in the patient's home is impossible. Recently one nurse had to wash up curry-stained breakfast crockery, as they were the only utensils available for her to carry out her sterile nursing procedure. The routine use of pre-packed sterilised dressings by the nurses would not only ensure sterilisation and the elimination of the risk of cross infection, but make much more time available for her to attend to other duties such as health education and the discussion of social problems, these being particularly important when visiting immigrant and elderly members of the population.

#### *Night nursing service*

This Service operates from 7.30 p.m. to 7.0 a.m. The visits paid by these nurses were doubled during 1965, increasing by 3,000. The reasons for such an increase include:

- 1 Increasing terminal care
- 2 Increasing age of population
- 3 The shortage of hospital beds
- 4 The short-stay hospital admission policy adopted by the geriatricians
- 5 The mobility of the younger generation to employment elsewhere, leaving the elderly behind in isolation.

The Night Nursing team consists of State Registered Nurses and State Enrolled Nurses. The cases, by requiring night nursing care, are obviously acutely ill. Relatives are often not available during the night to assist the nurse with her procedures, so the Queen's Nurse and the State Enrolled Nurse work together, ensuring skilled handling and the minimum disturbance of the ill patient. Some cases have two or three visits during the night.

Radio communications continue to prove beneficial to general practitioners and nursing staff. New cases referred by doctors during the night, or anxious relatives requesting a visit, are quickly put in touch with a nurse who is out and about on her rounds.

The staff greatly appreciate the help given so cheerfully by the Ambulance personnel.

#### *Refresher courses*

Three nursing staff attended their routine 5-yearly refresher courses in London, Leeds and Leicester. Others were given an opportunity to attend day conferences related specifically to their work.

#### *Marie Curie Memorial Foundation*

The improvement in the Nursing Service provided by the Local Authority resulting from the introduction of the Night Nursing Service has enabled a reduction to take place in the demands made on the Marie Curie Foundation. Thus, in 1965, 17 patients were helped by 4 nurses over a period of 815 hours and a further 6 patients received material help. In each of these cases the help given was necessary in addition to that provided by the Home Nursing Service.

The total net cost to the Foundation was £206 1s. 4d. Thanks are due to the Foundation for this continuing valuable help and to the City Treasurer's Staff for undertaking the financial work involved in maintaining the Service.

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## Home Help Service

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### *Staff: Home Helps*

Recruitment of home helps in sufficient numbers to meet the demands on the Service continued to be the major problem throughout the year.

The introduction of plus payments for "digging out" cases and work of an unpleasant nature in November 1964 led to an improvement in the morale of existing staff who appreciated the recognition of this aspect of their work, but it did little to aid recruitment generally.

The practice of engaging women only at the commencement of preparation courses, five times each year, was supplemented by engagement as and when suitable applicants presented themselves for employment. Such applicants were given more intensive initial preparation by the Organiser and a longer period of in-service training on the district. This procedure worked well in some instances, but the increasing turn-over in trainee staff points to the value of the normal preparation course.

Towards the end of the year there was a distinct improvement in the number of applicants. Whilst this was very welcome, it introduced a further problem, in that many of them came from housing estates on the perimeter of the City where the demand for the Service was already adequately met. A number of them were reluctant to travel to areas where they were most needed because:

- a* they were financially worse off on account of bus fares, and
- b* they were too far from home to be on hand when their young children came from school.

The first point was met by the Health Committee's agreement to refund bus fares to home helps working out of area, but the difficulty of getting home quickly in the late afternoon remains.

Certain areas of the City present problems which can only be solved or ameliorated by additional transport for

**Total number  
of home helps on pay-roll, 31st December**

	1965	1964	1963
i Full-time	82	85	143
ii Part-time	140	122	80
iii Full-time equivalent of ii	108	104	50
iv Total effective full-time staff	190	189	193
Total number of home helps	222	207	223

**The movement of staff** during the year, compared with 1963 and 1964, was:

	1965	1964	1963
Trainees engaged	82	67	64
Home helps re-engaged	18	9	10
Resignations and retirements	85	80	50

Of the 82 trainees engaged, 41 resigned during the year.

An analysis of the reasons given for leaving the Service reveals:

III-health	30
Domestic	18
Work unsuitable	14
Pregnancy	5
Other work	7
Retired on grounds of age	2
Unreliable in attendance and asked to resign	8
Non-starter	1

A total of 165 applicants were interviewed, 82 were engaged, 4 accepted the post, but did not turn up for duty, and the remaining 79 declined the post or were unsuitable.

organising staff (referred to later in this Report) and greater flexibility in the travelling allowances in time and money to home helps. These areas are mainly the residential areas of Stoneygate, Knighton, Evington, Goodwood Road, Coleman Road and Gwendolen Road. Difficulties arise in these areas because they are not areas of recruitment. Cases are spread over a larger area, off bus routes, thus limiting the number of homes helped by one home help and causing an abnormal period of working time spent on unproductive travel.

Other areas, for different reasons, also present difficulties. The district to the west of the prison and in the Princess Road area, provides an abnormal number of "dirty" cases; Clarendon Park produces a large number of applicants, but no recruits, and for some inexplicable reason, few recruits come from the Northfield Estate, but applicants for help are numerous.

The table opposite sets out the total number of home helps on the pay-roll at 31st December, 1965, compared with 1964 and 1963.

*Staff: Organising*

The Deputy Organiser resigned in January 1965, and Miss M Wright, Assistant Organiser, was appointed to the vacancy.

One post of Assistant Organiser was vacant from 1st January, 1965 to 3rd April, 1965, although advertised three times, because of lack of suitable applicants.

*The work of the Service during 1965*

The table overleaf shows requests for help which were met in the different categories of help required in the home, in accordance with Section 29 of the National Health



Service Act 1946.

In addition to the ten cases of night help included above, 32 householders received night help during the year, but as help was also given during the day, they are included in <sup>1</sup> or <sup>2</sup> a opposite.

New cases and cases completed during the year, are shown in the table below.

The figures show an increase in the number of elderly and chronic sick persons receiving help, but a substantial decrease (84 cases) in maternity help. This follows the trend in domiciliary confinements generally. In addition to the 155 cases attended, 43 bookings for help were accepted, but were not taken up by the applicants.

At no time during the year was there a waiting list of any size, due to the practice of visiting every application for help received within two days of its receipt, and accepted only where help was urgently needed and was available. Less urgent applicants regretfully were refused.

This practice ensures that a realistic programme of work is carried out within staff limitations, and applicants are not left with promises which have little chance of fulfilment.

	1965	1964	1963
<sup>1</sup> Aged 65 or over on first visit in 1965	1855	1838	1759
<sup>2</sup> Under 65			
a Chronic sick and tuberculosis	209	180	145
b Mentally disordered	27	38	33
c Maternity	155	239	219
d Others	193	208	197
e Night help only	10	4	6
Total	2449	2507	2359

Category	Cases brought forward from 1964	New cases 1965	New period of help 1965	Total cases helped 1965	Cases completed 1965	Carried forward to 1966
Aged 65 or over on first visit	1253	478	124	1855	601	1254
Under 65						
Chronic sick and tuberculosis	118	70	21	209	86	123
Mentally disordered	23	2	2	27	8	19
Maternity	6	146	3	155	146	9
Others	53	120	20	193	129	64
Night help only	.	10	.	10	9	1
Totals for 1965	1453	826	170	2449	979	1470
Totals for 1964	1412		1095	2507	1054	1453

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**Week ended 26.2.65**

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467 daily calls =	2802 calls
99 thrice-weekly calls =	297 calls
192 twice-weekly calls =	384 calls
431 weekly calls =	431 calls
<hr/>	
3914 calls	

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**Week ended 27.7.65**

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430 daily calls =	2580 calls
84 thrice-weekly calls =	252 calls
173 twice-weekly calls =	346 calls
478 weekly calls =	478 calls
<hr/>	
3656 calls	

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The total number of visits made by the Organising Staff was 12,433 in 1965, compared with 10,873 in 1964.

The total number of new cases and new periods of help given in 1965 (996) takes no account of visits by Assistant Organisers to applicants who were found not to qualify for help, or whose needs were not acute, and because of the overall work load situation were refused help.

76% of the work of the Service continued to be provided for people over 65 years. The number of visits weekly to this category of householders is shown by an analysis of two typical weeks (opposite).

The growing practice of early release from hospital of elderly patients living alone is placing a growing strain on the Service. Many of these patients live in homes which lack modern conveniences; lavatories are usually outside, no hot water is laid on, cooking facilities are old-fashioned and dangerous, and above all there is a constant fire risk. The length of time the home help is able to spend in the home is limited, and the wellbeing of these patients during the time they are alone is a source of concern both to Organisers and Home Helps.

Two tragedies discovered by Home Helps pinpoint this problem:

- a The Home Help found an old man dead from gas poisoning where the verdict was 'Accidental Death'.
- b The Home Help found an old lady burned to death in the most distressing circumstances.

Modern foolproof appliances for supplying heat for warmth and cooking, which are on the market, are urgently needed for elderly frail people living alone. Lavatory facilities indoors would prevent many an independent, clean living elderly person becoming incontinent. The installation of such equipment is an urgent necessity where the policy is rightly to keep people living in their own homes as long as they can; to the end of their days if possible.

'The Meals on Wheels' Service is of great assistance to the Service, but its virtual standstill towards the end of



1965 considerably handicapped efficient organisation. The time spent by a home help preparing a single meal for one householder could be much more effectively used if the 'Meals on Wheels' Service were extended, particularly in the care of patients released from hospital.

At the present time the School Meals Service provides some 23,000 meals a day for a school population of approximately 44,000, whereas 'Meals on Wheels' provides less than 1,000 meals daily for a population at risk of approximately 25,000 to 30,000 aged 65 and over. The number of home helps to be recruited in the future is unlikely to exceed the present establishment, but it can be accurately forecast that the elderly population will increase substantially within the next five years.

Many will have lost touch with their children because of the increased mobility of the population and, therefore, a programme must be worked out to arrange to feed mounting numbers of these old people who are becoming increasingly isolated and infirm.

Again the Service has been seriously handicapped by inadequate transport. Two vehicles shared by an organising staff of nine, covering the whole area of the City, makes a mockery of efficient organisation and speedy attention to emergencies impossible. One Assistant Organiser 'sharing' a vehicle and operating from New Walk Centre, serves an area covering the Thurnby Lodge, Netherhall, Goodwood and Northfield Estates, as well as the crowded areas of Humberstone and St. Saviours Road. Another, from the same centre, covers the area stretching from London Road, over to Eyres Monsell Estate. A third, from Loughborough Road Centre, covers an area from the river at Belgrave to the New Parks Estate. The time wasted in waiting for buses, the frustration involved in the limits placed on effective work and the lack of adequate supervision of home helps are a high price to pay for the refusal to make proper provision for transport.

One extra vehicle has been promised for 1966, because

of the extension of the City boundaries, and the Deputy Organiser has been granted a car allowance because her work with problem families covers the whole city, but, welcome as this addition is, the provision of a proper emergency service, adequately supervised, will still be impossible without further transport.

#### *Other Activities:*

The extra-service activities and fund raising functions of home helps continued, enabling them to provide gifts and comforts for old people and families in need.

#### *'Problem families':*

The group of home helps working under the guidance and supervision of the Deputy Organiser has maintained its strength of 19 over the year. Efforts are continually being made to increase the numbers working in this important section of the Service by drafting trainees who appear to have the necessary qualities, but only too often the emotional strain, coupled with the hard work under bad conditions, cools their enthusiasm, and they ask to be put back with old people.

These families present a multiplicity of problems; inadequacy of the parents, physical and/or mental ill health, low standards of home management and budgeting, poor diet, arrears of rent and burden of hire-purchase debts, together with other factors, place them at continual risk. The home conditions are often extremely squalid, dirty and smelly, presenting a totally unsatisfactory environment in which to raise children. These are the main broad characteristics; each family presents a unique set of circumstances, which the home help tries to understand so that the greatest value to the family can be extracted from her work.

	Families	No. of children at home
Families helped in 1964 brought forward to 1965	50	274
New families referred to the Service in 1965	30	152
New period of help opened in 1965	11	66
Total number of families in the special category helped in 1965	91	492
Families where help was withdrawn in 1965	39	202
Families carried forward to 1966	52	290

The sources of referral of new families were:	Families	No. of children at home
Children's Department	10	44
Health Visitors	11	55
Prison Welfare Officer	1	7
Employer	1	4
Family Service Unit	1	5
Mental Health	2	10
Deputy Medical Officer of Health	1	8
Education Welfare Department	1	6
Medical Social Worker	1	6
General Practitioner	1	7

and of new periods of help:	Families	No. of children at home
Children's Department	3	17
Health Visitors	4	25
General Practitioner	1	9
Householders	3	15

Help was withdrawn from 39 families during the year for the following reasons:	Families	No. of children
Families who remained stable and maintained reasonable standards over a period	5	30
Families who refused to co-operate	3	12
Families where children were taken into care because of (a) Death of mother	1	8
(b) Father inadequate, mother left home	1	5
(c) Mother and father in prison	1	4
(d) Eviction of family	1	7
Families left Leicester	6	28
Families where responsibility for rehabilitation was with another agency	3	12
Improvement of physical and/or mental health of mother or father	8	33
Mother started to work	2	13
Maternity help only for difficult families	8	50



The home help needs qualities of patience, tolerance and understanding and a capacity for hard work in the face of difficult, frustrating situations.

Many of these families have received help from the Service for a number of years and this has enabled the families to be preserved as units. The statistical position of the work of this group is as shown on previous page.

The total number of families helped in 1964 was 75; the increase to 91 in 1965 represents a substantial rise in the help given to families at risk and reflects favourably on the organisation of the work of this group and its guidance by the Deputy Organiser.

The character of the help given varies in each case. A large element of training is inherent in the home help's work in some families, in an effort to teach the mother home management, budgeting and child care. In times of crisis help to a particular family needs to be increased; when things are reasonably quiet it is reduced to the point where a friendly call may be all that is required.

It will probably be necessary to restore the service to some of these families in the future, because of their instability. The Deputy Organiser visits from time to time, and works closely with other agencies involved with the families.

A general classification of the background against which home helps give supportive help is shown by the table below.

	Referred in 1965	Help continued from 1964
Mental health of mother	8	7
Physical health of mother	5	8
Unstable marital relationship	3	6
Mental instability of father	2	.
Inadequacy of parents	15	24
Behaviour problems in children	1	.
Death or desertion of mother; inadequacy of father	3	3
Desertion of father; inadequacy of mother	4	2

The special scheme for providing help free of charge to certain families continued to play an important part in the work of the Service. These cases are frequently referred to the Service by other agencies caring for families at risk; their needs are investigated and admitted, but their financial circumstances make them liable to pay for help. In the interests of the children the need is usually urgent, but a demand for the completion of an assessment form may lead to a rejection of the services of the home help. Even where an assessment form is completed, the submission of an account would either lead to a refusal of help, the acceptance of inadequate help, or the accumulation of yet another debt. Each case is submitted to the Maternity, Nursing and General Welfare Sub-Committee of the Health Committee for approval.

Twenty-nine families involving 146 children, received help free of charge under the scheme during 1965. There is little doubt that without this help and the flexibility given by the scheme, the majority of these families would have broken up and the children been received into the care of the Children's Department. The expenditure on this scheme may thus save the Corporation up to £1,500 a week!

The table below gives the statistical position of the work done under the scheme in 1965.

Special Scheme	No.	No. of children
Families helped under Special Scheme at 1st January 1965	20	112
Families admitted to Special Scheme during 1965	9	34
Families withdrawn from Special Scheme during 1965	7	37
Families helped under Special Scheme at 31st December 1965	22	109

The seven families withdrawn from the Special Scheme received help as follows:

for 10 years	1 family
for 8 years	1 family
for 7 years	1 family
for 6 years	1 family
for 3 years	1 family
for 1 year and under	2 families



### *Training of staff*

#### *Home Helps*

Five home help preparation courses of six weeks' duration were held, following the pattern of previous years.

The course is arranged as follows:

- One-third of the period is spent in lectures, films, discussion periods etc., given by the Organiser, Deputy Organiser, medical staff, section heads and officers of other services directly concerned with domiciliary care.
- One-third at the Central Institute under the guidance of a tutor in domestic subjects provided by the Education Department, in their Further Education Department. This is a practical course, where the trainees prepare and cook meals, and are trained in the use of domestic equipment and in household management.
- One-third on the district with an experienced home help selected for her ability to train, supervised by the Assistant Organisers.

#### *Assistant organisers*

The Deputy Organiser and two Assistant Organisers continued their training for the Certificate Course in Social Studies organised by the Extra Mural Department of the Leicester University, at Vaughan College.

One Assistant Organiser attended the Annual Weekend School organised by the Institute of Home Help Organisers, at Nottingham University, 23rd to 25th September, 1965. The theme of the school was "The Home Help and the Family".





#### **Health centres**

In accordance with the 10-year plan for the City's health services, a number of discussions have taken place between the Medical Officer of Health, the Leicester Local Medical Committee, and general practitioners in areas due to be redeveloped, with a view to establishing a joint enterprise for the provision of general medical, nursing and allied services for the inhabitants of the rebuilt areas. As a result of these preliminary talks, plans have been drawn up and a start is likely to be made during 1967 in constructing the first purpose-built health centre.

There are hopeful signs that the precedent outlined above will be followed by others similar, and will lead to a closer association of public health staff with the family doctor.

#### **Liaison with other Corporation departments**

Contact with other social workers is generally made by telephone or letter, and personal contact with the individuals concerned is less frequent. To a large degree, the misconceptions and ignorance regarding each other's function and attitude are abolished by personal contact. A successful attempt to overcome this isolationism was made by the staff at the Belgrave Centre, who held a Coffee Morning to which they invited colleagues from other social work departments. It is hoped that the good relationship thus established will greatly benefit the work being undertaken in the area.

#### **Hospital liaison**

The appointment in April, 1965, of Dr. A. S. Alvarez to the newly created post of Area Consultant Geriatrician was welcomed by this Department. As a result of this re-organisation elderly patients began to be admitted to hospital rather earlier in the course of an illness, and, once the special facilities of hospital were no longer required, to be discharged home to the care of their families sooner than had been the case before. For this enlightened policy

to succeed, home nursing, home help, nursing aids, meals on wheels, and other local authority or voluntary services must be available and sufficient to give support for the well-being of patient and family alike. Difficulty in manning the Home Help Service and the existence of a waiting list for meals on wheels—mutually aggravating—have delayed improvement in the care of the sick aged, but ways by which our limited resources can be deployed most efficiently are being explored in collaboration with the Geriatrician.

#### Compulsory removal

Court Orders, under Section 47 of the National Assistance Act, 1948, were sought in respect of three female patients, aged 75, 76 and 80, respectively, for compulsory removal to hospital. This was unfortunately necessary because of the physical and mental state of the patients which made it impossible, despite every effort, to treat and maintain them in their own homes, yet resulted in adamant refusal to enter hospital or a welfare home.

<b>Convalescence</b>		<i>1964 figures in italics</i>	
	Number of applications	223	247
Sent to	<i>a</i> Roecliffe Manor	44	40
	<i>b</i> Hunstanton	80	105
<i>c</i>	Sheringham House and Overstrand Hall	60	38
	<i>d</i> 'Spero' and other homes	9	10
Not sent to convalescent home by Health Committee (Applications refused, refused to pay assessment, illness, other arrangements etc)		31	54

#### Convalescence

During the year recuperative holidays were arranged for 192 convalescent patients who were not in benefit with the Leicester and County Convalescent Homes Society, compared with 194 during the previous year.

In addition, railway fares were paid for an epileptic patient and his son, who were recommended by their doctor to spend a recuperative camping holiday at Mablethorpe, for which purpose they had their own camping equipment.

Two applications for convalescence were refused during the year, there being special circumstances which prevented these two patients from being accepted by any Convalescent Home.

Of the total 192 patients who were sent away for recuperative holidays, 95 were elderly people who had reached retirement age.

Recuperative holidays at "Spero" Homes were arranged for 8 pulmonary tuberculosis patients and in one case where a quiescent pulmonary tuberculosis patient was unable to undertake the long journey to a "Spero" Home, it was possible to obtain a private bedroom at an ordinary Convalescent Home.

Patients were assessed on financial circumstances, the full cost being borne by the Leicester Corporation in the majority of cases, as shown in the following table.

No charge assessment	
Full cost borne by Leicester Corporation	140
Part cost assessment	34
Full cost paid by patient, either by assessment or offer	18

The following tables give further details of the number of patients for whom recuperative holidays were arranged during 1965:

<b>Distribution of patients according to age</b>				
Under 15	15-64	65-74	75-84	85 and over
44	64	58	26	.



<b>Chiropody Service</b>	1965	1964	1963	1962
New cases, domiciliary	243	285	47	208
Treatment	3445	2879	2278	2109
New cases, other	188	195	27	143
Treatment	2898	2332	2251	2578

<b>Domiciliary Laundry Service</b>	1966	1965	1964	1963	1962
Number of cases brought forward	86	99	94	92	66
New cases	.	269	240	249	324
Totals		368	334	341	390

#### **New cases, 1965**

Referred by home nurses	269
by home helps	18
by health visitors	1
by others	2
Total	290

#### **Result**

Died	180
Hospital	81
Service no longer required	48

#### **Of the new cases accepted, the following conditions applied**

Incontinent	270
No hot water supply	142
Living alone	53
Patients in receipt of National Assistance benefit	94
Two bags weekly	106
One bag weekly	188

#### **Chiropody Service**

During the year 28 applications were refused, as the applicant's income in each of these cases was over the approved scale. At the 31st December, 1965, 1,230 cases were receiving treatment.

#### **Laundry Service**

Leicester Old People's Welfare Association, in conjunction with the Rotary Club, provide a laundry service for elderly incontinent patients. The Health Committee also contributes some financial support.

Laundering is done through the good offices of the Welfare Department, at Hillcrest Hospital, while the distribution and collection of linen is done by a group of ladies of the W.V.S. Their devotion to what many would term a distasteful task relieves these patients of much misery, and those who look after them at home of much drudgery. To those who need and receive the benefit of this service must be added an unknown number—which is thought to be substantial—who need these facilities but are unaware of their existence.

We are grateful to those who are associated in maintaining the laundry service.

#### **Medical Equipment loan**

The provision of nursing aids was found to be increasingly inadequate to cater for the urgent demands. It was also considered that the range of equipment available should be extended. The steady advances which have occurred in other aspects of medical care have been followed by improvement in the design and range of nursing equipment for home use and it is essential that the nursing staff should be supplied with the necessary equipment to do the job and provide a service comparable with current practice in other authorities. The need for items such as hoists and ripple beds is now clear, and though expensive must be met.

The British Red Cross Society—to which this local authority has delegated the responsibility of organising and maintaining medical loan supplies—have recently improved the accommodation for the storage and maintenance of equipment for this work, but will require a considerable increase in the financial assistance they are given in order to fulfil the mounting demands made by an ageing population on their stock.

Grateful thanks are extended to Mrs. T. K. Crumbie and her colleagues, who by their cheerfulness and enthusiasm enable a prompt and efficient service to be maintained.





City Ambulance Service	Total calls	
	Patients carried	
	1965	1964
Hospitals etc: Outpatients	80386	80079
Admissions and transfers	9388	9301
Discharges and convalescence	8582	9548
Maternity cases	1870	1829
Mental cases	45	48
Infectious diseases cases	93	57
Accident cases—road	1358	1176
Other	2419	2237
Premature baby cot cases	41	44
Patients dead on arrival	117	86
Other Local Authorities	60	54
Abortive calls	2487	2621
Miscellaneous services for which charges are made—number of journeys	14	23
Transporting gas and air machines for midwifery service—number of journeys	3226	3895
Number of other journeys made by personnel	834	883
Total calls	110920	111881
Mileage	398699	391236
Average miles per patient	3.594	3.497
Number of patients conveyed by train	201	209
Train mileage	18677	23552
Average train mileage per patient	92.9	112.7

#### *Mileage*

The increase in mileage over 1964 was 7,463 miles. This is an increase of .097 miles per patient.

#### *Calls*

Total calls for the year were 110,920. This compares with 111,881 for 1964, showing a slight decrease of 961.

#### *Control Room re-organisation*

On 1st August 1965 the control room was re-organised as follows: 4 station officers, 4 control room assistants and 1 relief control room assistant. The station officer when on duty would be in charge of the 'Radio Control' and would be responsible for the deployment of vehicles and men during his tour of duty. The control room assistant replaces the shift leader and is capable of taking over as radio controller in the absence of his station officer. The relief control room assistant covers sickness and holidays.

All control room staff work a 4 shift cycle covering 24 hours.

#### *Training School*

On 27th September 1965 the new 'Training School' was opened and all personnel with under five years service were enrolled for a 'standard course'. This was followed by a further course attended by all personnel on advanced subjects.

Training was under the direction of the newly appointed Deputy Chief Ambulance Officer.

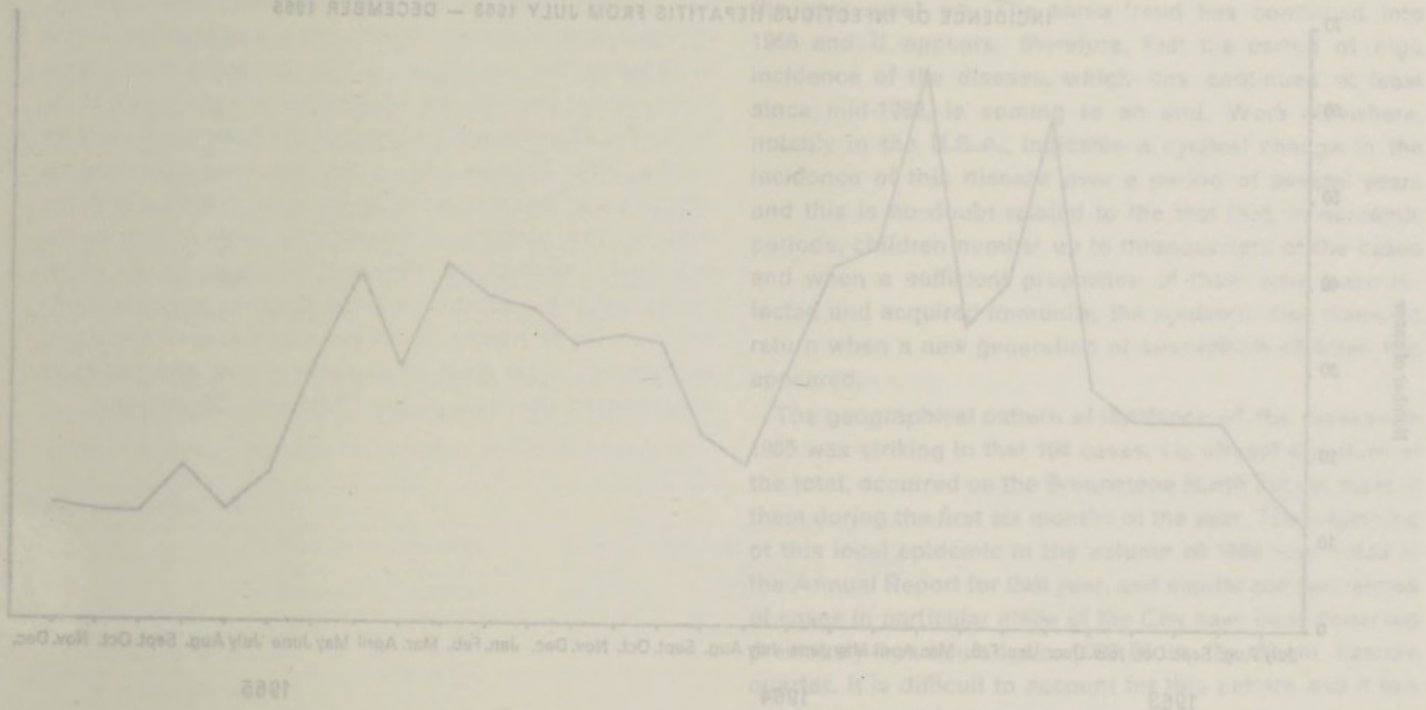


## Re-housing on Medical Grounds

### Re-housing on medical grounds Applications received during 1965

Applications referred by	Total Number	Number recommended by M O H	Number considered by Housing Committee	Number approved by Housing Committee	Medical reasons	Number deferred
General Practitioners	203	30	29	24	1 <i>Respiratory</i>	
Housing Department	24				Bronchitis	35
Patients	51				T B	17
Health Visitors	6				2 C V S	40
Members of Council	5				3 C N S	
Mental Health Department	3				Diseases	6
Social Workers	2				Mental illness	11
	294				4 Wounds	21
					Amputations	
					Arthritis	
					Disabled	
					5 Miscellaneous	76

INCIDENCE OF INFECTIOUS HEPATITIS FROM JULY 1953 - DECEMBER 1955



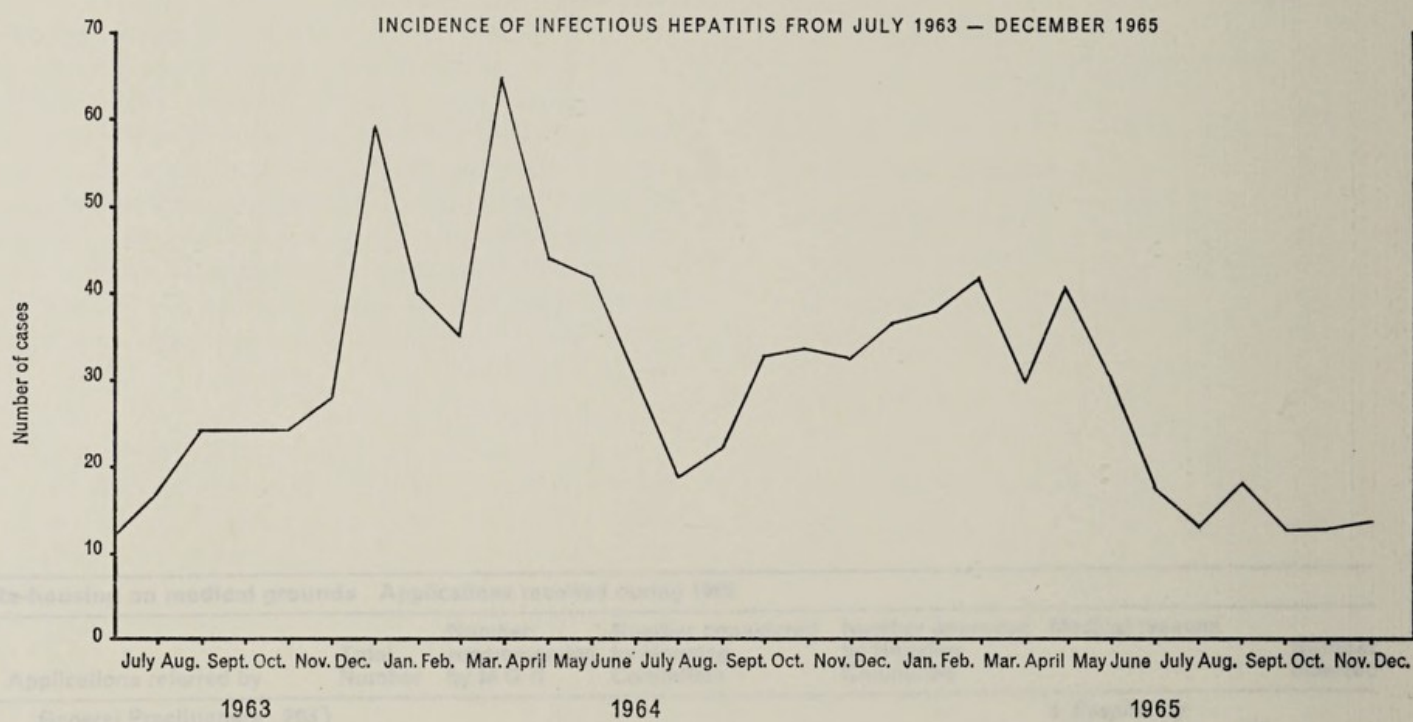
The purpose of this study was to determine the incidence of infectious hepatitis in the City of New York during the period July 1953 to December 1955. The data were obtained from the New York State Department of Health, Bureau of Communicable Diseases, and the New York City Department of Health, Bureau of Communicable Diseases. The data were analyzed by month and by year.

The incidence of infectious hepatitis was highest in the fall of 1953, with a peak in November. This was followed by a decline in the winter and spring months, with a smaller peak in the spring of 1954. The incidence then declined again in the summer and fall of 1954, and remained low through the end of 1955.

The data indicate that the incidence of infectious hepatitis was highest in the fall of 1953, and that the incidence was lowest in the summer and fall of 1954. This pattern is similar to the pattern observed in other studies of infectious hepatitis.

The general epidemiologic picture is that of a seasonal disease, with the highest incidence occurring in the fall. The data also indicate that the incidence of infectious hepatitis was highest in the City of New York, and that the incidence was lowest in the surrounding areas.





### Infectious Hepatitis

The number of cases of Infectious Hepatitis fell to 308 in 1965. The graph opposite shows the monthly incidence from July 1963, when the disease first became notifiable, to December 1965. The predominance during the winter and spring, remarked upon in previous reports is very apparent.

The fall in incidence, as compared with 1964, continued throughout 1965, and became progressively greater as the year went on. The same trend has continued into 1966 and it appears, therefore, that the period of high incidence of the disease, which has continued at least since mid-1962, is coming to an end. Work elsewhere, notably in the U.S.A., indicates a cyclical change in the incidence of this disease over a period of several years and this is no doubt related to the fact that, in epidemic periods, children number up to threequarters of the cases and when a sufficient proportion of them have been infected and acquired immunity, the epidemic dies down, to return when a new generation of susceptible children has appeared.

The geographical pattern of incidence of the disease in 1965 was striking in that 104 cases, i.e. almost one third of the total, occurred on the Braunstone North Estate, most of them during the first six months of the year. The beginning of this local epidemic in the autumn of 1964 was noted in the Annual Report for that year, and similar concentrations of cases in particular areas of the City have been observed previously—particularly in 1963-64 in the North Eastern quarter. It is difficult to account for this pattern and it has not been possible to trace routes of spread from one area of the City to another.

The general epidemiological picture described in the 1964 Annual Report remained unchanged in 1965. The sexes were affected more or less equally, children aged 5-14 forming the majority of cases. There was no evidence to implicate school meals as a vehicle of spread. The majority of cases were mild, with recovery complete in 2-6



weeks. There were, however, two deaths in children aged 9 years and 5 years respectively. The disease, therefore, is one which must be taken seriously and, as was pointed out in the Annual Report for 1964, its control will remain a problem until better laboratory methods of identifying symptomless carriers are developed.

Meanwhile the only control measure available is the use of injections of gamma globulin for susceptible contacts but, as this substance is in extremely short supply, its use, except in special circumstances, cannot be justified. It was used during the year on one or two occasions where there were special reasons for wishing to protect contacts. In particular, 22 residents and staff of the Beeches Reception Centre, Kirby Muxloe, were given injections following the admission of two sisters to the Isolation Hospital with the disease. The absence of subsequent cases in the centre appeared to confirm the efficacy of this measure. As children spend only a short time at the Beeches before transfer either to foster homes or longer stay Children's Homes, an outbreak might have spread very widely and seriously embarrassed the work of the Children's Department.

#### Infectious diseases morbidity & mortality

	Notifications		Deaths	
Measles	2411	2660	1	1
Scarlet fever	66	84	.	.
Whooping cough	178	114	1	.
Diphtheria	.	.	.	.
Meningitis	3	9	.	1
Acute poliomyelitis	.	1	.	.
Encephalitis (infective)	.	.	.	.
Typhoid fever	.	4	.	.
Paratyphoid fever	.	.	.	.

1964 figures in *italics*

### Food poisoning

The table summarises the incidence of food poisoning in the City in 1965. Unfortunately the freedom from large outbreaks noted in 1964 was not repeated in 1965.

During the year two outbreaks, one arising in a factory canteen and the other in a school kitchen, accounted between them for 320 cases out of a total of 333 known to the department. This is the largest number for several years.

Both the large outbreaks had the characteristics of infection by a heat resistant anaerobe and the factory canteen outbreak, in particular, illustrated very well the faults in cooking and food storage techniques which favour the multiplication of this organism to dangerous levels. In this case the vehicle of infection was roast beef, cooked the day before consumption and reheated before serving. This is an inherently dangerous practice and should be avoided wherever possible. If it is unavoidable it is essential:

□ That the meat should be thoroughly cooked and, in particular, that the centre of the joint should reach and remain at a high enough temperature for long enough to

kill any germs. In the outbreak referred to, the joints were of 10 lb. weight, which is too large for adequate penetration of heat to the centre—joints to be cooked in this way should weigh no more than 5 lb.—and were so undercooked that the centre was virtually raw.

□ That cooling should take place rapidly in a well ventilated, contamination free cooling area and cooking should be completed early enough in the day to allow the food to be cooled sufficiently for it to be placed in the refrigerator before the staff leave. The roast beef incriminated in the outbreak under discussion was left overnight in the oven in which it had been cooked. Cooling would thus have been extremely slow and the meat have remained for hours at a temperature favourable to the multiplication of the germs which the inadequate cooking process had failed to kill.

□ That when the food is taken from the refrigerator for reheating, cooking should start immediately and should be as thorough as if the food were raw. The high temperature of cooking should be maintained until the moment of serving. In the outbreak under discussion the meat was merely warmed in a hot cupboard for approximately

### Food poisoning 1965

	General outbreaks		Family outbreaks		Sporadic cases Notified or ascertained	Total No. of outbreaks and sporadic cases (columns 1, 3, 5)	Total No. of cases (columns 2, 4, 5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained			
Causative agent	1	2	3	4	5	6	7
S. typhimurium .	.	.	1	2	1	2	3
Other salmonellae (a) .	.	.	.	.	10	10	10
Cl. welchii .	.	.	.	.	.	.	.
Staph. aureus .	.	.	.	.	.	.	.
Other causes (b) .	.	.	.	.	.	.	.
Cause unknown	2	320 approx	.	.	.	2	320 approx
Total	2	320	1	2	11	14	333



fifteen minutes before the first servings began. This process would clearly favour the further multiplication of disease-causing germs.

The result of all this was that approximately 120 people suffered an unpleasant illness, production at the factory was temporarily dislocated and much time, which could have been put to better purpose, was spent by the staff of the Health Department and the Public Health Laboratory in investigating the outbreak. It is essential that those responsible for catering services of all kinds, whether in works canteens, restaurants, schools, hospitals or elsewhere, should be aware of the principles of sound kitchen practice and that training and supervision of staff should be adequate to ensure that these principles are adhered to.

In the school outbreak, which affected approximately 200 children, the cause appeared to be boiled tongue. Here kitchen methods were in general good and the faults leading to the outbreak were much less obvious than in the previous incident. Once again, however, it appeared that cooling of the tongues after cooking had been unduly slow and that they had been subjected to rather more handling in the subsequent skinning and boning than was desirable. The episode illustrates the meticulous care and attention to detail which is necessary if food poisoning outbreaks are to be prevented.

The remaining sporadic cases and the single small family outbreak were caused by an assortment of salmonella infections. The total number of these cases—13—was substantially less than 1964 (47) and 1963 (30) and this reflects the reduction of cases of infection with *Salmonella* Brandenburg and *Salmonella* Give which caused only 4 cases in 1965 as compared with 32 in 1964 and 20 in 1963. This fall is evidently associated with the cessation of use of the Corporation pig lairages at the cattle market. As was pointed out in the 1964 and 1963 reports these lairages were permanent reservoirs of infection with *Salmonella* Brandenburg and *Salmonella* Give over a considerable period.

Pigs ceased to be kept there in September 1965 and prior to that date the infection was controlled by vigorous cleansing and disinfection.

#### *Dysentery*

446 cases of dysentery were confirmed bacteriologically in 1965. This is a higher number than for some years past. Of the total, 189 were cases notified by General Practitioners and 257 were ascertained by other means. The infection spreads readily and is very difficult to control amongst groups of young children in day nurseries and primary schools, and during the year outbreaks occurred in two day nurseries and four schools, one of which had two separate outbreaks some months apart. In addition, an outbreak occurred in the Countesthorpe Cottage Homes, in the control of which the department worked in close co-operation with the Blaby R.D.C. Health Authorities.

In addition to the confirmed cases of dysentery and food poisoning, 701 other cases of gastro-enteritis were investigated. It is considered likely that the majority of these cases were due to virus infection. Bacteriological investigations were carried out in a number of these cases by the Public Health Laboratory, and in the case of an outbreak at Fosse Road Day Nursery during the summer, these investigations led to the detection of a specific virus infection in 40 out of 51 cases amongst children and staff. Despite stringent precautions the infection continued to spread and it was eventually necessary to close the nursery for seven weeks in order to arrest it.

It cannot be stressed too much that the control of all types of gastro-intestinal disorders is greatly hampered by the inadequate and unsatisfactory state of toilets and washing facilities provided in many private, commercial and Local Authority premises.

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## Tuberculosis

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Report on the Chest Clinic for 1965  
by C M Connolly, MD, MRCP, DPH



The work of the Chest Clinic continued along the same lines as in the previous year. Both tuberculous and non-tuberculous diseases are dealt with at the Clinic, but the main aim is the eradication of tuberculosis in the City. This ideal has not yet been attained and indeed the position with regard to tuberculosis worsened slightly during 1965. Rather more cases of tuberculosis were found in both the white and the Asian sections of the population and it would be foolish to be complacent about the present position. It has to be realised that strenuous and unremitting effort must be maintained against tuberculosis for many years to come.

The influx of immigrants from Asia in recent years has been the main factor in altering the position. They show an increased susceptibility to tuberculosis and a rather high incidence of the disease has been found among them during the year.

#### *New cases*

193 new cases of tuberculosis were registered during the year as compared with 189 in 1964. These figures include cases previously notified elsewhere (transfers in) who came to live in the City during the year. The pulmonary cases increased by 19, the non-pulmonary cases decreased by 15. These new cases are analysed in the tables that follow.

The numbers of new cases in Asians were 39 pulmonary and 13 non-pulmonary, as against 29 pulmonary and 15 non-pulmonary cases in 1964. This is a noteworthy increase in the number of cases in this small section of the population. The pulmonary cases in Asians (39) accounted for 32% of the total of new pulmonary cases in the City and the non-pulmonary cases (13) accounted for 48% of the total of non-pulmonary cases found during the year.

**New cases including 'transfers in' since 1962**

	1965	1964	1963	1962
Pulmonary	165	146	138	170
Non-pulmonary	28	43	30	31
Total	193	189	168	201

**Sources of the cases of tuberculosis registered in 1965**

	Pulmonary	Non-pulmonary	
Transferred in from other areas	34	.	Total 34
Referred by General Practitioners	52	12	64
Referred by hospital doctors	16	15	31
Referred by Mass Radiography Unit	14	.	14
Referred by Service Medical Officer	1	.	1
Discovered on Contact X-ray	21	.	21
Scheme for X-ray of pregnant women	2	.	2
<i>School case-finding schemes</i>			
School entrant scheme	6	.	6
Selected school scheme	11	.	11
Posthumous notifications	4	1	5
Death adjustments	4	.	4
Totals	165	28	193

Sex and age groups of those notified during 1965		0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<b>Pulmonary</b>	males	3	4	3	7	10	8	9	18	10	12	84
	females	2	5	3	5	5	11	5	4	5	2	47
<b>Non-pulmonary</b>	males	.	.	2	1	.	5	1	1	2	1	13
	females	.	1	.	2	2	3	3	1	3	.	15

Sex and age groups of those transferred in from other areas and 'lost sight of' cases returned		0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<b>Pulmonary</b>	males	.	.	.	4	1	12	2	2	4	2	27
	females	.	.	.	.	1	4	.	1	1	.	7
<b>Non-pulmonary</b>		.	.	.	.	.	.	.	.	.	.	.



<b>Contacts</b>	1965	1964	1963	1962
Number of contacts examined	1983	1425	1726	1910
No. of contacts found to have tuberculosis	21	9	15	10

<b>Case-finding scheme</b>	1965	1964	1963	1962
Tuberculin positive school entrants and their contacts	62	78	60	33
Number found to have tuberculosis	6	.	1	2
Tuberculin positive school children from selected schools and their contacts	343	.	.	.
Number found to have tuberculosis	11	.	.	.

<b>Radiological examination of expectant mothers</b>				
	1965	1964	1963	1962
Number of expectant mothers X-rayed	2183	2090	1915	2120
Number found to have tuberculosis	2	3	4	3

<b>B C G vaccination</b>	1965	1964	1963	1962
Number of B C G vaccinations	461	526	595	574

<b>Deaths</b>	
Deaths due to pulmonary tuberculosis	13
Deaths due to non-pulmonary tuberculosis	2

### *Contacts*

The table opposite shows the number of contacts who attended for chest X-ray during the past four years. The number of contacts found to have tuberculosis in 1965 was 21 compared with 9 in 1964.

### *School case-finding scheme*

Investigation of tuberculin positive school entrants and their home contacts is a well established case-finding scheme in Leicester and it again proved its value in 1965 as 6 cases of tuberculosis were discovered. A further case-finding scheme was initiated during the year in co-operation with the Medical Officer of Health and the School Medical Officer. This was in older school children, particularly those of Asian origin, and it was very successful as a further 11 cases of tuberculosis were discovered.

B C G vaccination was offered to all tuberculin negative contacts. 461 vaccinations were performed during the year as against 526 the previous year.

Number of deaths from pulmonary and non-pulmonary tuberculosis in Leicester during the past four years	Phthisis		Other tuberculous diseases		Total tuberculous deaths	
	Deaths	Rate per 100,000 population	Deaths	Rate per 100,000 population	Deaths	Rate per 100,000 population
1965	13	4.8	2	0.8	15	5.6
1964	21	7.8	2	0.7	23	8.6
1963	12	4.4	1	0.3	13	4.7
1962	17	6.0	4	1.0	21	7.0

The above figures include 4 death adjustments, 1 posthumous notification and 1 recovered case of tuberculosis.

Analysis of deaths Pulmonary cases on Chest Clinic register									
Stage when first examined	Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years	Total
TB—ve cases	.	.	.	.	.	.	.	.	.
TB+ve stage 1	.	.	.	.	.	.	.	.	.
TB+ve stage 2	.	.	.	.	1	1	.	2	4
TB+ve stage 3	1	.	.	.	1	1	.	1	4
Total	1	.	.	.	2	2	.	3	8

#### Recovered cases

During the past year the names of 160 patients were removed from the Tuberculosis Register as having recovered. Of these, 144 were pulmonary and 16 non-pulmonary. Of the pulmonary cases 83 had had tubercle bacilli in their sputum.

#### Chronic cases

The number of chronic resistant cases declined from 13 in 1964 to 6 at the end of 1965. This was a welcome improvement as these cases are of considerable public health importance because of the potential danger of spread of infection with their resistant bacilli.

Chronic cases	1965	1964	1963	1962
Number of resistant cases	6	13	22	21



#### *Non-tuberculous chest diseases*

A considerable amount of Clinic time has to be devoted to dealing with other chest diseases besides tuberculosis. Two of these diseases, chronic bronchitis and lung cancer, remain very prevalent and little has been accomplished so far in the prevention of either disease. Heavy cigarette smoking is an important causal factor in both of these diseases, but although there is an increasing awareness among the public of the dangers of cigarette smoking there is little or no evidence so far of a reduction in the number of smokers.

It is all too common to find that the smoking habit is well established by the time children leave school and our anti-smoking campaign methods, which rely largely on frightening propaganda, is anything but an outstanding success in children.

It would appear that the public attitude to the smoking habit will have to change and that smoking will have to become socially unacceptable before we can expect to find much reduction in the number of smokers. Anti-smoking propaganda should be aimed towards this end.

<b>Clinical examinations</b>	Men	Women	Children	Total
First examinations	2048	1267	410	3725
Re-examinations	2799	1505	313	4617
<b>Radiological examinations</b>	1965	1964	1963	1962
	14888	14216	14384	13545
Total attendances	17839			

#### *Clinical examinations*

General Practitioners in Leicester requested an opinion on 4,336 patients; 2,834 were referred for the first time and the remainder were cases who had been before.

1	Number of cases on Clinic Register on 1st January 1965, including observation cases	1968
2	Number of cases transferred in from other areas, also "lost sight of" cases returned	32
3	Number of cases transferred to other areas, cases not desiring further assistance under the scheme, cases "lost sight of" and cases where diagnosis has not been established	63

4	Cases written off during the year as dead (all causes)	39	9	Number of patients to whom free milk was granted by the Local Health Department	102
5	Number of attendances at the Clinic for all purposes	17839	10	Number of patients to whom beds and/or bedding have been loaned by the Local Authority	7
6	Number of chest X-ray films taken during the year	14888			
7	Number of persons receiving BCG vaccine, at the Clinic, during the year	461			
8	Number X-rayed under the scheme for X-ray of pregnant women	2183			

#### Analysis of cases on Chest Clinic register

		Pulmonary			Non-pulmonary			Total			Grand Totals
		Men	Women	Children	Men	Women	Children	Men	Women	Children	
<b>A</b> <i>New cases examined clinically and/or radiologically</i>	Definitely TB	61	31	11	12	12	1	73	43	12	128
	Diagnosis not completed and under observation	.	.	.	.	.	.	201	91	48	340
	Non-tuberculous	.	.	.	.	.	.	1762	2447	377	4586
<b>B</b> <i>New contacts examined during the year</i>	Definitely TB	8	4	9	.	.	.	8	4	9	21
	Diagnosis not completed	.	.	.	.	.	.	2	2	4	8
	Non-tuberculous	.	.	.	.	.	.	592	417	39	1048
<b>C</b> <i>Cases written off Chest Clinic register</i>	Recovered	79	59	6	7	8	1	86	67	7	160
	Non-tuberculous	.	.	.	.	.	.	2612	2949	458	6019
<b>D</b> <i>Number of cases on clinic register on 31st December 1965</i>	Definitely TB	616	321	71	68	83	13	684	404	84	1172
	Diagnosis not completed and under observation	.	.	.	.	.	.	412	193	73	678



#### **Leicester Area Mass Radiography Unit—Report for 1965**

I am indebted to Dr. E. M. Quinn, Medical Director, for the following Report:

'As in previous years, the Unit divided its time between City and County districts.

The groups X-rayed consisted of the general public, organised factory groups, doctors' referrals, students, teachers, tuberculin skin positive school children, contacts and prisoners.

In view of the fact that it was no longer possible to X-ray from the Castle Street premises due to demolition, a new central site had to be found which was easily accessible. The Great Meeting Hall, East Bond Street, Leicester, was rented for the purpose of the main Leicester sessions. In addition, the Unit carried out surveys at Messrs. Rank, Taylor Hobson, A.E.I., New Parks, the British Shoe Corporation, New Parks (other factories in the area were dealt with during these surveys), A.E.I., Melton Road, the Leicester University and H.M. Prison.

It was brought to the Unit's attention that two or three cases of active pulmonary tuberculosis had occurred in an industrial concern in the City, and the Unit made special arrangements to make a survey of all industry in the area. 2,154 people were X-rayed and 4 additional cases of pulmonary tuberculosis requiring close supervision were discovered in those X-rayed by the Unit. This gives a rate of 1.8 per 1,000. This proved to be a highly successful survey.

In view of the heavy demands made on the Unit during 1965, it was not possible to include one of the housing estates.

19,966 people were X-rayed during the year (21,756 in 1964). Up to the time of submitting this report, 14 cases of pulmonary tuberculosis requiring close supervision were discovered—12 males, 2 females (18 cases in 1964). 5 of the active cases were Asians. 6 cases of malignant neoplasm were found, all males (4 cases in 1964). 5 of these

were found in the Public Sessions and one was referred by the patient's doctor. 4 cases of sarcoidosis were found. There are still 21 cases that are under observation awaiting diagnosis. It is not possible, therefore, to give the incidence rate for pulmonary tuberculosis for the year.

541 examinees were referred by general practitioners. This was a considerable increase on 1964. 2 cases of pulmonary tuberculosis were discovered from this group.'

# Leicester City, 1965

Group	Initial X-ray			T.B Close super- vision		T.B Occasional super- vision		Bronchi- ectasis		Cardiac		Pneumo- coniosis		Malignant neoplasm		Sarcoid		Observa- tion		Non- malignant neoplasm	
	m	f	Total	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f
Public sessions	2216	2482	4698	4	.	.	.	2	2	9	5	.	.	5	.	.	1	.	1	.	.
Doctors' patients	306	235	541	1	1	1	.	.	1	4	7	.	.	1	.	.	.	.	.	.	.
Organised groups	7984	4642	12626	5	.	1	.	6	.	8	4	2	.	.	.	2	.	13	6	.	.
Students	859	654	1513	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1	.	.	.
Prisons	246	.	246	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.
Contacts	62	140	202	2	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>Schools</i>																					
Outward Bound	17	10	.																		
Skin positive	42	20	89																		
Ante-natal	.	6	6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Wayfarers	45	.	45	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Total	11777	8189	19966	12	2	2	.	8	3	21	16	2	.	6	.	3	1	15	7	.	.



## Venereal Disease

I am indebted to the Physicians in charge of the Treatment Centre for the following table of cases treated, etc.

### Incidence of venereal disease and allied conditions in 1965

				Teenage groups included in new cases		Total attendances of all patients
New cases during 1965				under 16	16-19 years (incl.)	
<i>Syphilis</i>	Local	<i>m</i>	8	.	.	1553
	Immigrant	<i>m</i>	7	.	.	
	Local	<i>f</i>	9	.	.	806
	Immigrant	<i>f</i>	3	.	.	
	Total	<i>m</i>	15*	.	.	2359
		<i>f</i>	12	.	.	
<i>Gonorrhoea</i>	Local	<i>m</i>	118	.	1	1692
	Immigrant	<i>m</i>	118	.	2	
	Local	<i>f</i>	77	1	18	456
	Immigrant	<i>f</i>	15	.	.	
	Total	<i>m</i>	236	.	3	2148
		<i>f</i>	92	1	18	
Other conditions		<i>m</i>	565	.	.	3212
		<i>f</i>	400	.	.	987
Totals		<i>m</i>	816	.	3	6457
		<i>f</i>	504	1	18	2249
Total			1320	1	21	8706

Notes: Homosexuals included in above figures: Gonorrhoea: 2 (local)

\*The total figure of 15 new cases of syphilis in males includes 3 cases of re-infection

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## Vaccination and Immunisation

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Age	Visit	Procedure	Interval
3 months approx	1	Diphtheria/Tetanus/ Whooping cough and Oral polio	4-6 wks
4 .. ..	2	As above	.. ..
5 .. ..	3	As above	.. ..
15 .. ..	4	Smallpox vaccination	
18 .. ..	5	Diphtheria/Tetanus/ Whooping cough	
5 years approx (school entry)	6	Oral polio and Diphtheria/Tetanus	
10 years approx	7	Diphtheria/Tetanus	
13 .. ..	8	B C G	

In September 1965, a change was made in the immunisation programme in use in Leicester's Clinics and Schools in that the simultaneous administration of oral polio vaccine with diphtheria/whooping cough/tetanus vaccine for primary immunisation and with diphtheria/tetanus vaccine for reinforcement of immunity at school entry was introduced as standard procedure.

This change has had clear advantages in reducing the number of visits necessary to complete the course of immunisation and thus saving the time, both of mothers and of the staff. The programme in use since September 1965 is shown opposite.

In order to deal with the possibility of maternal antibodies interfering with the full development of immunity to polio following vaccination under the age of six months, it is intended when children immunised under this scheme reach the age of eighteen months to add a 4th dose of oral polio vaccine at the same visit as the injection of triple vaccine given at that age.

## Diphtheria immunisation

### (a) Primary immunisation

Table 1		Year of immunisation and numbers immunised				
	Year of birth	1965	1964	1963	1962	1961
	1965	1356				
	1964	1942	1467			
	1963	246	1782	1512		
	1962	130	166	2251	1324	
	1961	67	62	176	1505	1486
Total completed primary courses by 31.12.65						15472

Table 1 shows the cumulative total of children under the age of 5 years who had complete primary courses of immunisation against diphtheria by 31.12.65.

Table 2 *Diphtheria Immunisation Index (Primary Immunisation)*

Year	Under age 5		Under age 15	
	Leics C B	England & Wales	Leics C B	England & Wales
1965	70.4%	69%	61.2%	58%
1964	72.0%	64%	57.1%	57%
1963	61.8%	65%	55.7%	54%
1962	58.1%	67%	46.2%	56%

The figures shown in tables 2 and 3 are supplied by the Ministry of Health and enable comparisons to be drawn between Leicester and the rest of England and Wales.

Table 3

% of children, born in years shown, receiving primary immunisation against diphtheria by 31.12.65

	1964	1963	1962
Leicester County Borough	67%	65.7%	76.4%
England and Wales	71%	68.9%	71.6%

(b) *Reinforcing doses*

(i) at age 18 months

Table 4		Born 1964	Born 1963	Total
<i>No. receiving 4th dose of diphtheria/pertussis/tetanus vaccine in 1965</i>	At GP surgery	115	325	440
	At LA clinic	498	917	1415
	Total	613	1242	1855

Table 5		Year of immunisation			
	1965	1964	1963	Total	% of age group
Number immunised	1242	469	2	1713	34.5%

Table 5 shows the number of children born in 1963 who had received 4th dose of Diphtheria/Tetanus, etc. by age 2 years.

The table indicates that the acceptance rate of the reinforcing dose at this age is not satisfactory and consideration is being given to what action can be taken to improve this.



(ii) at school entry

Table 6

No. of school entrants completing primary course against diphtheria in 1965	346
Number of school entrants receiving booster doses in 1965	2317
Total	2663
Percentage of age group	64.8

(iii) at age 10 years approx

Table 7

Number of junior school children completing primary course against diphtheria in 1965	635
Number of junior school children receiving booster doses in 1965	1709
Total	2344

#### Whooping cough vaccination

Table 8

No. of children receiving whooping cough vaccination in 1965, 0-5 years		
	Completing course of primary vaccination	Receiving booster dose
At Local Authority clinic	2610	1591
At GP surgery	1046	456
Total	3656	2047

Table 9 % of children born in years shown immunised against whooping cough by 31.12.64

	1963	1962
Leicester County Borough	65.0%	73.5%
England and Wales	67.6%	65.0%

## Tetanus immunisation

Table 10

Number of children up to age 16 years receiving tetanus vaccination in 1965

Completing course of primary vaccination	7689
Receiving booster dose	3953

In the great majority of cases tetanus and whooping cough immunisation was given in combination with diphtheria immunisation as laid down in the standard programme of immunisation referred to above. Some general practitioners used a quadruple vaccine for infants which combined diphtheria, whooping cough, tetanus and poliomyelitis vaccine in one injection.

## Smallpox vaccination

Table 11

*No. of persons vaccinated against Smallpox in 1965*

	Under 1 yr	1 yr and under 2 yrs	2-4 yrs	5-14 yrs	Total	By Health Dept. Staff	By GP's	Total
Primary vaccination	28	1429	317	7	1781	1331	450	1781
Re-vaccination	.	37	23	.	60	45	15	60

## Infant vaccination

Table 12

	1	2	3
	Number of children vaccinated during year at recommended age	Live births in same year	% of live births
1965	1457	4963	29.3
1964	1038	5047	20.6
1963	324	4967	6.5
1962	1937	5032	38.5
1961	424	4647	9.1
1960	410	4488	9.2
1959	412	4493	9.2
1958	288	4469	6.4
1957	367	4396	8.3
1956	252	4334	5.8
1955	267	4213	6.3

Column 3 in Table 12 is not, of course, a true indication of the proportion of children born in a particular year who are vaccinated at the recommended age. It does, however, serve as a rough guide to fluctuations in the acceptance of infant vaccination. The relatively high proportion in 1962 was, of course, due to the widespread public alarm caused by the cases of smallpox which occurred in several parts of the country at the end of 1961 and the beginning of 1962. The figure since then has shown some improvement but remains low.



# **Poliomyelitis vaccination**

Table 13 *Number of injections given in 1965*

	0-4 yrs	5-9 yrs	10-15 yrs	By LA Staff	By GP's	Total
Primary dose (i.e. Primary Course completed)	91	.	.	1	90	91
Fourth dose (i.e. Booster dose)	57	19	3	.	79	79

Table 14 *Number of doses of oral vaccine*

	0-4 yrs	5-9 yrs	10-15 yrs	By LA Staff	By GP's	Total
Third Dose (i.e. Primary Course completed)	4072	1398	430	4926	974	5900
Fourth Dose (i.e. Booster Dose)	221	4664	6412	11224	73	11297

Table 15 *% of children born in years shown immunised by 31.12.65*

	1964	1963	1962
Leicester County Borough	57%	53%	59%
England and Wales	65%	60%	65%

At 30th June 1963, 81.2% of Leicester persons born between 1943 and 1961 had received primary immunisation against polio.

There was a very large increase in the number of poliomyelitis vaccinations carried out during 1965. This was because advantage was taken of the publicity given to the epidemic of poliomyelitis in Blackburn during the autumn to organise special campaigns both amongst pre-school and school children. The latter was particularly effective, and while it was not completed by the end of the year, it is anticipated that when it is completed by mid 1966, between 80% and 90% of the school children of Leicester will be fully protected against the disease. This will serve as a valuable insurance against the possibility of an outbreak in Leicester in the future.

**Table 16 Tuberculosis-BCG vaccination Age 13+**

Number of pupils skin tested	2891	
Number of pupils who attended for reading	2789	
Number of pupils found to be negative	2457	88.09%
Number of pupils found to be positive	332	11.90%
Number of pupils found to be positive previously vaccinated	191	6.84%
Number of pupils vaccinated	2408	
Number of pupils found to be negative, not vaccinated owing to eczema or other conditions	49	

Number of new cases of tuberculosis found as a result of Chest Clinic investigation of positive reactors:

a Pupils  
b Family contacts } Nil

#### *BCG vaccination*

BCG vaccination was offered to all children aged 13 years and over. The children receive a skin test in school and those with a negative reaction are subsequently vaccinated at the School Clinic, while those with a strongly positive reaction are referred for chest X-ray.

The table opposite shows the work carried out:

#### **Yellow fever vaccinations**

The following statistics show the number of persons vaccinated against yellow fever since the City Health Department, 1A Grey Friars, was formally designated as an official Centre as from 1st July, 1960.

1st July—31st December, 1960	113
1st January—31st December, 1961	225
1st January—31st December, 1962	383
1st January—31st December, 1963	312
1st January—31st December, 1964	355
1st January—31st December, 1965	495
	—
	1883
	—

Yellow fever vaccinations are now valid for 10 years.





The ground has been set for a planned, long-term policy of promoting health and preventing disease. A large part of the health education has, as always, been done on a personal, one-to-one basis by the Health Department staff, in homes, schools, clinics and places of work. There is increasing evidence that the staff are thinking more and more of health education as a vital part of their daily work.

Teaching in schools, clinics, places of work and to outside organisations, although limited by the time and staff available, has expanded and the potential is great. These have been our aims:

- 1 Education leading to good attitudes, e.g., towards child care, family life, personal responsibility, mental health.
- 2 Education leading to specific action, e.g., vaccination and immunisation, nutrition, safety, the use of the social services.
- 3 Education to win support for community action, e.g., clean food, fluoridation, clean air.
- 4 Education which leads people to know when to consult their doctors.
- 5 Education to weaken the influences that maintain the habits we want to change, e.g., advertising.
- 6 To make advice, information and teaching materials available to all outside the Health Department who are concerned with health education.

#### *Schools*

Health education, the teaching of child care and the work of the social services has continued in Secondary Schools. Fourteen schools are participating and in seven of these the Course runs for the full school year. In the remaining schools courses usually run for a term. Except for one of the 14 schools, all the fourth year pupils are covered. Informa-

tion on smoking, venereal diseases and personal relationships was included where the head teacher wished it to be given.

#### *Antenatal classes*

Six classes for expectant mothers are held each week. 468 women have each attended for these six week courses in mothercraft and the psychological and physical preparation for labour. Midwives are now being trained to teach in these classes with the health visitors. One evening session during each course of classes is held for the benefit of husbands and wives together.

#### *Environmental hygiene*

A minor but by no means unimportant service provided by the Department is that of lecturing to various organisations such as Townswomen's Guilds, Young Wives' Associations, Schools, Rotary Clubs, etc. No less than fifteen such lectures were provided by the Public Analyst during the year. In addition, visits were paid to the Laboratory by Health Visitors, young employees attending the Corporation Induction Course, police cadets, school parties, etc.

The Public Health Inspectors provided speakers for lectures and film displays on a wide variety of subjects including:

Environmental Hygiene

Food Hygiene in the home and in the food trades

Work of the Public Health Inspection Department  
Offices, Shops and Railway Premises Act, 1963

Meat Inspection

Epidemiology

It is estimated that in this way they reached a total of over 1,400 people including:



	Lectures given
Student District Nurses	1
Home Helps	10
Students, Teachers, etc	16
Food Handlers	22
Trade and Professional bodies	7
Hospital Nurses	2
Total	58

#### *In service training*

In addition to the training in methods of teaching and learning, and in the psychoprophylactic approach to pregnancy and labour, information by means of lectures and films has been given to staff on family planning, depression, cervical cytology, early detection of breast cancer, the observation and normal development of children, the care of the aged and handicapped, the rehabilitation of patients after stroke.

#### *Teaching aids*

The projection material with films and slides has been constantly in use, not only by our own staff but by others in the field of health education. In the hope of a better return for the money spent, posters are now used according to the accepted rules of display and impact, and leaflets are chosen critically and distributed, not haphazardly, but at times and places that ensure the right readership. Full advantage has been taken of the excellent free publicity material from the Ministry of Health and other sources.

#### *Miscellaneous health education*

Staff have participated in the training programmes of student district nurses and health visitors, student nurses in hospital, student teachers, youth leaders and home helps. All requests from outside organisations have been met and steps are being taken to create a bigger demand.

<b>Mothercraft and Relaxation Classes</b>		Details of the classes held				
	New Walk Monday am from 14.12.64 to 17.1.66	New Walk Monday pm from 14.12.64 to 17.1.66	New Walk Friday pm from 18.12.64 to 28.1.66	Valence Road pm from 16.12.64 to 4.1.66	New Parks Wednesday pm from 20.1.65 to 15.12.65	Belgrave Hall Wednesday am from 2.6.65 to 22.12.65
Number of classes held	54	54	60	53	48	30
Number of sessions held	9	9	10	9	8	5
Number of patients attending	88	100	105	64	44	35
Number of attendances	402	459	445	262	186	146
Average attendance	4.6	4.5	4.24	4.6	4.2	4.2

#### *Food hygiene (Public Health Inspectorate)*

The series of talks for food handlers started towards the end of 1964 and was continued. The object was to try to get over to the individual food handler why hygiene methods of food handling are necessary and to emphasise his personal responsibility, both legal and moral. The talks were given to large and small groups and included supervisors, tradesmen, students and apprentices. Quite a number of firms provided facilities for the talks to be given at places of work. (See page 94).

Included in the talks were the kitchen staff at Hillcrest and at one of the largest hospitals in the City. Talks on food hygiene and environmental sanitation were given also to student nurses at the hospital.

Whilst some encouragement may be found in the response to our efforts in this field, there is no doubt that the numbers involved represented only a very small proportion of the City's food handlers.

A display of 'Clean Food' posters was held at the Town Hall during May, but whilst a fair number of posters were taken away (free of charge) by some of those attending, a much greater response had been anticipated.

It takes a 'Zermatt' or an 'Aberdeen' incident to stir people into action. Now that so much advertising and propaganda is done in a 'big way', the greatest impact is to be made through television and one would like to see an intensification of the Ministry of Health's earlier contributions on food hygiene that appeared on the television screen.

#### *Health education : Home Help Service*

The Organiser and Deputy Organiser addressed a number of women's organisations in the City on the work of the Service. The Organiser discussed community care of the elderly with groups of teenage students in two city schools.

Students at the College of Education, Scraytoft, and the College of Domestic Science, Knighton Fields, were addressed by the Organiser on the work of the Service with families, and third year students from both Colleges worked as trainee home helps to give them a little knowledge of the home environment of children they may ultimately teach.



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## Public Health and Food Inspection Department

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Report for the year 1965

G A Hiller, *FRSH, FAPHI*, Chief Public Health Inspector

The report for 1965 is somewhat different in style from that of previous years.

An effort has been made to produce a more interesting narrative followed by statistics presented in tabular form. It is hoped that in consequence the Report will be more readable and of greater interest.

Environmental health is not the most 'fashionable' of subjects these days compared with the personal health services, care of the elderly, education, traffic problems and urban redevelopment, but it should be remembered that it was on the basis of a sound environment that our local government set-up was first founded and without which much of what it is possible to do today to improve our way of living could not be done. Clean air, good housing, and wholesome food are indispensable and we must do all we can to provide them.

It must be emphasised that there is a need for more intensified inspection of food preparation premises, for a bold and vigorous effort to apply the powers contained in the Housing Act 1964, for the improvement of houses and a return to house-to-house inspection under the repair and maintenance sections of the Housing Act 1957.

At the end of the year there were five vacancies for additional public health inspectors.

In September, 1965, the Chief Public Health Inspector presented a paper entitled "Public Health and Redevelopment" to the Annual Conference of Public Health Inspectors at Blackpool which was attended by over 2,000 delegates.

I should like to thank Dr Moss for his continued encouragement and all my staff for their support and understanding in these difficult times when increased responsibility owing to new legislation coupled with staff shortage puts the Department under continual pressure.



## Living conditions

### *Houses in disrepair*

Despite the fact that since 1953 nearly eight thousand houses have been declared as unfit for habitation and have been dealt with in clearance areas, complaints of defective and insanitary conditions continue to be received in large numbers (see pages 115, 116, 117 and 118). Thus the hopes held by many of us that a vigorous and progressive slum clearance scheme would ultimately release staff for other pressing duties put on the Authority by statute have not yet been realised.

One of the trends which will help to stem the tide of progressive deterioration of houses is the increasing number becoming owner-occupied; whilst some would-be house owners do not appreciate fully what is entailed by way of maintenance in owning one's house, there is no doubt that the majority of owner-occupiers take a pride in their property and not only maintain it but do all they can to improve it.

With all the more attractive opportunities for investments it is not surprising that there is now virtually no continuing investment in housing accommodation for letting so that when tenanted houses become vacant they are generally sold promptly for owner-occupation.

### *Compulsory improvement of houses*

In April 1965 the first Improvement Area was declared under the Housing Act, 1964. As recommended by the Ministry of Housing and Local Government this was a pilot scheme covering 309 houses of which 97 were found to be let to tenants and to fall short in one or more respects of the full standard of improvements defined in the Act which is:

- 1 A fixed bath or shower in a bathroom
- 2 A wash-hand basin

- 3 A hot and cold water supply at a bath or shower
- 4 A hot and cold water supply at a wash-basin
- 5 A hot and cold water supply at a sink
- 6 A water closet if possible inside the dwelling
- 7 Satisfactory facilities for storing food

Conversations are taking place with the City Planning Officer so that in considering future areas for compulsory improvement full regard shall be had to the pressing needs of urban renewal. If the most is to be made of the improvement of houses with an anticipated life of 15-20 years it is obvious that internal improvement in itself is not sufficient and the general improvement of the neighbourhood and a lifting of the environmental standard are essential.

When the survey work is being done in a declared improvement area every owner-occupier of a sub-standard house is pressed to consider providing himself with the amenities which the house is lacking and some success has been achieved in this direction. There is no compulsion on owner-occupiers (see page 119).

### *Rent Act*

Very few demands are made on the Department for Certificates of Disrepair and this seems to indicate that tenants are content to accept housing conditions appropriate to a low rent by present day standards or that they do a lot of repairs themselves in consideration of the fact that the law limits the rent which they can be charged (see page 119).

### *Unfit houses—clearance areas*

During the year twelve clearance areas were declared involving 954 houses and 58 other buildings. Unfortunately building difficulties over the past three years may necessitate a slight slowing down in the programme but it is hoped that this will only be for a limited period (see



**Houses in multiple-occupation Prosecutions under Housing Act, 1961**

	Default or offence	£	s	d
	Contravention of Regulations 4, 6, 7, 9, 12 and 14	40	0	0
Contravention of Section 15	<i>Fined £25</i>	40	0	0
Contravention of Section 16	<i>Fined £15</i>	40	0	0
Contravention of Sections 15 and 16	<i>Fined £25 on each charge</i>	50	0	0
Contravention of Sections 15 and 16	<i>Fined £20 on each charge</i>	40	0	0
<p><i>Note</i> Regulations cover general lack of management  Section 15 Absence of amenities, e.g. water supply, sinks etc.  Section 16 Insufficient means of escape in case of fire</p>				

pages 117 and 118).

*Multiple occupation of houses*

The survey conducted during 1964 showed that in Leicester there are some 1200 houses let in multiple occupation; unfortunately staff shortages have prevented this problem being dealt with on a house-to-house, street by street basis and only the houses known to be in the worst condition are receiving attention.

Stern action by the City Magistrates in cases brought before them has helped considerably in effecting improvements in quite a lot of these houses.

The vigorous policy of using every means to prevent family houses being occupied in this way when it is found that they are up for sale has certainly slowed down the spread of this practice beyond certain fairly well defined areas. At the same time there are indications of increasing occupation within these areas which only a more methodical inspection routine will bring under control.

Many of the houses provide little more than shelter for their occupants and there is little or no concern for environmental conditions; consequently, dirty yards and accumulations of household refuse are quite common. It is to be hoped that the younger members of these families will grow up with a desire for living conditions enjoyed by the average family born and bred in this country.

In order to keep things in proper perspective it should be stated that whilst this comment refers largely to the immigrant population, many of these people have good, attractive homes and some of our more difficult cases occur in people who have never lived outside these Islands nor probably this City.

*Housing—generally*

To sum up, housing in all its aspects still presents the biggest challenge to the public health inspector. A good house and a good home are still the basis of a happy

**New house building in Leicester**

	1965	1964	1963	1962	1961	Total
by Housing Committee	249	322	262	434	587	1854
by private builders	337	207	267	242	283	1336
Totals	586	529	529	676	870	3190

Since 1946 the Council has built 16,337 houses and flats.



society.

Far too many houses fall short of a reasonable standard of fitness and maintenance or lack amenities such as a bath, hot water supply and internal watercloset.

#### *Common lodging house*

There is only one common lodging house in Leicester which provides 88 beds for men. Some of the users have lived there continuously for many years.

There is also some accommodation for both sexes at Hillcrest.

#### *Property enquiries*

7,365 enquiries were answered relating to the expectation of life and outstanding repair notices on dwelling-houses which were changing ownership, offered to the Council for advance purchase or subject of applications for improvement grants.

#### **Drainage, sanitation and water supply**

During the year, further progress was made in the demolition of houses lacking a separate water supply or separate water closet, viz.,

28 houses without internal water supply  
183 houses sharing water closets.

The number of known cesspools in the City is 23, and pail closets 38.

In 42 cases renewal of sanitary appliances or drainage works were carried out in default of owners. The cost of these works was £272 14s 9d.

#### *City drinking water*

Regular samples for bacteriological examination were taken from various supply points in the City during the year. These included dwelling-houses, schools, day nurseries, food preparation premises, offices and drinking fountains in the parks.

Number of samples 167

Results were generally satisfactory, a few samples gave higher colony counts than is usual for City supply water. On re-sampling, satisfactory results were obtained.

#### *Swimming pools*

All the Corporation indoor baths and private outdoor pools were inspected regularly during the year and samples of the water taken for bacteriological examination.

Number of samples taken:

Corporation baths 37

Private pools 31

Three samples from two private pools were unsatisfactory bacteriologically, but after advice from this Department and immediate action by the management, satisfactory results were obtained.

#### **Corporation properties**

During the year inspections of Corporation properties continued with special attention to food hygiene and general sanitation with a view to maintaining in these premises the same standards as those enforced by the Health Committee in the exercise of their statutory functions throughout the City.

Children's Department 11 premises (including Countesthorpe Cottage Homes and Desford Boys' School)

Welfare Services Department 7 premises (including Hillcrest)

Entertainments Department 9 premises

The very willing co-operation of the Heads of these Departments was greatly appreciated and found to be most helpful.

Quite a lot of improvements have followed but, inevitably, in some instances there are major difficulties to overcome. For example, the Education Department has the difficulty



of having to keep in use some schools which would have been closed by now had the building programme and the school population not made this impossible.

Similarly the Children's Department and the Welfare Department are forced to keep in use the Countesthorpe Cottage Homes and Hillcrest (old people's section) knowing full well that they do not measure up to present day standards.

#### Caravans—*itinerants*

The nomadic population of this Country still presents a serious social and environmental problem. It is useless to say that these people should live in houses like other people. They have never done so and at present have no intention of doing so. After all, many families live on well organised approved caravan sites and are no nuisance to anyone. The *itinerants* have not yet learned to show consideration for others and no doubt it is this which has caused the City Council on two occasions to reject the Health Committee's recommendation that a site be provided for *itinerant* caravan dwellers.

Just before Christmas 1964 a temporary site was provided on Lodge Farm in order to give a brief respite to all concerned from the frustrations arising from continual movement from site to site. The continual harrying of caravans is a most expensive operation and wasteful of many officers' time; the cost in any one year runs into thousands of pounds.

Unfortunately the temporary site fell far short of what was essential for making a good start in disciplining the caravanners and getting them to begin to conform to more generally accepted standards of behaviour.

Water was taken to the site daily and pail closets were erected. Medical attention was provided for the children. After some months the site had to be cleared but despite the many problems and difficulties which arose, it was felt by the officers that something had been achieved at any

Caravans— <b>Prosecutions</b>		Fines		
Site		£	s	d
Spurgeon Road allotments				
Reason	Contravention of Leicester Corporation Act, 1956, Section 121, sub-section 2a)1) keeping movable dwellings on land without owners' permission	5	0	0



rate until the campers realised that they were about to be moved on yet again.

A special word of appreciation is due to officers in the City Estates Department and particularly to Mr J Wood, the Deputy Estates Officer at that time, for the very great interest they took in this site.

Several local authorities have now provided permanent sites and there is no doubt that this course is the only one which will solve the problem of getting future generations of the nomads to conform to a more normal way of life and to accept the social standards expected of them.

If the children can be settled and got to school at an early age an improvement will be in sight and it is to be hoped that enlightened public opinion guided by the Ministry of Housing and Local Government will inspire many more authorities to make provision for these people. A national survey made by local authorities at the request of the Ministry in 1965 showed that there were 13,762 itinerant caravan dwellers in the Country in 3,043 families. In Leicester and Leicestershire there were 69 families of 344 persons; 31 families of 143 persons were in the City at the time the count was taken.

Legal proceedings in the Court can only be of limited application; the difficulties met with in preparing evidence and accurate identification of individuals are very considerable. For these reasons eight offences could not be proceeded against.

#### *Showmen's Guild site*

This site is used as winter quarters by about 35 members of the Showmen's Guild and again was well conducted and gave no cause for complaint.

#### **Offices, shops and railway premises Act 1963**

##### *Working conditions*

Quite a lot of comment has been made nationally on the apparently disappointing amount of work which was done by enforcement authorities under the Offices, Shops &

Railway Premises Act, 1963 during its first year; in fact, the material period covered only about five calendar months so that it was quite wrong to expect too much in that time. However, the year 1965 presents a different picture and in Leicester the inspection figures were 3,069 compared with 1,440 in 1964 (see page 120).

Two thousand three hundred and forty-nine contraventions were found, all of which were notified in writing to the persons responsible for their correction (see page 121).

Work was concentrated on offices and shops selling articles other than food as, over the years, food shops have been subject to attention under the Food Hygiene Regulations.

The improvement of washing facilities in 429 premises by the provision of wash-hand basins and/or hot and cold running water was possibly the largest contribution to employee welfare.

One of the problems of ventilation was in regard to the modern enclosed glass fronted shop. Improvements, where necessary, were achieved by the provision of through ventilation where this did not already exist.

Ten complaints were received during the year from employees, all relating to inadequate heating in shops. In five cases additional means of heating was required and, in the remainder no action could be justified.

#### *Notification of accidents*

The Act requires that any fatality and accidents preventing any person from doing his usual work for more than three days, shall be notified to the local authority; investigation follows where it is thought necessary.

During 1965, eighty-five accidents were reported and the following cases justify reporting here in some detail. The attention of the Ministry of Labour, through the Factory Inspectorate, has been drawn to each incident:



#### *Fatality in lift shaft*

On 10th March 1965 a lift inspector, employed by an Insurance Company, was trapped between the wall of a lift shaft and the lift itself and was killed.

The man was trapped at, approximately, top floor level and as far as is known he was standing on the top of the cage near the emergency switch when he last shouted to the control man to stop.

Investigations suggested that this method of control allows the cage to travel about three feet after the operator shouts; the control man being in the motor room at the top of the lift shaft.

The emergency switch was exposed in the presence of the Deputy Chief Public Health Inspector and found still to be in the "on" position. The lift inspector would have had to stoop down to use the emergency switch and the opinion was formed that some sort of "dead man's hand" type of switch, controllable by the person carrying out the inspection, would be more suitable than the present old established system.

#### *Accidents involving automatic overhead conveyor systems*

The 'Rapistan' system consists of a complex of belt and roller conveyors suspended 15 feet above ground and operated by remote control. It is used to convey cardboard containers in and out of a very large warehouse.

A number of operators watch the conveyors from gangways alongside and, in some instances, between "banks" of conveyors to ensure that hold-ups disrupt the complicated loading schedules as little as possible.

Two accidents reported have revealed dangerous practices by the operatives. In one instance, the operative stepped on to the conveyor system and walked over two 'live' conveyors to clear a hold-up on a third conveyor. There are no hand or foot holds, consequently he fell between two conveyors on to a supporting girder and, fortunately, sustained only minor injuries to his legs; but

for the presence of the girder the accident might have been much more serious.

Investigations have shown that it is common practice for operatives to go on to the banks, despite instructions not to do so, but such is the strict timing of loading and unloading schedules that operatives find it quicker and more convenient to adopt this dangerous practice rather than walk a considerable distance to reach the controls.

Numerous suggestions have been made to the Company, including re-siting of control panels to more accessible positions together with the provision of safety rails alongside and netting beneath the conveyors. The firm have undertaken to adopt these suggestions but it will take some months to complete the necessary work. Incidentally, another accident has since occurred.

The second accident occurred when one of the operators put his hand between the rollers of a conveyor in order to recover a coin which he had dropped.

Incidents of the type first mentioned are not adequately covered by the Act as the machinery is not inherently dangerous and, in any case, to fence the whole of the conveyor system would be impracticable. The attitude in this Department is to accept the fact that it is impracticable to prevent operatives going on to the conveyors and to endeavour to make it as safe as possible for them when they do so.

Incidentally, it is interesting to note that these premises do not constitute a factory within the meaning of the Factories Act, but in fact, contain more machinery than many premises which are so classified.

#### *Lighting*

No doubt with a view to formulating statutory standards of lighting by regulations as provided for in the Act, a special Report was called for by the Ministry of Labour and is reprinted below. It covers typical instances of various types of premises and work.

#### *General impression of standards of lighting*

It was found that a significant proportion of new office accommodation inspected was of the 'sun-trap' design, where the standards of natural lighting were sufficient in quantity, although this form of design must inevitably give rise to occasional complaints of glare. In older offices, the standard of natural lighting was not so high, but, artificial lighting provided in offices generally was of a higher standard than might have been expected. The widespread use of fluorescent tube lighting frequently produced levels of illumination of 20 lumens per square foot on the common working surfaces, eg desks. This level was rarely evenly distributed throughout working areas; filing cabinets and other equipment situated near to wall surfaces for example, being generally illuminated to a much lower standard.

Staircases and corridors provided the most frequent examples of serious shortcomings in lighting standards with several instances of staircases lit by small tungsten filament lamps providing localised pools of inadequate light.

In shops, particularly the larger departmental stores, a greater reliance was found to be placed on artificial lighting for daytime illumination and the levels of illumination were generally satisfactory. The less satisfactory shops were normally small premises, often built amongst domestic

**Tabulated light readings** at working positions in sixty-one premises surveyed

	Illumination in lumens per sq ft				
	0-4	5-9	10-14	15-24	25+
Number of <i>premises</i> where lighting measured at the working plane, fell into the above categories at some working position in the premises	14	17	20	29	55
Number of <i>separate offices</i> within these premises where this lighting fell into the above categories	18	19	21	34	67
Number of <i>working positions</i> in the offices in these premises where this lighting fell into the above categories	19	19	22	36	71



property. In these instances, the illumination of store rooms and their access stairs frequently left much to be desired.

#### *Examples of unsatisfactory lighting*

It was frequently noted that the near vertical paper faces in typewriters, accounting machines, etc., received only a small proportion of the illumination which was falling upon the horizontal plane. In many cases, short of providing satisfactory overall lighting in the offices concerned, considerable improvement would have resulted from re-positioning of desks in relation to the light sources.

In other instances, it was found that artificial light sources were placed in positions which led to reflected glare from office machinery. In several cases, this difficulty led to employees not using the artificial lighting provided.

#### *Recommendations concerning standards of lighting*

In general, recommendations have not been made concerning standards of lighting. The attention of the occupiers has been directed to the Illumination Engineering Society's recommendations wherever it has been obvious that existing standards of lighting have been seriously unsatisfactory.

#### *Comparison of lighting standards in working areas and selling areas*

Serious discrepancies were only noted in a few shop and wholesale premises where certain store rooms were very inadequately lighted. These rooms, however, were almost invariably used for the long term storage of bulky goods where critical visual work was not involved. Commonly, the illumination in working areas ranged from 15 to 30 lumens per square foot and in selling areas from 15 to 45 lumens per square foot, although in a few instances illuminations were found to be well above the higher figure stated in each range.

#### **Sanitary accommodation in factories**

It is a somewhat strange division of responsibility under the Factories Acts that the Factory Inspectorate deal with the whole of the Acts except the provisions relating to sanitary accommodation which remain the responsibility of local authorities. This is a relic of the days when factories were either "power" or "non-power" factories; the latter were the concern of the local councils and, of course, there are practically none in existence today.

In order not to waste man-power, inspections of sanitary accommodation are only made on complaint from workers or notification from the Factory Inspectorate (see page 122).

### *Outworkers*

Occupiers of factories employing outworkers have to send to the local authority, twice yearly, lists of outworkers employed by them. Originally, this was aimed at preventing the making of wearing apparel, etc. in dirty houses. Very little is found wrong in this respect nowadays. During 1965, outwork by 976 persons was notified (see page 123).

### **Clean Air**

#### *Industrial pollution*

During the year regular observations were carried out on the chimneys serving boiler plant and industrial processes in this City.

In the majority of cases smoke emitted did not exceed the limits specified in the Dark Smoke (Permitted Periods) Regulations 1958. Where the limits were exceeded the statutory notification required by the Clean Air Act 1956 was served within forty-eight hours of the offence following an immediate investigation of the circumstances leading to the excessive emission of smoke.

In all cases the desired result was achieved and in only one instance was it necessary to resort to legal proceedings. The firm concerned had already been fined £75 in respect of offences during 1964 so that it is a matter for regret that further proceedings had to be taken before an improvement was brought about. Six complaints laid by the Council resulted in a fine of £120 being imposed.

After this the National Industrial Fuel Efficiency Service was called in, £1,200 was spent on the installation, a stationary locomotive boiler used for burning wood waste to produce heat and power. The plant now shows a very great improvement.

Seven boilers mechanically fired by coal came under a Smoke Control Order and all were equipped to enable them to be worked virtually smokelessly during all firing periods.

#### *New furnace installations*

The trend continues in favour of oil as an industrial heating medium and out of 63 new installations 45 were oil fired.

Twenty-seven notifications were given under the Clean Air Act and prior approval was granted to 11 applicants.

#### *Chimney heights*

The Ministry of Housing and Local Government Memo-



random on Chimney Heights forms the basis of policy on the heights of new chimneys and is calculated to carry the products of combustion to such a height that they will be dispersed in the atmosphere without causing nuisance or being prejudicial to health. This is not always appreciated by those concerned more with the aesthetic aspects of architecture and building development.

#### *Grit, dust and fume*

Informal action following complaints of this nature has brought about a reduction in the emissions. In one foundry a wet-type grit arrestor has been installed on a cupola and a greatly improved type of dust extractor and collecting plant in another.

Fume nuisance from cupolas (furnaces for melting iron) still remains something of a problem and all that can be done is to reduce the fume to the minimum consistent with present knowledge.

The British Cast-Iron Research Association has given valuable assistance in one foundry in Leicester resulting in improved combustion conditions and a marked reduction in fume.

Sixteen complaints of nuisance from grit, dust or fume dealt with necessitated 73 visits.

#### *Domestic smoke*

Two more smoke control orders came into operation on 1st December, 1965, covering 5,700 houses making a total of 19,653 houses and 2,398 other premises in fifteen orders (see page 124).

The wide variety of choice of attractive heating appliances now available under the new grant system has resulted in householders taking a very keen interest in smoke control. Many enquiries are received from persons not yet affected by the smoke control area programme who are anxious to modernise their homes and to take advantage of any financial assistance available. The Clean Air programme

is certainly doing a lot to help people to have more efficient appliances, warmer homes and less inconvenience.

It is the Health Committee's policy to give all possible help financially to necessitous persons and in approved cases a contribution equal to 100% of the cost of adaptation of fireplaces is made. 54 householders were assisted to this extent. The basic statutory allowance is 70%.

Increasing supplies of solid smokeless fuels are now being produced by the National Coal Board and other carbonisation firms so that those wishing to keep the traditional open fire can do so although it should be pointed out that this is still a relatively inefficient and costly form of heating, however attractive.

Gas continues to prove most popular and in the No. 15 Smoke Control Area more than 2,000 gas fires were fitted. The supply situation of all fuels continues to be very satisfactory in Leicester.

## Noise

An increased number of complaints of excessive noise were dealt with this year. It is not always easy to satisfy complainants because often it is found that what bothers one person is no bother to another. Further, one has to try to determine what would be the effect of the noise on the average man or woman. Hours of occurrence also have a marked bearing on the problem.

One class of business which is presenting this Department with problems is the coin-operated launderette. Premises which were previously shops with living accommodation are being converted to this use. This entails the gutting of the ground floor and the installation of a lot of machinery including washers, dryers, automatic boilers, water pumps and compressors all of which produce noise to a greater or lesser extent. All this causes nuisance to persons living in adjoining houses.

In one case investigated it was found that each of those parts of the installation in itself gave rise to sufficient noise to cause annoyance, i.e. the boiler, water pumps and dryers.

Eventually the noise level was got down to a bearable level but only after many months of effort and a great number of visits by a public health inspector particularly in the evening.

In another case a small factory adjoining a dwelling house had been used for brush making and came into use for injection moulding which is a very noisy process. A statutory notice was served on the firm to abate the noise nuisance but they resolved the situation by purchasing the adjoining house from the aggrieved owner-occupier.

In both these cases the point is made that 'change of user' did not occur within the scope of planning control.



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**Food Hygiene (General) Regulations 1960**

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**Premises covered by the Regulations**

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Grocers and general dealers	1236
Public houses and clubs	310
Butchers' shops and meat product factories	360
Fruiterers and greengrocers	206
Fishmongers and fried fish shops	126
Bakeries	24
Confectioneries and bakers' shops	362
Hotels, restaurants and cafes	239
Factory canteens	191
Other premises	23

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3077

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**Food***Hygiene of food handling*

In all cases inspected, Regulation 16 (wash-hand basins) and Regulation 19 (facilities for washing food and equipments) have been satisfied, if not at the time of inspection then subsequently following written intimation to the occupier of the premises.

Unfortunately staff shortages amongst additional inspectors have made it impossible to implement the Medical Officer of Health's wishes regarding the frequency of inspection of those premises where meals and food snacks are prepared and sold. Details of these recommendations are to be found on the Organisation and Methods review dated 12th September 1961.

In many ways conditions in food handling premises have deteriorated rather than improved over the past few years.

Full employment has hit this class of trade very badly and quite often traders are faced with employing practically anyone who applies for work. The only alternative is no staff at all. Further there has been an increased number of small self-employed persons taking up the catering business with no previous knowledge of the trade let alone any training or experience in food hygiene.

In each case the only answer is increased inspection. Often employees are more inclined to listen to an inspector rather than their employer and try to follow his instructions, thus improving the general condition of food kitchens etc., and even more important, adopting approved handling methods.

The second class of food trader needs to be dealt with firmly and shown that the law requires food hygiene to be treated as a very serious matter. An apparently trivial offence can render employers, and where they have personal responsibility, employees liable to a fine of one hundred pounds under the Food Hygiene (General) Regulations 1960.

Notices of contraventions of the Regulations were sent

to the person responsible in respect of 127 premises. There were 33 inspections of food vending vehicles and the wholesale and retail markets received many visits (see page 125).

#### *Consumer protection*

##### *Food supplies*

Food and Drugs and other relevant legislation plays an important part in protecting the consumer. In the enforcement of this, the consumer was well served in 1965 (see pages 125 to 127).

##### *Milk and Dairies*

During the course of milk sampling, three bottles and cartons of milk containing added water were discovered. These were all from the first milk off the heat-treatment plants and it was concluded that the cause was inadequate draining of the plants after sterilisation. Procedure in Leicester is generally to sample from the first bottles or cartons off the plant and this is considered to be the best way of controlling the chemical quality of milk on retail sale. Random sampling of roundsmen's supplies rarely leads to the discovery of substandard milk and is wasteful in time and money.

Bacteriological samples of milk (3) which were unsatisfactory were all cartons of milk from supermarkets. This again illustrates that sampling in the traditional manner from dairies and in the course of retail delivery should be superseded in general by sampling at sales points such as vending machines and display counters in shops and supermarkets.

During the year the last producer-retailer in the City decided to give up the retail side of his business thus leaving the distribution of milk in the hands of only four dairy firms.

Only two complaints of milk delivered in dirty bottles were received. This is insignificant when compared with the many thousands of bottles distributed daily in Leicester. Undoubtedly the dairy firms also receive complaints, but there has been a noticeable improvement over recent years. This can be attributed to better care of empty bottles by the customer and more efficient examination in the dairies.



In spite of an increased number of samples (96) of ex-farm untreated milk taken for this purpose, only two were found to contain traces of antibiotics. More publicity and testing by the milk trade and the threat of penalties where it hurts most, the dairy farmer's pocket, seem to be having the required effect.

#### *Food and Drugs*

Forty-six samples were reported as unsatisfactory during the year and of these, twenty-five were pork sausages not reaching the accepted compositional quality of 65% total meat of which 32.5% should be lean meat. Successful proceedings were authorised in two cases. Some manufacturers are producing a sausage containing less than 65% total meat (50%–55%) which they sell wholesale as 'sausage' or 'special sausage'. This has not prevented some of their customers retailing the product as 'pork sausage' and sampling has been directed at stopping this practice.

#### *Complaints*

Complaints received totalled one hundred and sixteen and were concerned with the following commodities:

Milk–2, Butter–1, Cheese–1, Bread–29, Canned Meat–11, Cooked Meat–14, Meat Pies–12, Fruit–8, Vegetables–3, Cereals–6, Sweets–2, Flour confectionery–23, Other foods –4.

As will be seen above, bread and flour confectionery were the foods which were the subjects of the most complaints.

The increase of food complaints in recent years is due to a number of reasons including:

- 1 Increasing public demand for a better standard of food handling.
- 2 More mechanisation in the food industry.
- 3 Publicity for better food hygiene.

- 4 Disappearance of the smaller trader with the subsequent change in consumer/retailer relations resulting in the loss of personal contact between the retailer and his customer. Consequently the customer complains to the local authority.

Six prosecutions under Section 2, Food and Drugs Act, 1955 were taken during the year. These were for:

- 1 Mice droppings in sausages sold to the School Meals Service.
- 2 Mouldy steak and kidney pies at least two weeks old at time of sale.
- 3 Detergent in well-known brand of sherry.
- 4 Nail in small Easter egg amongst those purchased by a school teacher for distribution to her class of small children.
- 5 Mouldy chocolate cake.
- 6 Handicraft tool blade in bag of flour.

#### *Liquid egg (pasteurisation) Regulations, 1965*

There is no plant for pasteurising liquid eggs in the City and only one sample was taken from a large confectionery bakery. The sample was satisfactory.

Legal Proceedings							Fines		
Statute under which proceedings were instituted							Default or offence		
							£	s	d
Food & Drugs Act, 1955 Section 2							Pork sausage: low meat content	10	0 0
.. .. .							Metal blade in self-raising flour	25	0 0
.. .. .							Costs	1	6 0
.. .. .							Rodent droppings in box of beef sausages	25	0 0
.. .. .							Sherry containing detergent	25	0 0
.. .. .							Nail in sweet	25	0 0
.. .. .							Costs	4	10 0
.. .. .							Mouldy steak-and-kidney pies	75	0 0
.. .. .							Mouldy gateau	15	0 0
.. .. .							Rodent-contaminated rice: fined £10 on each of three charges	30	0 0
Food Hygiene (General) Regulations, 1960							Contravention of Regulations 5, 6, 14, 16, 19, 20, 23 and 24; General condition of premises and equipment; absence of proper hand-washing facilities	50	0 0
.. .. .							Absence of hand-washing facilities on 'hot dog' vending vehicles- Fined £5 on each of eight charges and £2 on each of two charges	44	0 0

City of Leicester Clean Food Guild The following table shows the number of premises in respect of which Certificates have been awarded by the Guild			
	Trade	Applications	Certificates granted
Bakers and confectioners	22	22	
Catering establishments	31	27	
Fishmongers and fish fryers	16	11	
Fruiterers and greengrocers	9	9	
Grocers and general stores	111	54	
Ice cream	1	1	
Manufactured meat products	6	.	
Retail butchers	41	29	
Sweets	5	5	
Totals	242	158	



## **Meat inspection—slaughtering (see pages 128 and 129)**

### *Premises*

There are five licensed slaughterhouses at the Cattle Market and one other on the Thurmaston side of the City.

### *Slaughtering hours*

Slaughtering in Leicester is limited to the periods between the hours of 7 a.m. to 7 p.m. Monday to Friday and 7 a.m. to 1 p.m. on Saturdays. Only exceptionally is Sunday slaughtering allowed and then only in exceptional circumstances and with the consent of the Chief Public Health Inspector.

### *Staff*

The inspectors work on a rota. There are two specialist public health inspectors and four authorised meat inspectors engaged on this work. This arrangement has proved to be very satisfactory and has released four public health inspectors for other duties.

### *Ante-mortem inspection*

Animals are inspected in the lairages prior to slaughter, and any animal which is seen to be suffering from any abnormality such as lameness, injury, unthriftiness etc., is noted and this makes for easier diagnosis on post-mortem inspection.

### *Post-mortem inspection*

All animals are inspected in accordance with the Meat Inspection Regulations. Each organ is inspected by observation, palpation and incision, and if any disease or abnormal condition is found a detailed inspection is made of the lymphatic system of the carcase. Carcases passed as fit for food are stamped with an official stamp. Carcases and offal which are condemned as unfit for food are stained with a green dye before disposal.

### *'Casualty' animals*

There is no definition of 'casualty' animal in the Regulations. Any animal which is suffering from illness, injury etc., and which is not consigned to the slaughterhouse in the normal course of business is regarded as a 'casualty' animal for inspection purposes. These animals are brought in to the abattoirs invariably without a veterinary certificate or any other information which might assist the Inspector on whom rests the responsibility for carrying out the post-mortem inspection. It is sometimes very difficult to obtain any history of the illness of these animals as the owners tend to apply a narrow definition to the word 'casualty'.

During the year a considerable number of pigs were found with injuries to the tails caused by being bitten by other pigs. Such carcases were split and jointed and in many cases abscesses, which would not be apparent on normal inspection, were found in the bones and joints. A high proportion of these carcases are condemned as unfit for food.

### *Reactors*

Bovine animals which react to the Tuberculin Test are sent to the slaughterhouse by the Veterinary Inspectors of the Ministry of Agriculture. A detailed inspection of the organs and lymphatic system of each carcase is made, and if no lesions of tuberculosis are found lymphatic material is sent for laboratory examination. During the year 206 reactor animals were inspected, and of these 30 were wholly condemned.

### *Export meat*

One abattoir has been approved by the Ministry of Agriculture for the export of meat to the Continent and one other is seeking approval. Ministry approval is granted only where the premises comply with the stringent standards of the European Economic Community. It is anticipated that this export trade will expand.

### *Messrs. Cleaver's slaughterhouse*

Messrs. Cleaver's slaughterhouse at Thurmaston re-



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**General sanitary circumstances**


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**Complaints received and investigated:**


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Housing defects	1234
Choked and defective drains	276
Water supply—defective or insufficient	31
Flood water in houses	85
Overcrowding	28
Caravans	21
Keeping of animals	32
Accumulation of offensive matter	108
Factory conditions (sanitation)	17
Smoke nuisances	52
Grit nuisances	17
Fumes and steam	5
Noise nuisances	77
Offensive odours	119
Food hygiene Regulations	28
Infestations	
a Insect pests	302
b Rats and mice	1892
Miscellaneous	138
Total	4462

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ceives about 12 visits each week, some of which are made in the late evening.

All other slaughtering takes place in the five slaughter-houses situated in the Cattle Market.

*Leicester Pure Ice Company*

Daily visits are made for inspection purposes to the Leicester Pure Ice Cold Store, in East Street. Imports of meat and offal are notified by the Port Authorities and such imports are inspected on arrival in the City.

**Rodents, insect pests, pigeons**

The work involved in rodent control has increased appreciably and quite a lot of complaints have concerned new buildings (see pages 130 and 131).

It is so easy for rats to gain access to homes through holes made in walls for pipes etc. Complications arise when the vents to cavity walls are left open thus giving rats access, frequently to the roof space.

An increasing menace in the City both as regards health and nuisance is the feral pigeon. All legally permissible methods of destruction are used including trapping, narcotising and shooting and over 1,300 were destroyed. Narcotic baiting is done under licence of the Ministry of Agriculture, Fisheries and Food.

This, of course, is a national problem and it is my opinion that much more drastic methods will have to be employed if these birds are to be brought under control. Up to now sympathy shown to bird lovers has dominated this problem and handicapped those trying to reduce the feral pigeon population. Not so long ago cinemas were screening a film entitled "The Birds", its theme being domination of a town by a vast bird population. There could be more than a grain of truth here.

*Wasps*

Wasps frequently cause very great distress and sometimes their nests are made in most inaccessible places. One hundred and ninety seven nests were destroyed during 1965.



Synopsis of inspection work		Inspections	Inspections		
<i>Dwelling houses</i> For housing defects under Public Health Acts		2072	<i>b/f</i> 21425		
<i>Under Housing Acts</i>	Overcrowding	20	<i>Markets</i>	Retail fish	297
	Inspections	4096		Retail provision	312
	Dangerous structures	21		Wholesale fish	211
	Land Charge visits	299		Wholesale fruit and vegetables	194
Meetings with Owners or Tradesmen		1394	<i>Schools</i> 31		
<i>Rent Act, 1957</i>	Certificates and disrepair	33	<i>Daires</i> 195		
<i>Drainage:</i>	Tests and inspections	1019			
	<i>Common lodging house</i>	14	<i>Food Hygiene (General) Regulations, 1960</i>	Bakehouses	68
	<i>Houses in multiple occupation</i>	1397		Fish frying premises	19
	<i>Van dwellings</i>	202		Food manufacturing premises	39
	<i>Infectious disease enquiries</i>	473		Food vendors' vehicles	27
				Hotel and Restaurant kitchens	383
			Shops: meat, fish, grocers and greengrocers, etc.		1091
	<i>Industrial premises</i> Factories	29	<i>Food and Drugs Act, 1955 (Section 16)</i>	Ice cream premises	68
	Noise nuisances	282			
	<i>Smoke abatement</i>		<i>Sampling visits</i>	Foodstuffs, water, rag flocks, etc.	1995
Smoke observations (industrial, business and domestic)		790		Merchandise Marks Act	528
Visits re smoke, industrial, smoke control areas, etc.		3123	<i>Pet Animals Act, 1951</i>	Shop premises	19
<i>Offices, Shops and Railway Premises Act, 1963</i>		3069	<i>Pharmacy and Poisons Act, 1933</i>		16
<i>Leicester Corporation Act, 1956</i>	Hairdressers' premises	19	<i>Miscellaneous</i>		20
<i>Nuisances</i>	Offensive accumulations	323	<hr/>		
	Offensive trade premises	2	Total 26938		
Keeping of animals, poultry, swine, etc.		84	<hr/>		
	Tips (refuse)	8	<i>Re-inspections</i> 19530		
	Ditches and watercourses	161	<hr/>		
	Verminous premises	92	Grand Total 46468		
	Flooding of cellars	162	<hr/>		
<i>Food</i>	Inspections for supervision of food		<i>Notices served</i>	Informal	2111
	Slaughterhouses and cold stores	901		Formal	738
	Food warehouses	1340			
	<i>c/f</i> 21425		<i>Complied with</i>	Informal	1439
				Formal	152

*Works carried out in default*

16 separate incidents occurred where it was necessary to carry out work in default. Most of these related to obstruction or defects in the sewage system, involving a total of 42 houses.

The cost of the work undertaken by the Corporation was £272 14 9, this being recoverable from the owners.

**Housing:** Clearance areas represented to the Council through the Slum Clearance and Re-development Committee

Area No.	Name	C O or C P O	No. of houses	Other buildings
317	Alice Street	C P O	39	1
318	Havelock Street No. 2	C P O	27	.
319	Clarendon Street	C P O	157	8
320	New Bridge Street	C P O	3	.
321	Sanvey Lane No 3	C O	4	.
322	Oak Street	C P O	6	.
323	High Street, Evington	C P O	7	.
324	Argyle Street No 1	C P O	321	22
325	Albany Cottages, Brandon St	C P O	3	.
326	Queen's Grove, Brandon St	C P O	13	.
327	Argyle Street No 2	C P O	371	24
328	Catherine Street	C P O	3	.
Totals			954	55

**Post-war slum clearance**

	Representations		No of houses	
	C O	C P O	In orders	Confirmed
1953	.	1	270	270
1954	.	5	670	664
1955	.	6	155	123
1956	14	7	577	282
1957	23	11	1076	534
1958	27	24	769	645
1959	2	11	1104	716
1960	4	19	519	1118
1961	3	4	576	344
1962	.	6	240	801
1963	1	3	456	247
1964	1	32	801	54
1965	1	9	954	1061
Totals	76	138	8167	6859



### Unfit houses dealt with individually

1 individual house has been represented for demolition and a further 25 have been demolished. 1 house was represented under Section 18 of the Housing Act, 1957 (Closure of Rooms) and Closing Orders made on 2 under the same Section.

### Individual unfit houses, 1953-1965

Act under which action taken	Houses represented to Health Committee	Houses on which Order made	Statutory U/T not to re-let	Houses vacated	Awaiting removal
<i>Housing Act 1957, Sect. 17—demolition orders</i>	379	353	25	377	2
<i>Housing Act 1957, Sect. 17—closing orders</i>	79	79	.	77	2
<i>Housing Financial Provisions Act, 1958</i>	102	102	.	101	1
<i>Voluntary undertakings</i>	.	.	18	17	1
<i>Housing Act 1957, Sect. 18—closure of rooms</i>	6	6	.	.	.

### Housing Statistics for year ended 31st December 1965

<b>1 Unfit dwelling houses—Inspection</b>		<b>B Proceedings under Public Health Acts:</b>	
1 a Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	2932	1 Number of dwelling houses in respect of which notices were served requiring defects to be remedied	135
b Number of inspections made for the purpose	7024	2 Number of dwelling houses in which defects were remedied after service of formal notices	
2 a Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	1164	a By owners	65
b Number of inspections made for the purpose	4055	b By Local Authority in default of owners	4
3 Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	662	<b>C Proceedings under Section 17 of the Housing Act, 1957:</b>	
4 Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	1071	1 Number of dwelling houses in respect of which Demolition Orders were made	1
2 Remedy of Defects without Service of Formal Notices		2 Number of dwelling houses demolished in pursuance of Demolition Orders	25
Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	961	<b>D Proceedings under Section 18 of the Housing Act, 1957:</b>	
3 Action under Statutory Powers		1 Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
A Proceedings under Sections 9, 10 and 16 of the Housing Act, 1957:		2 Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	.
1 Number of dwelling houses in respect of which notices were served requiring repairs	.	Number of houses in respect of which Closing Orders were made under Section 17 of the Housing Act, 1957	2
2 Number of dwelling houses which were rendered fit after service of formal notices:		Number of houses dealt with under Housing Financial Provisions Act, 1958	.
a By owners	.	Number of houses dealt with under Sections 12 to 16 of the Housing Act, 1961 (Houses in Multiple Occupation)	156
b By Local Authority in default of owners	.		

Improvement grants	Standard grants			Discretionary grants		
	During year 1965	During year 1964	Since commencement of scheme	During year 1965	During year 1964	Since commencement of scheme
Applications received	919	657	3390	33	124	2179
Approved by Housing Committee	740	607	2713	68	110	1543
	£	£	£	£	£	£
Amount of grants paid on applications approved	52444	34953	151792	17556	20946	207398
Amount to be paid by Council	13111	8738	37948	4389	5326	85408

(from Annual Report of Housing Manager)

**Rent Act 1957** Applications for Certificates of Disrepair

	1965	1964	1963	1962	1961
Applications received	16	21	42	55	30
Certificates granted	5	8	16	12	6
Certificates cancelled	3	10	6	5	4
Undertakings accepted	7	11	22	34	15
Applications withdrawn or pending	4	2	4	9	5



**Offices, Shops and Railway Premises Act, 1963** Registrations and general inspections

Class of premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	304	1549	591
Retail shops	337	1778	611
Wholesale shops, warehouses	65	243	59
Catering establishments open to the public, canteens	30	234	23
Fuel storage depots	.	12	1
Totals	736	3816	1285
Number of visits of all kinds by inspectors to registered premises	4300		

**Analysis of persons employed in registered premises by workplace**

Class of workplace	Number of persons employed
Offices	16842
Retail shops	11622
Wholesale departments, warehouses	3164
Catering establishments open to the public	2435
Canteens	234
Fuel storage depots	74
Total	34371
Total males	16992
Total females	17379

**Offices, Shops and Railway Premises Act, 1963**  
**Summary of contraventions**

Section 4	Cleanliness	50
5	Overcrowding	9
6	Temperature (mainly lack of thermometer)	536
7	Ventilation	109
8	Lighting	50
9	Sanitary conveniences	441
10	Washing facilities	429
11	Supply of drinking water	.
12	Clothing accommodation	7
13	Sitting facilities	2
14	Seats (sedentary workers)	.
15	Eating facilities	.
16	Floors, passages and stairs	150
17	Fencing exposed parts of machinery	12
	Protection of young persons	
18	working at dangerous machinery	..
23	Prohibition of heavy work	.
24	First Aid general provisions	554
	<b>Total</b>	<b>2349</b>



**Observations on the administration of the Factories Acts, 1961, Part 1 of the Act**

Inspections for the purpose of provisions as to health (inspections made by Public Health Inspectors)				
Premises	Number on Register	Inspections and re-inspections	Written notices	Occupiers prosecuted
i Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority	48	.	.	.
ii Factories not included in (i) in which Section 7 is enforced by the Local Authority	2051	76	11	.
iii Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	.	.	.	.
Total	2099	76	11	.

**Cases in which defects were found**

Particulars	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	Number of cases in which prosecutions were instituted
Want of cleanliness (Sect. 1)	.	.	.	.	.
Overcrowding (Sect. 2)	.	.	.	.	.
Unreasonable temperature (Sect. 3)	.	.	.	.	.
Inadequate ventilation (Sect. 4)	.	.	.	.	.
Ineffective drainage of floors (Sect. 6)	.	.	.	.	.
Sanitary conveniences (Sect. 7) a Insufficient	.	.	.	.	.
b Unsuitable or defective	12	10	.	7	.
c Not separate for sexes	.	2	.	.	.
Other offences against the Act (not including offences relating to outwork)	.	.	.	.	.
Total	12	*12	.	7	.

\*This total includes 9 notices served in previous years but complied with in 1965

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**Outwork** (Sections 110 and 111)

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**Total number of outworkers in August 1965**

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Wearing apparel, Making etc. 959

Umbrellas etc. 5

Basket makers and repairers 2

Printers and lithographers 10

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Total 976



**Smoke Control orders in force**

Area No.	Area Name	Operative Date	Council Houses	Private Dwellings	Other buildings
1	St. Matthews	1 Sept. 1958	735	1	3
2	Central	1 Sept. 1959	.	45	504
3	Lee Street	1 Sept. 1960	34	93	346
4	Church Gate	1 Oct. 1961	.	98	321
5	Aerodrome		438	6	29
6	Lutterworth Road		1821	1032	61
7	Dane Hills	1 Oct. 1962	467	1443	32
8	New Parks	1 Oct. 1963	3570	118	19
9	Highcross Street		.	47	167
10	Braunstone West	1 Oct. 1964	2100	8	8
11	Granby		.	132	753
12	Willow Street		737	2	17
13	Tudor Road	1 Dec. 1964	.	1057	44
14	Braunstone Park	1 Dec. 1965	1150	6	5
15	Fosse		.	4513	89

**Smoke Control orders programme**

16	Narborough Road	1 Nov. 1966	1590	3430	68
17	Aylestone	1 Nov. 1967	100	2460	98
18	Beaumont Leys	1 Nov. 1967	2000	3055	121
Totals			14742	17546	2685

<b>Food</b>		<b>Food and Drugs Act, 1955</b>	
<b>Food Hygiene (General) Regulations, 1960</b>		<b>Milk Sampling</b>	
	Deficiencies found	<b>Milk (Special Designations) Regulations 1963</b>	
Insufficient or unsatisfactory sanitary accommodation	68	Samples also treated as informal samples for chemical analysis	604
Absence of notices re hand-washing	16	Dairy control samples	402
Insufficient provision of sinks, washbasins and hot water	53	Formal milks	6
Absence of clean towels at washing points	26	Total	1012
Insufficient accommodation for outdoor clothing	8	Number of samples containing added water	3
Absence of protective clothing (overalls, gloves)	1	Number of samples deficient in minimum fat content	1
Absence of First Aid equipment	19		
Dirty food rooms	90	<b>Milk (Special Designation) Regulations 1963</b>	
Dirty or defective utensils and equipment	69	Pasteurised milk (bottles and cartons)	366
Working surfaces, counters not non-absorbent	19	Pasteurised Channel Island milk (bottles)	31
Defective surfaces to floors, walls etc	63	Sterilised milk (bottles)	102
Insufficient storage and removal of refuse	34	Pasteurised milk ( $\frac{1}{8}$ pints from school supplies)	35
Unsatisfactory lighting or ventilation	13	Untreated (farm bottled) milk	31
Food not protected from risk of contamination	17	Pasteurised milks for phosphatase test only (bottles)	402
Absence of food handling equipment	5	Total	967
Miscellaneous	6	Methylene blue test failures (keeping quality)	3
		Phosphatase test failures (effective heat treatment)	2
		<b>Bacteriological Examination of milk bottles and churns</b>	
		Rinses from churns and bottles were taken at regular intervals in order to assess the efficiency of the washing plant at the dairies.	
		Number of bottle rinses taken	210
		Number unsatisfactory	26
		Number of churn rinses taken	91
		Number unsatisfactory	3
		An unsatisfactory bottle has a count of more than 600 colonies and an unsatisfactory churn more than 250,000 colonies.	



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**Biological Milk Sampling**

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Number of samples 19

All the above samples from the six dairy herds in the City which were submitted to the Public Health Laboratory were reported as free from tubercle bacilli and brucella abortus.

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**Examination of milk supplies for Antibiotics**

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Number of samples taken 96

Number unsatisfactory 2

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**Food and Drugs Act, 1955**

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**Sampling of food and drugs other than milk**

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The following is a summary of samples submitted to the Public Analyst. Full details appear in the City Analyst's section of this Report.

Food samples Formal 21

Informal 918

Wrongly labelled 15

Compositional defects 31

Total unsatisfactory 46

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**Ice Cream Sampling**

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**Bacteriological Examination**

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Fifty-three samples of ice cream were submitted for bacteriological examination during 1965.

	Grade I	Grade II	Grade III	Grade IV	Total
Prepacked	8	.	.	.	8
Loose	29	9	7	.	45
Total	37	9	7	.	53

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**Chemical Examination**

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Number of samples 48

All these were reported as conforming to the Food Standards (Ice Cream) Regulations 1959

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**Fresh Cream Sampling**

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Number of samples 148

Number reported as positive for E Coli Type 1 (faecal coli) 12

Unsatisfactory results were followed up at the cream handling plants concerned, advice given where necessary and further samples taken.

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**Bacteriological Examination of Shellfish**

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Number of samples 31

Unsatisfactory samples .

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**Other Sampling**

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**Fertilisers and Feeding Stuffs Act 1926**

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Number of samples taken 51

Fertilisers—informal 45

Unsatisfactory 7

Feeding stuffs—informal 6

Unsatisfactory 3

Total 51

Unsatisfactory 10

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**Rag Flock and other Filling Materials Act, 1951**

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Number of samples taken 3

All reported as satisfactory

# Summary of foodstuffs condemned 1965

		Tons	cwt	qr	lb
<i>Fish</i> (excluding shellfish)		3	2	1	3
<i>Shellfish</i>	Oysters	.	.	1	0
	Mussels	1	0	2	0
	Cockles	.	1	0	25
	Crabs	.	1	3	7
<i>Other shellfish</i>		.	1	0	12
	Fruit	29	10	3	24
<i>Meat</i>	English	26	5	0	20
	Imported	2	1	3	3
<i>Offal</i>	English	40	15	2	1
	Imported	.	18	3	23
<i>Vegetables</i>		42	9	0	26
	<i>Poultry</i>	.	.	.	58
	<i>Rabbits</i>	.	.	.	20

## Other foodstuffs

Baby foods	1392 tins
Bacon	229 lb
Beetroot	2266 lb
Cakes	143
Cereals	403 lb
Cheese	322 lb
Coconut	300 lb
Condiments	18 tins
Cordials	382 tins
Fish	1500 tins
Fish cakes	408

Flour	7 lb
Fruit	12594 tins
Fruit (dried)	112 lb
Jam	170 tins
Meat	3404 tins
Meat (cooked)	898 lb
Meat pies	122
Milk	671 tins
Miscellaneous	69 tins
Parsley	578 lb
Pickles	124 jars
Puddings	339
Sauces	241 bottles
Sausages	594 lb
Soups	774 tins
Sweets	14 lb
Vegetables	5608 tins



# Slaughtering of animals for food, 1960-1965

	1965	Casualty animals carcasses included in 1965 figures	1964	1963	1962	1961	1960
Cattle excluding cows	19565	137	19101	19794	19586	21046	19128
Cows	1290	213	1963	2521	2568	2257	2202
Calves	947	88	1272	2155	3079	3059	3314
Sheep and lambs	92944	341	99470	100740	120216	118397	100728
Pigs	60647	594	58373	54426	53772	56417	54909
Totals	175393	1373	180179	179636	199221	201176	180281

**Incidence of disease** The following table summarises the quarterly returns made to the Ministry of Agriculture, Fisheries and Food in connection with research and disease control carried out by the Animal Health Division.

Adult cattle		Condemnations				Calves		Condemnations			
Number slaughtered 20855		Carcases		Offal		Number slaughtered 947		Carcases		Offal	
		Total	Partial	Total	Partial			Total	Partial	Total	Partial
Tuberculosis	25	8	25	137		Congenital tuberculosis	.	.	.	.	.
Johne's disease	1	.	1	22		Tuberculosis	3	.	3	2	
Actinobacillosis ( - mycosis)	.	.	.	190		Septicaemic conditions	9	.	9	.	
Septicaemic conditions	16	.	16	.		Joint-ill or navel-ill	.	.	.	.	
Pneumonia and/or pleurisy	.	.	.	141		Bruising	2	.	2	.	
Peritonitis	.	.	.	17		Emaciation	3	.	3	.	
Mastitis	.	.	.	33		Immaturity	4	.	4	.	
Hepatic abscess	.	.	.	1037		Other conditions	1	.	1	.	
Fascioliasis (fluke)	.	.	.	1765							
Parasitic pneumonia	.	.	.	18							
Echinococcosis	.	.	.	58							
Cysticercosis (C Bovis) a rejected	.	.	.	40							
b refrigerated	40	.	.	.							
Tumours	.	.	.	8							
Bruising	1	23	1	.							
Emaciation	2	.	2	.							
Other conditions	7	10	7	80							

# **Incidence of disease continued**

<b>Pigs</b>					<b>Sheep</b>				
Condemnations					Condemnations				
Number slaughtered 60647					Number slaughtered 92944				
	Carcases		Offal			Carcases		Offal	
	Total	Partial	Total	Partial		Total	Partial	Total	Partial
Swine fever	.	.	.	.	Septicaemic conditions	16	.	16	.
Swine erysipelas	13	.	13	.	Pyæmia	.	.	.	.
Tuberculosis	4	.	4	193	Pneumonia and/or pleurisy	.	.	.	142
Septicaemic conditions	65	.	65	.	Arthritis	7	.	7	.
Pneumonia and/or pleurisy	.	.	.	1435	Parasitic pneumonia	.	.	.	37
Pyæmia	44	.	44	.	Fascioliasis (fluke)	.	.	.	1106
Arthritis	16	9	16	.	Cysticercus ovis	.	.	.	14
Abscess	.	24	.	33	Echinococcosis	.	.	.	69
Echinococcosis	.	.	.	49	Bruising	2	2	2	.
Ascariasis (milk spot)	.	.	.	1642	Emaciation	5	.	5	.
Bruising	2	34	2	.	Other conditions	3	.	3	14
Other conditions	21	.	21	84					

# **Other premises subject to inspection**

	Knackers' yard	1
<i>Offensive trades</i>	<i>a</i> Hides and skins	1
	<i>b</i> Marine store dealer	1
	<i>c</i> Tripe dressers	2
	Pet shops	26
	Animal boarding establishment	1



Ministry of Agriculture, Fisheries and Food			Prevention of Damage by Pests Act, 1949				
Report for 12 months ended 31st December, 1965			Non-agricultural				Agricultural
	Type of property	1	Local authority	2 Dwelling houses (including council houses)	3 All other (including business premises)	4 Total of cols. 1, 2, 3	5 Agricultural
I	Number of properties in local authority's district (see notes 1 and 2, page 00)		415	86548	15940	102903	.
II	Total number of <i>properties inspected</i> as a result of <i>notification</i> (see note 3, page 00)		199	1285	404	1888	.
	Number of such properties found to be infested by	<i>Common rat</i>	<i>major</i>	.	.	.	.
			<i>minor</i>	145	1051	241	1437
		<i>Ship rat</i>	<i>major</i>	.	.	.	.
			<i>minor</i>	.	.	.	.
	(see note 4)	<i>House mouse</i>	<i>major</i>	.	.	.	.
			<i>minor</i>	81	234	163	478
III	Total number of <i>properties inspected</i> in the course of <i>survey under the Act</i>		115	1816	210	2141	.
	Number of such properties found to be infested by	<i>Common rat</i>	<i>major</i>	.	.	.	.
			<i>minor</i>	184	207	95	486
		<i>Ship rat</i>	<i>major</i>	.	.	.	.
			<i>minor</i>	.	.	.	.
		<i>House mouse</i>	<i>major</i>	.	.	.	.
			<i>minor</i>	51	111	115	277
IV	Total number of <i>properties otherwise inspected</i> (e.g. when visited primarily for some other purpose)		101	1572	2149	3822	.
	Number of such properties found to be infested by	<i>Common rat</i>	<i>major</i>	.	.	.	.
			<i>minor</i>	.	.	.	.
		<i>Ship rat</i>	<i>major</i>	.	.	.	.
			<i>minor</i>	.	.	.	.
		<i>House mouse</i>	<i>major</i>	.	.	.	.
			<i>minor</i>	.	.	.	.
V	Total inspections carried out—including re-inspections (to be completed only if figures are readily available)		415	4673	7851	12939	.
VI	Number of <i>infested properties</i> (in sections II, III, IV) treated by the Local Authority		461	1603	614	2678	.
VII	Total treatments carried out—including re-treatments (to be completed only if figures are readily available) (see note 3)		<i>Figures not readily available</i>				

Prevention of Damage by Pests Act, 1949 (continued)					
Non-agricultural					Agricultural
Type of property	1 Local authority	2 Dwelling houses (including council houses)	3 All other (including business premises)	4 Total of cols. 1, 2, 3	5 Agricultural
VIII	No. of notices served under Section 4 of the Act				
	a Treatment	.	.	.	.
	b Structural work (i.e. proofing)	.	.	.	.
IX	Number of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act				
		.	.	.	.
X	Legal proceedings (see XII below)				
		.	.	.	.
XI	Number of 'block' control schemes carried out				
		.	.	.	.
XII	Where legal proceedings have been instituted by Local Authority particulars should be given here				
		None			
XIII	Any other points of interest				
		197 wasps' nests destroyed			



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## Report of the City Analyst

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for the year 1965

E R PIKE, *ACT(Birm.)*, *MPS*, *FIRST*, *FRIC*

I have the honour to submit for your consideration my fifth annual report upon the work carried out in my Department for the year ended 31st December 1965.

The total number of samples examined was 8692 summarised as follows:

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#### Samples under the Food and Drugs Act, 1955

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A	Submitted by Sampling Officers	a	Milks	1101	
		b	Foods and drugs	1025	
		c	Shellfish	31	
B	Food and drug samples submitted by members of the public			56	2213

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#### Bacteriological Samples

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	Samples under the Milk (special designation) Regulations 1960	604	
	Samples tested for pasteurisation efficiency by the Phosphatase Test	844	
	Washed milk bottles (estimation of cleanliness)	210	
	Churn rinses (estimation of cleanliness)	91	
	Water (City Supply Control samples)	167	1916

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#### Fertilisers and Feeding Stuffs

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Samples submitted under the Fertilisers and Feeding Stuffs Act 1926 by Inspectors	51	
Samples submitted privately	8	59

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#### Rag Flock Act 1911

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Samples submitted by Public Health Inspectors	3
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#### Atmospheric Pollution

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	Standard Deposit Gauge (rainwater analyses)	36	
	Lead peroxide candles (monthly sulphur dioxide estimation)	48	
	Daily volumetric smoke and sulphur dioxide determinations (6 sites)	2986	3070

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#### Miscellaneous samples from other sources

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	Health Department	591	
	Other Corporation departments	216	
	From other sources	624	1431

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<i>Total</i>	<i>8692</i>
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Reviewing the work accomplished by the Department during 1965 and comparing this with the previous year, it will be seen that there has been a small increase in total samples examined, 8692 samples being examined in 1965 as compared with 8634 in 1964. The trend for the resources of this laboratory to be used by other Corporation Departments and by neighbouring Local Authorities has again been encouraging, the total samples from these sources being 852 as compared with 655 in 1964 and representing an income to the City Treasury of £1710 0 6d.

The decrease in samples examined under the Food and Drugs Act submitted by inspectors is due to:

- a The need to carry out more extensive analyses per individual sample, necessitated by the need to look for chemical additives and contaminants in foodstuffs etc., and
- b the reduction in qualified staff suffered by the Department during the year.

The loss of one from a total of four qualified chemists on the staff represents a high percentage decrease in supervisory staff. Repeated advertisements failed to attract a suitable, adequately qualified person to fill this position. Subsequently, owing to economic restrictions, permission to fill this post was refused. Obviously this has thrown more supervisory responsibility on to the remaining qualified staff and is a hindrance to the necessary investigation of new techniques and methods. The difficulty of attraction of qualified assistants into Public Analyst's laboratories is a national one which is causing much concern in informed circles. There is a great scarcity of assistants progressing to the necessary diploma (Branch E) of the Royal Institute of Chemistry, which entitles one to hold an official appointment. Indeed, during the 5 years 1960-1964 only ten persons from the whole country obtained the Branch E diploma, a number totally inadequate to replace retirement, and a situation which is likely to lead to a breakdown of the service if not remedied in the immediate future.

There is no doubt that the lack of attraction of scientists into Public Analyst's laboratories is due to inadequate financial reward when compared with similar positions in industry or the Civil Service. Another reason is that to become a Public Analyst requires a high degree of knowledge and experience in many branches of technology e.g. Drugs, Meat Products, Dairy Products, Food in General, Water, Sewage, Trade Effluents, Fertilisers, Animal Feeding Stuffs, Atmospheric Pollution etc. The young scientist is faced with the choice of years of study of all these branches of technology, or just studying one branch to receive the same or an even better salary. The choice is an obvious one!

Scarcity of qualified assistance can in some small measure be relieved by the introduction of more instrumentation. Thus the use of a Dissolved Oxygen Meter can reduce the time and material used to examine effluents. Infra-red equipment is necessary for the identification of and purity control of drugs etc. Such equipment is expensive but can be operated by junior assistants with a minimum of supervision. It will be necessary to equip the laboratory with such instruments in the very near future.

Although 1965 has been a difficult year regarding the shortage of qualified staff, I would be failing in my duties if I made no mention of the enthusiasm and loyalty with which the rest of the staff have accepted the additional work load which has enabled the laboratory to render a useful service and indeed to expand the consultative practice with its resultant increase in revenue. I would also like to express my appreciation of the willing help and co-operation given by the food sampling officers.

Finally, may I tender my thanks to the Chairman, Members of the Health Committee and the Medical Officer of Health for their interest and encouragement in the activities of the Department. It is with enthusiasm that the staff and myself look forward to our establishment in the new laboratory at Wanlip when it is hoped that Members of the

Health Committee will take the opportunity of visiting the Department.

E. R. PIKE, *City Analyst*

#### *Legal*

Legislation introduced during 1965 affecting the work of the Public Analyst.

#### *Dried Milk Regulations 1965*

These regulations, which came into operation on 11th March, 1965, re-enacted with amendments The Public Health (Dried Milk) Regulations 1923-1948 and also revoked the Dried Milk Regulations 1964 which were to have become effective on the 11th March, 1965 but re-enacted most of their provisions.

The principal changes from the Public Health (Dried Milk) Regulations 1923-1948 are:

- a* Minimum and maximum percentages (by weight) are prescribed for the milk-fat content of dried three quarter cream milk, dried half cream milk, dried quarter cream milk and dried partly skimmed milk;
- b* the upper limit for the milk fat content of dried skimmed milk has been reduced from 8% to 1.5% and the description 'dried low fat skimmed milk' is permitted;
- c* a maximum moisture content of 5% is prescribed for all types of dried milk;
- d* labelling requirements concerning the fat content are described.

#### *Meat Marking Order 1934*

It has been proposed that a reduction in the size of lettering indicating the origin of cuts of prepacked imported meat for sale in the United Kingdom be considered.



*Revised proposals for regulations on meat pies  
(17th May 1965)*

These proposals amend proposals for regulations issued on 3rd March, 1964 and comments are invited by interested organisations. Minimum meat contents are stated for meat pies, uncooked meat pies, Scottish pies and meat and vegetable pies.

*Revised proposals for regulations on canned meat  
(17th May 1965)*

As above, comments are invited on these proposed regulations which specify meat contents for a variety of canned meat products.

*Revised proposals for regulations on sausages and other meat products (17th May 1965)*

Definitions and proposals for meat contents of sausages etc. are stated.

*Memorandum on procedure for submissions on food additives and on methods of toxicity testing*

This memorandum is intended as a guide to commercial and other organisations concerned with the use of additives in food about:

- 1 Administrative procedures followed by Government Departments, the Food Additives and Contaminants Committee and its Pharmacology Sub Committee;
- 2 Toxicity testing.

*Food Standards Committee Report on flavouring agents in food: proposed ban on certain flavours (11th August 1965)*

The Food Standards Committee recommends that the following substances should be prohibited by regulation for use in foods as flavouring agents:

Coumarin	Dulcamara
Tonka Bean	Pennyroyal Oil
Saffrole	Oil of Tansy
Sassafras Oil	Rue Oil
Dihydrosaffrole	Birch Tar Oil
iso Saffrole	Cade Oil
Agaric Acid	Volatile Bitter Almond Oil
Nitrobenzene	Male fern

*Mineral hydrocarbons in food regulations 1964*

These regulations became fully operative on 15th February 1965. There have, however, been representations made regarding the specification of microcrystalline wax and also regarding possible dangers in carrying out the test specified in Part II of Schedule I in respect of waxes used in chewing compounds. As a result proposals for regulations amending the Mineral Hydrocarbons in Food Regulations 1964 were made on 6th September 1965.

*Proposals for revised regulations on antioxidants in food  
(13th September 1965)*

Doubt has been thrown on the use of Butylated Hydroxy Toluene in foodstuffs, allegations of its possible carcinogenic effects having been made. Subject to further investigation these proposed regulations suggest limiting the amount of Butylated Hydroxy Toluene to half the former

quantity (i.e. 100 p.p.m.). These regulations also propose to permit the use of ethoxyquin and diphenylamine on apples and pears.

#### *Labelling of food : proposals for regulations*

These proposals for regulations for the Labelling of Food incorporate recommendations set out in the Food Standards Committee Report on Food Labelling (1964). In consideration of recommendations and comments made in this Report the Minister of Agriculture, Fisheries and Food has issued further proposals for regulations on other commodities which generally implement the Committee's recommendations and in certain instances add compositional requirements to those existing in present regulations. These include:

#### *Proposals for regulations for salad cream and mayonnaise*

#### *Proposals for regulations for coffee, coffee mixtures and coffee extracts*

#### *Proposals for regulations for margarine*

Besides the usual vitamin requirements the new proposals include a minimum fat standard of 80% of which not more than 1/10 by weight shall be fat derived from milk. A maximum water content of 16% is also specified.

#### *Proposals for regulations on butter (27th September 1965)*

These proposals include standards in conformity with those proposed for margarine in that a minimum fat content of 80% is stated. Further, a minimum content of 2% milk solids not fat is required and a maximum moisture

content of 16%.

#### *Proposed regulations on ice cream (26th November 1965)*

The proposals for regulations on the Labelling of Food (27th September, 1965) stated that it was proposed to re-enact the Food Standards (Ice Cream) Regulations 1959 and the Labelling of Food (Amendment) Regulations 1959 without significant amendment. After further consideration however, the following two amendments have been made:

- 1 A definition of ice cream has been added to the regulations.
- 2 The obligation to include the words 'contains non-milk fat' or 'contains vegetable fat' where the word 'ice-cream' is used for an ice-cream containing non-milk fat has been extended to cover non-prepacked ice-cream as well as pre-packed ice cream.

#### *Food Standards Committee Report on fish and meat pastes*

This report recommends compositional standards and complements, with some modifications, the recommendations on these products made by the Committee in its Report on Food Labelling.

The main recommendations were:

- 1 The minimum meat content of meat pastes should be raised from 55% to 70%; this would raise it to the same level as the minimum fish content of fish pastes.
- 2 Compositional and labelling requirements are specified for potted meat and fish, dressed crab, spreads, pastes, meat products with jelly and such fish and meat products with butter.
- 3 There should be a limit on the amount of fat which could be reckoned as meat or fish in a meat or fish paste



respectively.

*The Milk (Special Designation) (Amendment) Regulation 1965*

These regulations which came into operation on 1st October, 1965 prescribe a new designation 'Ultra Heat Treated' in relation to milk which has been heated to a temperature of not less than 270°F for not less than one second. A colony count test is also prescribed for milk so treated.

Further regulations relate to the labelling of 'untreated milk'.

During 1965 the Local Authorities Joint Advisory Committee on Food Standards issued two further Codes of Practice agreed with industry.

*Code No 4—canned fruit and vegetables*

recommends standards of Fill, Syrup Densities etc. relating to Canned Fruit and Vegetables.

*Code No 5—Canned Beans in Tomato Sauce*

was agreed between the Committee and the Food Manufacturers 'Federation' Incorporated. Analytical standards are stated.

*Addendum 1964  
to the British Pharmacopoeia 1963*

This addendum became official from the 1st June 1965. Sixty additional monographs were added whilst amendments were made to a further fifty-two.

## Milk

1005 samples of milk were submitted for compositional analysis during 1965, an average of 3.73% fat and 8.71% solids not fat being obtained. Four samples only were rejected, one being 6.6% deficient of the required minimum fat content of 3% and three containing traces of added water in amounts up to 1.3%.

Of the 96 samples of raw milk examined for the presence of antibiotics only one was rejected.

The above remarks present a healthy picture of the milk situation in Leicester. The fact that most of the samples examined are bulk milks probably explains the small number rejected for the presence of added water, and would also explain why, when added water is detected, it is usually present only in small amounts.

The annual average compositional quality of milk as sold to the public is indicated in the table below.

	Average	1965	1964	1963
Fat %	3.73	3.71	3.70	
Solids not fat %	8.71	8.72	8.76	
Total solids %	12.44	12.43	12.46	
No. of samples examined	1005	985	1008	

### Hygienic quality of milk

Of 604 samples tested for keeping quality by the methylene blue test only three failed to give a satisfactory result. It is significant that the three failures were all cartoned milks obtained from supermarkets and the poor results were probably due to inefficient rotation of stock.

The efficiency of all milk pasteurisation plants is regularly checked by the examination of samples submitted directly from the dairies and by the examination of random samples. In all a total of 844 samples were examined by the phosphatase test and only two gave indication of the presence

of raw milk. In both instances the cause of the failures was tracked down to faulty valves in the plant.

210 bottles taken as washed from milk bottling plants were examined for cleanliness and 26 were classed as unsatisfactory. This represents a high rejection percentage of more than 12% and it is a pity that the remarkably efficient picture of the dairy industry in Leicester should be spoiled on this count. 91 churn rinses were also examined from which 3 were regarded as unsatisfactory.

### Food samples (other than milk) not in accordance with standard

Of the 1056 samples of foods and drugs submitted under the Food and Drugs Act 1955, by the Food Inspectors, 54 were rejected representing 5.1% as compared with 5.9% in 1964. Of the 58 samples submitted by private persons 31 were reported against; an adulteration rate of 53.5% (57.4% in 1964).

Details of the more interesting cases of samples rejected together with comments on genuine samples will be found in the following paragraphs.

### Defective labelling White sauce mix

This sample was labelled with a list of ingredients containing a material termed 'Boost'. This term was regarded as being non specific and non-informative to a purchaser. The labelling was subsequently amended.

### Milk powder

Six samples of Skimmed Milk Powder were criticised for incorrect labelling as required by the Dried Milk Regulations 1965. Some confusion over the labelling of Low Fat Dried



Milk Powder was caused by the publication of the Dried Milk Regulations 1964 which were in fact rescinded before they came into force, being replaced by the Dried Milk Regulations 1965. Thus the product of a well known manufacturer was being sold with an incorrect label. Enquiries regarding this discrepancy resulted in a reply that the point had been discussed with the Ministry of Agriculture, Fisheries and Food and permission had been received to complete the use of tins labelled according to the 1964 regulations. Whilst one must sympathise with manufacturers faced with rapidly revised regulations, one questions the legality of permission granted by the Ministry to individual firms to contravene regulations. This situation could have been regularised by a saving clause being written into the 1965 regulations. In any case embarrassment to the producer could have been avoided if notifications to enforcement authorities had been made by the Ministry of such private arrangements.

#### *Soft drinks*

The Soft Drink Regulations 1964 became operative on 2nd June 1965. These regulations required a declaration of the presence of artificial sweetener, a requirement which was not fulfilled in the case of four soft drink samples.

#### *Biscuits*

The labelling of Food Regulations 1953 requires pre-packed foods to be labelled with the common or usual name of the contents, a requirement which was not fulfilled in the case of two samples of biscuits. One sample, packed in an opaque wrapping was simply labelled 'Malted Milk'. This was considered to be a misleading label but further action was not taken in view of an impending revision of the Code of Practice relating to biscuits.

#### *Samples containing foreign bodies or foreign matter*

The majority of samples submitted by private persons come into this category which included four bread samples, two containing insects and two containing machine grease.

A beetle-like creature was found in a jar of blackberry jam of Hungarian origin. The creature did not appear to be damaged such as might have been expected had it been boiled in the jam and was identified by the Leicester Museum biologist as a specimen of the plant bug *Aelia acuminata* (L) or the Bishop's Mitre, which occurs on the continent and in the southern half of England and Wales but has not yet been recorded as far north as Leicestershire. The beetle being in such good condition was retained as a specimen by the museum.

A sample of marmalade contained foreign matter in the form of bacon rind, no doubt the complete breakfast food!

A rather nauseating fibrous matter nearly consumed by a person eating a steak and kidney pie was identified as animal hide.

#### *Corned beef*

Probably as a result of criticism of Corned Beef in relation to the recent typhoid epidemic the public have kept a wary eye on this commodity, with the consequence that quite a number of samples have been submitted for examination. One sample was found to contain water which had seeped through a microscopic hole in the soldered seam. The contents of the can were in a deteriorated condition and obviously unfit for consumption. A number of cans of Corned Beef gave an oily odour reminiscent of



diesel oil when opened, sufficiently bad for requiring the remaining stock to be withdrawn from sale.

#### *Canned fruit and vegetables*

A can of pineapple chunks, two cans of prunes and a tin of asparagus soup were all found to contain more than the permitted maximum of 250 parts per million of tin.

#### *Sherry*

A most interesting sample consisted of a bottle of sherry which was alleged to have caused sickness. This sample was found to contain anionic detergent equivalent to 0.11% calculated as manoxol OT. The vendor was fined £25.

#### *Compositional defects*

##### *Pork sausage*

Fifty-nine from a total of 147 samples of pork sausage were found to contain less than the recommended minimum meat content of 65%, that is approximately 40% were of poor to unsatisfactory meat content. 22 samples being deficient in total meat contents ranging from 5.0% to 20.6% were reported against to the Health Committee. Several samples although containing the minimum of 65% total meat were of very poor lean meat content, one sample being deficient of 30.7% of the minimum lean meat requirement of 32.5%. The average of 67.3% total meat content of all the Pork Sausages means that some contained a very high total meat content, the highest being 91.2%, whilst the lowest recorded was only 51.6%.

Three sausage samples were rejected because of the presence of undeclared preservative. Sausage is permitted to contain up to 450 parts per million of sulphur dioxide as preservative, only provided the presence of such preservative is declared to the purchaser either orally, by label, or by notice. An interesting problem of the presence of non permitted preservative was raised by the presence of sodium nitrite in canned sausages. Only if these sausages contain pickled or cured meat can this preservative be permitted in proportion to the amount of pickled or cured meat present. The list of ingredients of these canned sausages, however, stated 'Pork, Veal, Cereal, Sodium Nitrite'. It is my opinion that such a statement is incorrect and the true description of the meat should be 'Pickled' or 'Cured' meat. Declared in this manner the presence of sodium nitrite would be expected and would be inside the law. The preparation of a sausage from raw meat with the addition of sodium nitrite would constitute a contravention of the Preservatives in Food Regulations.

#### *Drugs*

##### *Cough mixtures*

Two samples of cough mixture were examined and found to contain an excess of acetic acid. It was subsequently established that 80% Acetic Acid had been used in the formulation instead of the Acetic Acid of the British Pharmacopoeia which contains only 33% of the pure acid.

##### *Eye drops*

A sample of eye drops was submitted with the complaint that the pharmacist had incorrectly dispensed them and that being too strong they had adversely affected the



patient's eyes. The eye drops were identified as Lachesine Hydrochloride Eye Drops, but contrary to the allegation were found to be weaker than the formulation stated in the British Pharmaceutical Codex 1963, both in Lachesine Hydrochloride and salt content. The apparent effect of 'strength' was undoubtedly because the sample was not isotonic with tear. Not having access to the original prescription it was impossible to state whether the prescription was incorrectly dispensed or if the prescription was wrongly formulated by the prescriber. A report was submitted on behalf of the patient to the doctor pointing out the deficiencies of the eye drop.

A further complaint was received from a photographer's model regarding a sample of Eye Drops marketed as a cosmetic and used for brightening the eyes. It was alleged that use of the preparation resulted in a smarting and soreness of the eyes. The product was found to consist of an ordinary formulation containing zinc sulphate and witch-hazel rendered isotonic with tear by the addition of sodium chloride. This sample raised the interesting problem of whether eye drops are in fact a medical preparation and if so whether the preparation should be labelled with a quantitative list of active ingredients as required by the Pharmacy and Medicines Act 1941. Although the use of body names in the title of a preparation is usually accepted as an indication of a recommendation as a medicine and therefore liability to conform to the labelling requirements of the Pharmacy and Medicines Act 1941, communication with the Pharmaceutical Society expressed the opinion that this did not apply to eye drops. It is difficult to reconcile the fact that the name 'Ear Drops' is regarded as a recommendation as a medicine and 'Eye Drops' is not! The Pharmacopoeias lay much stress upon the need for Eye Drops to be freshly prepared and sterilised. It would seem to be contrary to these instructions to permit multiple dose packages of eye drops to be sold as cosmetic preparations and even worse that a disclosure of the formulation is not

required. Surely the eyes are a delicate body organ and indiscriminate medication is to be deprecated. The problem would appear to revolve about the difficulty to distinguish when does a cosmetic become a medical product.

#### Food and Drugs samples

submitted by members of the public for examination

	No. submitted	No. rejected
Foods	56	29
Drugs	2	2

#### Food and Drugs samples

Submitted by public health inspectors under the food and drugs regulations of 1965

	No. submitted	No. rejected
Foods	939	51
Drugs	117	3
Total foods and drugs	1056	54

#### *Miscellaneous samples*

The heading 'Miscellaneous Samples' is used to group together all samples other than those submitted by the Leicester City Authority for examination under the Food and Drugs Act 1955, the Rag Flock Act and the Fertilisers and Feeding Stuffs Act 1926. Once again it is in this section that the activities of the laboratory have expanded as is illustrated in the table below.

Fewer samples were submitted by the Health Department as miscellaneous samples, due to the temporary closing down of the Atmospheric Pollution site at Frog Island where building operations are taking place. Also fewer stream water samples were submitted from the Washbrook which showed improvement in quality during the year. In spite of this, samples submitted from other sources have shown a healthy increase. A 35% increase in samples from neighbouring Authorities is recorded, whilst the increase from private persons and local industry is some 47%. Among these samples 219 effluents and water samples were examined. 199 samples were submitted by Hinckley U.D.C. for whom your Analyst holds the appointment of Public Analyst.

Of Corporation Departments other than the Health Department, the Welfare and Central Purchasing Departments made most use of the resources of the laboratory. For the Welfare Department constant control of boiler

	1965	1964	1963	1962	1961
Atmospheric Pollution samples	3070	3116	2996	3070	3179
Health Department samples	591	755	625	575	357
Samples submitted by other Corporation Departments	216	198	90	70	2
Samples examined for private persons or local industry	245	167	176	172	123
Samples examined for other Local Authorities	391	290	32	34	6
Total	4513	4526	3919	3921	3667



feed water quality is maintained for the boilers at Hillcrest Hospital, and as a consequence considerable expense has been saved on the maintenance of these boilers. For the Central Purchasing Department 64 samples of various commodities were examined in order to facilitate selection for contract purposes.

Finally a glance at the table setting out the samples examined under the consultative service offered to the public and industry will illustrate the vast range of samples examined in this laboratory, an interesting example of which was a number of sheets and articles of clothing that had been incorrectly processed by a dry-cleaner with the result that the fabric disintegrated under the slightest strain. On the evidence of the certificate of analysis some £40 compensation was received by the person concerned.

**Miscellaneous samples: samples examined for Corporation Departments**

**Health Department**

<i>Atmospheric pollution investigation</i>			
Lead peroxide cylinders	48		
Rain waters	36		
Daily volumetric smoke & sulphur dioxide recordings	2986	3070	
Waters (City in supply check samples)		167	

**Miscellaneous**

Bath waters	76		
Bread	3		
Cortisone tablets	2		
Dummies	1		
Faeces	1		
Grit	4		
Hops	5		
Material	1		
Mouse droppings	1		
Pigeons	1		
Plastic toys	3		
Sausage rusk	1		
Steriliser and bleach	1		
Urine	1		
Water (Bac)	24		
Stream water and complaint water samples	44		
Daily samples of city supply water	255	424	

**Welfare Department**

Boiler waters	107		
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**Baths Department**

Boiler waters	4		
Swimming bath waters	25	29	

**Cleansing Department**

Weed killer	1		
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**Museums Department**

Contents of 17th century bottle	1		
Outer covering and inner lining of 17th century helmet	2	3	

**Works Study Department**

Cleansers	2		
Scrapings from ceiling	1	3	

**City Engineer's Department**

Water (Bac)	4		
Water from flue	1	5	

**Organisation and Methods Department**

Paint scrapings	1		
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**Markets Department**

Chrome cleaner	1		
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**School Meals Service**

Deposit from custard powder	1		
Liver	1	2	

**Central Purchasing Department**

Antifreeze	13		
Detergent	4		
Disinfectant	2		
Heavy duty cleaners	3		
Hypochlorite solution	4		
Liquid soap	8		
Paint	11		
Paper towels	6		
Soap	8		
Toilet rolls	5	64	

**Consulting Service**

<i>Foods and Drugs</i>			
Baby food	1		
Bread	7		
Cheese	1		
Corned beef	1		
Cornish pastie	2		
Crumpet	1		
Egg, pasteurised	3		
Fish cake	1		
Flour	1		
Foreign body from peas	1		
Frozen cooked potato	1		
Fruit juices	4		
Luncheon meat	1		
Milk (antibiotic)	8		
Onion powder	8		
Pork pie	1		
Pills	3		
Sausage	4		
Sausage rusk	1		
Soft drinks	3	53	



## Consulting Service

<i>Miscellaneous</i>		
	Adhesive tape	3
	Anacut salts	1
	Bath cleansers	4
	Bricks and plaster	3
	Brine	4
	Building sand	1
	Cardboard	2
	Clay	1
	Clothes	2
	Concrete sand	1
	Creosote	1
	Deposit	3
	Disinfectant	1
	Dog Choc Drops	3
	Dog meat	1
	Dust	1
	Effluents	46
	Engine oil	1
	Fertilisers	8
	Fluid from car battery	1
	Fly ash	1
	Gluten	2
	Ink	2
	Limeade residue	1
	Liquids	4
	Mineral water	1
	Mosaic balls	1
	Oil	2
	Ointment	1
	Paint	1
	Paint scrapings	1
	Paper	3
	Petrol	1
	Piping	1
	Plate	1
	Poultry food	1
	Residue from sweet making machine	1
	Ring	1
	Samples for lead determination	8
	Sand	2
	Shale	1
	Slag and sandstone	2
	Soil	2
	Steel laminates	1
	Solution	2
	Talcum powder	1
	Tobacco	1
	Water	52
	Whey	1
	Wooden blocks	1
	Wood lacquer	4

192

# **Samples examined for other Authorities**

## **Billesdon R D C**

Baby food	1	
Bread with foreign body	1	
Effluents	6	
Skinless sausage	1	
Vapona insecticide strip	1	10

## **Melton Mowbray U D C**

Effluents	19	
Waters	12	31

## **Leicestershire County Council**

Deposit	2	
Effluents	38	
Waters	8	48

## **Lutterworth R D C**

Effluents	4	
Water	1	5

## **Ashby R D C**

Effluents		2
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## **Ashby U D C**

Cornish pastie with foreign body	1	
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## **Coalville U D C**

Bread with foreign matter	1	
Cheese	1	
Corned beef	1	
Flour with foreign body	1	
Pasteurised egg	3	7

## **West Kesteven R D C**

Effluents		69
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## **Wigston U D C**

Bread with foreign matter	1	
Crumpet	1	2

## **Melton and Belvoir R D C**

Effluents	3	
Water	5	8

## **North West Leicestershire Water Board**

Water		4
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## **Blaby R D C**

Mastic material from frozen peas	1	
Metal turnings	1	2

## **Oadby U D C**

Vitbe brown bread		1
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## **Castle Donington R D C**

Cheese	1	
Pasteurised egg	1	2

## **Hinckley U D C**

Foods	181	
Drugs	10	
Water	5	
Trade effluents	3	199

Total		4513
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Deposit from Standard Deposit Gauges in tons per square-mile per month

Town Hall Roof		1965	1964	1963	1962
Insoluble deposit: a Tar		0.08	0.10	0.08	0.19
b Soot		2.18	2.16	2.46	2.97
c Ash		4.29	4.37	6.33	9.11
Soluble deposit		6.74	6.34	7.31	7.54
Total deposit		13.29	12.97	16.18	19.81
Crown Hills		1965	1964	1963	1962
Insoluble deposit: a Tar		0.05	0.04	0.04	0.05
b Soot		1.46	1.38	1.50	1.44
c Ash		2.44	2.20	2.14	2.64
Soluble deposit		4.96	3.95	4.82	4.48
Total deposit		8.91	7.57	8.50	8.61
Western Park		1965	1964	1963	1962
Insoluble deposit: a Tar		0.03	0.06	0.03	0.06
b Soot		1.21	1.06	1.04	1.15
c Ash		1.80	2.05	1.85	2.61
Soluble deposit		4.54	3.77	4.66	4.43
Total deposit		7.58	6.94	7.58	8.25

### Atmospheric pollution

Pollution of the atmosphere is checked by three different methods in this laboratory. All the methods used are the official procedures recommended by the Department of Scientific and Industrial Research.

Daily estimations of the smoke and sulphur dioxide content of the air are taken from each of six sites in Leicester, these sites being operated in conjunction with the department of Scientific and Industrial Research (D.S.I.R.) as a part of the National Survey of Atmospheric Pollution commenced in 1961.

An indication of the state of pollution of the air in Leicester during the past four years is given in the table opposite. Figures obtained from standard deposit gauges.

### Swimming bath waters

Of the total of 76 samples taken from swimming baths in the City, only three were the subject of adverse comment, all from outdoor swimming pools. All samples taken from Corporation controlled baths were of a quality beyond reproach.

### Fertilisers and feeding stuffs

Forty-five samples of fertiliser were submitted for examination during 1965 under the Fertiliser & Feeding Stuffs Act 1926. Five samples were rejected for the following reasons:

- i A liquid manure—not labelled in accordance with the requirements of the Regulations.
- ii Superphosphate of Lime—contained excess of soluble phosphoric acid.

iii Lawn Feed—contained excess of the declared potash content.

iv Growmore Fertiliser—contained excess of soluble phosphoric acid and was deficient in potash.

v Steamed Bone Meal—contained excess of declared nitrogen.

Of the six feeding-stuffs examined, three were rejected because of non-declaration of the required statement of analysis.

A further eight samples of fertiliser were examined for private persons.

#### *Other activities*

Your Public Analyst in the role of Chief Scientific Intelligence Officer is greatly concerned with the training of Civil Defence personnel in scientific matters. Lastly support is given to professional bodies such as the Association of Public Analysts, The Royal Institute of Chemistry, The Society for Analytical Chemistry and the Institute of Food Science and Technology.

Finally it might be mentioned that during 1965 your Public Analyst was elected a Fellow of the Institute of Food Science and Technology and was also successful in obtaining the Diploma of Pharmaceutical Analysis awarded jointly by the Royal Institute of Chemistry and the Pharmaceutical Society.





I am indebted to Mr. H. Wallhouse, MICE, FASCE, MIWE, AMIMEchE, Water Engineer, for the following report on the work of his Department during 1965.

Mr. Wallhouse reports as follows:

- a Quality and quantity have generally been satisfactory. Consumer complaints have been substantially fewer than in the previous year due to the remedial action taken.
- b *Table 1* shows the number of routine samples examined relevant to the City supply.  
*Table 2* gives a summary of the bacteriological results of routine samples of raw and final waters.  
*Table 3* shows the average chemical analysis of the blended supply to the city from No. 4 Reservoir, Hallgates.  
*Table 4* shows the fluoride content of the constituent supplies with a summary of the current position regarding artificial fluoridation.
- c No instance of plumbo-solvency has been reported.
- d Systematic flushing of mains has continued throughout the year to remove various sedimentary deposits. Ten local operations were carried out in order to remove infestations of *asellus aquaticus* from mains in the city area by injection of 0.01 p.p.m. of pyrethrin. The whole city supply was then treated with the same chemical for a period of 10 days as a clearing-up operation.
- e 88,673 dwelling-houses were supplied with water from public mains, and the total population supplied is estimated at 267,050.

Table 1

Source of sample	Number of samples examined		
Raw water	Chemical	Bacteriological	Biological
Cropston reservoir	2	.	.
Swithland reservoir	39	40	58
<b>Partially treated water</b>			
Centralised filtration system (Hallgates)	15	8	.
<b>Final water</b>			
Derwent supply	99	97	.
Dove supply	53	53	.
C F S supply	68	65	.
Blended supply to city	159	160	.
Totals	435	423	58
Grand total of routine samples	916		



**Table 2 Bacteriological quality**

**1 Raw water** from Swithland reservoir

Statistical distribution of most probable numbers of coliform organisms and *escherichia coli* type I per 100 ml

	Coliform	E. Coli I
Lower quartile	9	3
Median	90	25
Upper quartile	350	165

**2 Final waters**

Source	No. of samples examined	No. of samples containing coliform organisms per 100 ml			
		0	1-2	3-10	over 10
Derwent supply	97	97	.	.	.
Dove supply	53	53	.	.	.
C F S supply	65	65	.	.	.
Blended supply to city	160	160	.	.	.
Total	375	375	.	.	.

**Table 3 Average chemical analysis**

Blended supply to city from No. 4 reservoir, Hallgates

Results in parts per million unless otherwise stated

	Result
pH (units)	7.85
Electrical conductivity (Micromhos/cc)	323
Colour (Hazen units) <i>less than</i>	5
Turbidity (units)	0.4
Hardness total	148
Calcium	112
Magnesium	40
Alkalinity (carbonate hardness)	72
Chloride (as Cl)	22
Sulphate (as SO <sub>4</sub> )	67
Oxygen absorbed from permanganate	1.3
Iron (as Fe)	0.03
Manganese (as Mn)	0.03
Aluminium (as Al)	0.07
Total residual chlorine	0.12

**Table 4 Fluoride**

Fluoride content of constituent supplies in mixed water to city

F in parts per million	
Derwent supply	0.06
Dove supply	0.21
C F S supply	0.19
Blended supply to city	0.13

*Fluoridation scheme*

At the request of the local health authorities in their area of supply, the Leicester City Council have agreed to fluoridate the water supplied by their water undertaking and have submitted to the Minister of Housing and Local Government details of the technical arrangements they propose to make to bring this into effect. The arrangements have been approved in principle by the Minister and it is hoped that the necessary arrangements will have been completed with the other water undertakings linked with the Leicester undertaking and the requisite plant installed in time for the general introduction of fluoride in 1968.



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## Sewerage

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I am indebted to Mr. W. R. Shirrefs, TD, MICE, MIMunE, AMTPI, City Engineer and Surveyor, for the following statement on sewage disposal.

"The new sewage disposal works at Wanlip were brought into full operation during the year 1965. Difficulties that arose with the mechanical equipment are gradually being resolved, but it has been necessary to store large quantities of sludge on the site and arrangements are now in hand to tanker most of this material to Beaumont Leys."

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## Cremation

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I am indebted to Mr. D. G. Clarke, Superintendent Registrar, for the following information which is extracted from his Annual Report.

During 1965 the number of cremations carried out at the Leicester Crematorium totalled 2,685, compared with 2,537 cremations in 1964. The usual pattern of a yearly increase in the number of cremations has been resumed, following the first decrease for many years in 1964.

	1965	1964	1963	1962	1961
Yearly figures of cremation at					
Leicester Crematorium	2685	2537	2692	2542	2484
Registration Area of cremations					
City inhabitants		1877			
Non-inhabitants		808			
Total	2685				



### **Superannuation medical examinations**

778 examinations were performed with a 5% rejection rate.

### *Advisory*

To a limited extent, an industrial health advisory service exists for assessing fitness for work, the wisdom of early retirement due to ill-health, and resettlement in suitable employment within the Corporation after illness resulting in temporary or permanent disablement.

A special annual examination of sewer workers, who are at special risk of industrial hazard, is also made.

It has become apparent that more benefit to employees would result from an extension of this type of service, and consideration is being given to finding ways of doing so. Assessment is desirable before the time of resuming employment has arrived and before sick pay entitlement has become exhausted.

### **Registration of nursing homes**

	Address	No. of beds
Central Nursing Home,	6 University Road	15
Sundial Nursing Home,	Aylestone Road	20
St. Francis Private Hospital,	362 London Road	54
The Lawn Nursing Home,	London Road	22
	Dane Hills Convent	56
	"Ava", Ratcliffe Road	18

The Medical Inspector of Nursing Homes makes every effort to ascertain the existence of any unregistered Nursing Home and investigates any instances brought to her notice. During 1965 there were six registered Nursing Homes.

### **Registration of nurses Bureaux**

There is one nurses' bureau in the City.

# Index

	Page		Page		Page
Abnormalities-Stillbirths	30	Bedding for Tuberculous patients	102	Cold Injury (Hypothermia)	3
Accidents-Factory, etc	103	Births and Birth-rates	7	Committees	1
Adoption of Children	29	Blind Persons	11	Common Lodging House	100 116
Adult Training Centre- Mental Health	19 21	British Red Cross Society	65	Complaints-Sanitary	115
After-Care	61			Compulsory Improvement of Houses	98
Aged-Care and nursing of	3 49	Cancer	8 10	Compulsory Removal- Section 47, National Assistance Act, 1948	63
Ambulance Service	66	Caravans	102 116	Condemned Carcasses and Meat	128-129
Analgesia-gas and air	67	Carcasses condemned	128 129	Condemned Foodstuffs	127
Analyst's Report	132	Care and After-care	61	Congenital Malformations	30
Animals slaughtered	114 128	Care of illegitimate children	29	Consumer Protection	111
Animals-incidence of disease	128-129	Care of mothers and young children	27	Convalescent Home Cases	63
Ante Natal Classes	93 94	Catering Premises	110 113	Corporation Employees- Medical examination of	156
Ante Natal Clinics	37 45	Causes of Death	8-10 28	Corporation Properties	101
Appliances-Nursing	65	Chest Clinic Report	75	Cream (fresh)-Sampling	126
Area Comparability Figure	7	Chief Officials	2	Cremation	155
Area of City	7	Child Minders	34		
Atmospheric Pollution	107 116 133 143	Child Welfare Centres	45	Dairies	111 116
	148	Chiropody Service	64	Day Nurseries	32
Audiology Clinic	31 45	City Ambulance Service	66	Deafness in the pre- school child	31 45
		Clean Air Act	107		157
Bath Waters, Examination of	101 148	Clean Food Guild	113		
B C G Vaccination	78 91	Clinic Nurses	42		
		Clinics	37 45		



Deaths and Death-rate	7 8-10	Health Visiting and		Lung Cancer	8 10
Dental Reports	24 35	Health Visitors	40		
Diocese of Leicester		Health Visitors' Training		Marie Curie Memorial	
Council for Social Work	29	School	41 42	Foundation	50
Diphtheria Immunisation	86	Health Visitor Tutors	42	Markets	116
District Nurses— <i>training of</i>	47	Hepatitis	70	Marriages	7
Domestic Help	51 95	Holiday Homes	63	Mass Radiography	82
Domiciliary Laundry Service	64	Home Help Service	51 95	Maternal Mortality	7
Drainage, sanitation and		Home Helps— <i>training</i>	60	Maternity and Child Welfare	
water supply	100 116	Home Nursing Service	46	Dental Report	35
Drinking Waters	100 150	Hostels— <i>Mental Health</i>	19	Maternity Homes (Registered)	156
Dysentery	32 74	House building— <i>new</i>	99	Maternity Nursing	36
		Houses— <i>empty or inhabited</i>	7	Meals-on-Wheels Service	56
		Houses let in multiple		Measles	7 72
		occupation	99 116	Meat Inspection	114
Emily Fortey School	23	Housing	98 116 117	Medical examination of	
Environmental Hygiene	93	Housing Defects	98 116	Corporation employees	156
Epidemiology	69	Hypothermia— <i>cold injury</i>	3	Medical Equipment Loan	
Equipment (Medical) Loan				Service	65
Service	65			Meningitis	72
		Ice Cream	116 126 137	Mental Health Service	14
Factories Acts	106 116 122	Illegitimate Births	7	Merchandise Marks Acts	
Fertilizers and Feeding	126 133 148	Illegitimate children—		and Orders	116
Stuffs		<i>care of</i>	29	Midwives and Midwifery	
Fluoridation Scheme	153	Illegitimate Infant Deaths	7	Service	36
Flying Squad (Obstetric)	38	Immigrants	39 76 84	Midwives' radio	39
Food and drug samples		Immunisation	85	Milk, Analysis and Sampling	125 139
analysed	112 126 133 139-142	Improvement Grants		Milk Bottle Hygiene	125 139
Food Hygiene	95 110 116 125	(Housing)	119	Milk and Dairies	111 125 138
Food Poisoning	73	Infant Mortality	7 28	Milk for Tuberculous	
Foodstuffs condemned	127	Infant Welfare Centres	45	Patients	102
Fosse Industrial Unit—		Infectious Diseases	8 32 69 116	Mothercraft and Relaxation	
<i>Mental Health</i>	21	Infectious Hepatitis	70	Clinics	37 93 94
		Infestations	115	Movable Dwellings	102 116
		In-Service Training	33 43		
		Inspections— <i>Synopsis of work</i>	116		
		Introductory letter	3		
Gas and Air Analgesia	67				
General Practitioner/					
Obstetricians	38	Knackers' Yards	129	National Assistance Act,	
General Rate and				1948, Sect 47	63
Rateable Value	7			Neo-natal Mortality Rate	7
Glenfrith Training Unit—				Night Help— <i>Home Help</i>	
<i>Mental Health</i>	21			Service	54
Graphs	10 70	Labelling— <i>Defective, etc</i>	137 139	Night Visiting Service—	
		Laundry Service for Old		<i>Home Nursing</i>	50
		People	64	Noise and Vibration	
Handicapped children	30	Legal Proceedings	99 102 107 113	Nuisances	109 116
Health Centres	62	Legislation— <i>new (Analyst's</i>		Nuisances	107-109 116
Health Committee	1	<i>Department)</i>	135-138	Nurseries and Child	
Health Education	92	Liaison	62	Minders Regulations	
		Lighting— <i>Factories, etc</i>	104	Act, 1948	34
		Living Conditions	98	Nurses' Bureaux	156

Nursing Appliances	65	Recuperative Holidays	63	Training School—Ambulance	
Nursing Homes, Registered	156	Red Cross Society	65	Personnel	67
		Refresher Courses	42 50	Training of District Nurses	47
		Register of Handicapped		Training of Home Helps	60
		Children	30	Training of Mentally	
Occupation Centre (See		Registered Nursing Homes	156	Handicapped	19 21 23
Emily Fortey School and		Registration of Child Minders	34	Training School for Health	
Fosse Industrial Unit)		Registration of Nurses'		Visitors	41 42
Offensive Trades	129	Bureaux	156	Tuberculosis	75
Offices, Shops and Railway		Rehousing on medical grounds	68	Attendances at Chest Clinic	81
Premises Act, 1963	103 116 120	Rent Act	98 116	B C G Vaccination	78 81
Outworkers	107 123	Rodents	115	Care and After-Care	63
		Runcorn House—		Cases on Register	81
		Mental Health Hostel	19	Chest Clinic Report	75
				Chronic Cases	79
				Contacts	78
				Deaths and Death-rates	79
				Deaths—Analysis	79
Perinatal Mortality Rate	7			Examinations—Clinical	
Pests	115 130	Samples analysed	112 126 133 139–149	and Radiological	78 80
Pet Shops	116 129	Samples analysed for		Expectant Mothers—	
Pharmacy and Poisons Act	116	Corporation Committees	145	radiological examination of	81
Pig Lairages	74	Samples analysed for		Provision of beds,	
Pigeons	115	other Authorities	147	bedding and milk	102
Poliomyelitis	72	Sanitary accommodation		New cases	77
Poliomyelitis Vaccination	86 90	in factories	106	Recovered cases	79
Population	7	Scarlet Fever	72	School Case-finding	
Post-Natal Clinic	37 45	Sewerage	154	Scheme	78
Premature Infants	30	Shellfish—bacteriological		Visits to patients' homes	44
Premature Retirement		examination of	126	Mass Radiography Unit	
Medical Examinations	156	Showmen's Guild Site	103	Report	82
Prematurity as Cause of		Slaughterhouses	114 128	Typhoid Fever	72
Death	28	Slum Clearance	117		
Prevention of Illness	3	Smallpox Vaccination	86 89	Vaccination	85
Problem Families	56	Smoke Abatement	107 116 124 133	Van Dwellings	102 116
Property Enquiries	100		143 148	Venereal Disease	8 84
Prosecutions	99 102 107 113	Smoke Nuisances	107	Visitors to Department	42
Public Health Inspection—		Social Clubs—Mental Health	25	Vital Statistics	5
Synopsis of Inspections	116	Sonne Dysentery	32 74		
Public Health Inspector's		Staff	2 23 33 39 41 47 52 60 134		
Report	96	Statistics—Ambulance Service	67		
		Statistics—Home Nursing			
		Service	48		
		Statistics—Housing	118	Wasps	115
		Statistics—Vital	5	Water Closets and	
Qualifications of Senior		Stillbirths	7 30	internal water supply	100
Public Health Officers	2	Sub-Committees	1	Water Supply (City)	150
		Superannuation Medical		Whooping Cough	8 72
		Examinations	156	Whooping Cough Immunisation	86–88
		Swimming Bath Waters	101 148		
Radio Communication—					
Midwives	39				
Rag Flock and other					
Filling Materials Act	116 133				
Rateable Value	7	Tetanus Immunisation	86 87 89	Yellow Fever Vaccination	91
					159









