

[Report 1954] / Medical Officer of Health, Oxford City.

Contributors

Oxford (England). City Council. no2012034102

Publication/Creation

1954

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CITY OF OXFORD

ANNUAL REPORT

of the

MEDICAL OFFICER
OF HEALTH

for the year

1954



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MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is my seventh Annual Report and is compiled in accordance with Ministry of Health Circular 28/54.

The vital statistics for 1954 are generally satisfactory. The infant mortality rate, the neonatal mortality rate, and the stillbirth rate have all remained low, and, taken in conjunction with the fact that once again there was no death associated with childbirth, are indicative of the excellent maternity and paediatric services provided in this city.

The death rate was very low, being the third lowest on record. There were only 7 deaths from pulmonary tuberculosis; the lowest number ever recorded. Of the 980 deaths which occurred amongst city residents, no less than 448 were in persons over the age of 75. The cancer death rate dropped slightly and there was no increase in the number of deaths from lung cancer, although this figure remained relatively high.

For the last 4 years the birth rate has remained almost stationary and has even shown a slight tendency to increase; it is therefore most disappointing to have to report a substantial fall in 1954. As some compensation, it is gratifying to report a further fall in the illegitimate birth rate, although this is still well above the national rate.

The ambulance service has once again dealt with more patients. This increase has occurred almost entirely amongst outpatients, particularly at the Churchill Hospital in connection with the developing radiotherapy and occupational therapy departments, and at Cowley Road Hospital in connection with the day hospital and the physiotherapy and occupational therapy departments. The very heavy demands made by the physiotherapy and occupational therapy services of the United Oxford Hospitals on the Ambulance Service is demonstrated by the results of a survey undertaken in the first three months of the year, when 50% of the total outpatient needs for transport came from these departments. The total mileage has again decreased, a happy result achieved by the greater use of the utilecon type of vehicle, by radio control, and by the use of rail travel for long distance cases. The equipment of all ambulance vehicles with radio control will be completed in 1955. Towards the end of the year, the strain on staff, resulting from the greater number of patients carried, led to the approval of an increase in establishment of two additional driver/attendants and one additional clerk/telephonist. The new ambulance depot is in course of construction and should be ready for occupation before the end of 1955.

The increasing co-operation between general practitioners and health visitors noted in last year's report has grown steadily. The National Health Service Act extended the work of the health visitor to include the whole family, but an analysis of home visits in Oxford has shown that 93% are still in connection with children under the age of 5. The health of these young children must remain the major interest of the health visitor, but there is room for expansion in other directions.

In February, an experiment was started in the South Oxford area of having a nurse who combined the functions of home nursing, health visiting, and school nursing. It was thought that as the duties of the health visitor as well as those of the district nurse now embrace the whole family, a combination of health teaching with practical nursing might have advantages. The area chosen was compact and had a population of approximately 3,000. After a short period, this was found to be too small and the area was substantially enlarged and, at the same time, the combined "family" nurse was allowed to use her car. As the winter approached the larger area of about 5,300 population proved to be too big and the health visiting work suffered. The experiment is continuing on the assumption that, for Oxford, the right size of area for a combined worker with a car might be in the region of 4,000 population. Although such combined duties may be attractive in theory, some of the difficulties in putting them into practice have already been experienced, and a good deal of further experimentation will be necessary before a worthwhile opinion can be given on the value of such a scheme in an urban area.

The home help service has not been able to meet all the demands made on it, and occasionally deserving cases have had to be refused. More and more the emphasis has shifted towards the aged and chronic sick and, of these, no less than 117 required continuous help throughout the year; a heavy load on the service, but well worthwhile if hospital beds are thereby saved.

The home nursing service has had another busy year with more than half the total number of visits being to patients over the age of 65. Again there has been an increase in the number of injections given. The preliminary arrangements have been made for the City Council to take over direct responsibility for this service during 1955.

The domiciliary occupational therapist has made regular visits to over 100 home-bound patients. This has proved to be a most valuable service and is shortly to be extended. It is generally agreed that there is a need for a sheltered workshop in Oxford, and a search is being made for suitable premises. Such a workshop would include the blind workers who, at the moment, are scattered in three not very satisfactory centres. A sheltered workshop would be closely linked to the hospital and domiciliary occupational therapy services and would provide a stage between these and normal employment for many workers. In addition, it would provide a permanent place of employment for handicapped persons able to reach such a centre and capable of useful work and yet so disabled as to be unable to hold a place in open industry.

It was a quiet year from the point of view of the infectious diseases. No case of diphtheria occurred for the fifth year in succession. There were only 35 cases of scarlet fever, the lowest number ever notified. About the average number of cases of whooping cough occurred, but only 13 cases of measles were notified, the lowest total yet recorded, but perhaps not altogether surprising in view of the record number of cases in the previous

year. No case of typhoid fever occurred, but there were 2 unrelated and unexplained cases of paratyphoid B. There were 3 cases of meningococcal fever, of whom 1 died. There were only 2 cases of poliomyelitis, and 1 of these contracted the infection outside the city. A review of the 35 cases of poliomyelitis amongst city residents since the beginning of 1949 has been made. Of these cases, 4 died, 11 made a complete recovery, whilst 20 have been left with some residual disability, although in most cases this is of a minor category. For instance, of the 14 children involved, 13 are now able to attend ordinary schools, whilst, of the 4 adult cases, 2 males have returned to their former employment and 1 female is able to undertake her ordinary housework. Only 1 female and 1 child have been left severely and permanently handicapped.

An epidemic of virus B influenza commenced early in December and continued until the beginning of March, 1955. It was unpleasant, but not very widespread or severe. The incidence was highest among school children and the boarding schools were particularly hard hit. Sonne dysentery was prevalent during the first 6 months of the year, most of the cases occurring as a result of 4 separate school outbreaks. In October, a small but rather worrying outbreak of acute meningo-encephalitis affected 3 municipal midwives. The cause of this was not ascertained, but a full report is given in case the details may be of value to subsequent investigators. The midwives suffered from a rather protracted illness, but all have now recovered. Towards the end of the year, notification was received that a number of cases of lead poisoning, of which some had been fatal, had occurred in Rotherham as a result of burning old car battery cases as domestic fuel. Full enquiry was made but no evidence could be found of any such risk operating in this city.

The picture with regard to tuberculosis is encouraging. As a result of intensive case finding, the number of notifications rose, but the number of deaths, for the first time, was measured in single figures. It is significant that a record high number of contact examinations produced a record low number of new cases. Recent advances in treatment have been spectacular and nowadays all but the most advanced cases can confidently expect to get well and return to normal life and work. Out of nearly 400 cases notified since 1950, only 1 has died from tuberculosis. For the latter half of the year, Oxford had the advantage of 2 mass miniature radiography units operating within the city. The service was available to the general public as well as being offered to selected groups, and, as a result, about a third of the population of the city had a chest X-ray. As well as thanking the staff of the mass radiography units for their most helpful co-operation, it is also desired to acknowledge the fine voluntary effort organised by the Oxford Tuberculosis Care Committee, which resulted in the distribution of informative leaflets to all households immediately prior to a visit of one of the units to that area. The value of this effort is shown by the fact that nearly 40% of all new cases notified during the year were found as a result of mass radiography. The most important task of the

future is the discovery of unrecognised disseminators of tuberculous infection, and in this respect general practitioners can play a most important role by referring all their patients with persistent or recurrent respiratory symptoms for a chest X-ray. Tuberculosis as a major problem, which it has been for so many years, is on the retreat, and that retreat can become a rout if all available weapons are brought to bear on this preventable disease.

The number of newly-discovered cases of venereal disease amongst city residents has remained constant for the last 3 years at a relatively low figure, but the aim must be the elimination of these unpleasant diseases.

The view is frequently expressed that the reduced risk of contracting diphtheria is leading to a dangerous fall in the number of babies immunised, but it can confidently be stated that this fear is not being realised in Oxford; thanks to the constant educational efforts of health visitors, to the ease with which the preventive inoculations can be carried out at every child welfare clinic, and to the good sense of parents. The official target of 75% of babies immunised has been maintained if all children under the age of 3 are included. With regard to infant vaccination against smallpox, it is most gratifying to see the numbers rising steadily each year to the high figure of 62% this year. Routine immunisation against whooping cough, using "plain suspended" vaccine, has been available throughout the year at all the child welfare clinics and has been popular with parents.

Co-operation between general practitioners, hospital maternity departments, and the local authority domiciliary midwifery service has reached a high level. The bulk of antenatal care is now carried out by general practitioners at their own surgeries, and in this connection a municipal midwife attends the antenatal sessions of 5 general practitioners. A minority of mothers still prefer to attend a municipal clinic for their routine antenatal care, but, in addition, they all invariably book with a general practitioner whom they see at least twice during pregnancy, with a full report from the clinic doctor. The municipal antenatal clinics are being used increasingly by general practitioners for routine blood tests on their patients. In September, a new arrangement came into operation for the selection of patients for the available hospital maternity beds. In future, no hospital bookings will be made without the knowledge of the family doctor, and the latter will only refer patients to hospital on social grounds after receiving a report on the home conditions supplied by the domiciliary midwife concerned. Hospital deliveries comprised 61%, domiciliary cases 34%, the balance of 5% being made up of cases confined in nursing homes. Arrangements have also been made for all patients booked for hospital confinement to receive a home visit by the district health visitor before admission to hospital. The purpose of this visit is to meet the mother, to make sure that adequate arrangements are being made for the baby, and to give any necessary health advice. The domi-

ciliary training of pupil midwives continued, but the number residing in the midwives' hostel was reduced from 10 to 8 in order to provide a sufficient number of domiciliary cases for medical students.

The incidence of premature babies weighing under 5½-lb. at birth was 6.2%, with a survival rate of 83.3%; a most satisfactory result, indicative of the care lavished on these tiny babies by all concerned in the city.

The child welfare clinics were attended by no less than 91.3% of all children under the age of 1 year. The reasons for children seeing the clinic doctor have been very similar to previous years and may be summarised as 49% for prophylactic inoculations, 23% for routine medical inspections, and 28% for consultation in relation to a problem. A scheme of routine birthday examinations is in operation and is justified by the number of conditions found requiring either treatment or observation. It has been shown that these routine birthday examinations can reduce substantially the number of defects detected for the first time in school entrants. The new North Way Clinic was opened on 1st July, and this very fine new building has already proved a great asset to the residents of this estate. In addition to the child welfare clinic held there, there is a very flourishing parentcraft club. Arrangements are now being made for the use of this building by 6 general practitioners for branch surgery purposes; another example of the helpful co-operation which exists between general practitioners and the local health authority. Routine tuberculin jelly testing was continued as part of each birthday examination and, as a result, 1 unsuspected adult case of tuberculosis was found and 3 tuberculin positive children are being kept under careful observation.

Details have kindly been supplied of 13 city children admitted to the Oxford hospitals suffering from accidental poisoning. There is a clear warning here for all parents to make sure that all tablets and other harmful chemical substances are kept well out of the reach of young children.

At the end of June, responsibility for the distribution of National Welfare Foods passed from the Food Office to the Health Department. In addition to distribution from all child welfare clinics, a central distribution depot was established within the Health Department. The transfer of this scheme has worked smoothly, but one cannot help being amazed by the volume of detailed clerical work which the Government Department concerned seems to regard as essential for the proper control of these products. Surely there could be some simplification in the present most elaborate record keeping.

During the latter part of 1953, it seemed that Botley Road Day Nursery might shortly close down, but early this year, the demand increased and, as a result, both nurseries have been nearly fully occupied throughout the year. The upper age limit was raised to 3 years, and a medical officer was made responsible for the assessment of the need for admission in all cases.

The shortage of staff ($2\frac{1}{2}$ dentists out of an establishment of 5) has precluded any attempt to expand the dental service for mothers and young children. It has, however, been able to cope with the small amount of emergency work which has been requested.

Both admissions to and discharges from mental hospitals have again increased, 57% of the admissions being voluntary patients. There was a slight fall in the number of admissions of elderly patients and a very welcome substantial fall in the number of certified patients amongst the aged; developments at Cowley Road Hospital have undoubtedly helped in this respect.

The admission of cases of mental deficiency to institutions in the region is still very difficult owing to shortage of beds, but, thanks to the excellent co-operation of the staff of the Regional Hospital Board, the worst cases have been dealt with expeditiously. At the beginning of the year, the newly-built occupation centre came into use and was subsequently formally opened by the Mayor and named the "Mabel Prichard" Occupation Centre in recognition of the many years of service to public health and welfare of Alderman Mrs. Prichard, O.B.E., M.A., J.P. The centre was later visited by the Minister of Health, the Right Honourable Iain Macleod, M.P. The opening of this fine new centre is an appropriate moment to record an appreciation of the devoted work of Miss O. Warburton, who has been Supervisor since the first occupation centre was opened in 1928, in temporary premises in the Mission Hall, Paradise Square. A very active Parents' Association has been formed and was largely responsible for financing a week's seaside holiday for many of the children attending the centre.

There is a long waiting list for accommodation in old people's homes, whilst The Laurels remains overcrowded and unsatisfactory because of the small amount of ground floor accommodation available. An extension providing 20 additional places is under construction at Barton End. It is now permissible to build new homes for up to 60 residents, and it is envisaged that 3 or 4 such homes will eventually be required in this city in order to accommodate those on the waiting list plus the residents at present in The Laurels, which would then be closed. Sites for these homes have now been agreed. There has been no further difficulty with regard to the provision of accommodation for the temporary homeless, following the action taken last year.

The very valuable chiropody service for old people, introduced in 1953 by the Council of Social Service, has been expanded and facilities are now provided at 9 old people's clubs.

The sanitary section of the department has had a very busy year, with particular emphasis on atmospheric pollution, slaughterhouses, and housing. Preliminary steps have been taken to establish a smokeless zone in the city centre. Such a scheme will not only secure better health for those resident in the area, but a longer life for many of Oxford's unique and historic buildings. The main contemporary causes of atmospheric

pollution are the gas and electricity works and the railway, all unfortunately sited in the western area of the city. Removal and/or modernisation are the only satisfactory answers to each of these problems, but, in the meantime, some improvement has been achieved in co-operation with the managements concerned. The 8 new sulphur pollution gauges, sited strategically throughout the city, have been in use during the year and have given interesting results.

At the end of June, the control of slaughtering passed from the Ministry of Food to the City Council, who decided to licence only 2 premises on the grounds that these have coped adequately, since 1940, with all the slaughtering needs of a community extending well beyond the city boundary. Both these premises require improvements and these are being effected with the co-operation of the managements concerned.

On 1st April, the city was included in a "special designation" area in which only heat-treated milk or tuberculin tested raw milk can be sold. This is a further important step forward in the campaign for a safe milk supply. The food hygiene campaign made further progress during the year but is hampered by the very frequent changes and poor quality of staff working in many of the food preparation premises.

With regard to housing, plans for the redevelopment of St. Ebbe's, St. Clement's, and Headington Quarry, have been under consideration, in conjunction with an assessment of the slum clearance problem. A preliminary survey shows that about 500 houses may require demolition and clearance, whilst many more will require repair and maintenance work.

Responsibility for the ambulance and welfare sections of the Civil Defence Corps continued to occupy part of the time of various members of the staff of the Health Department.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and able support I have received from all members of my staff throughout the year.

Finally, I should like most sincerely to thank you, Mr. Chairman, and all Members of the Health Committee, for the encouragement and kindly consideration extended to me and members of my staff throughout the course of another busy year.

Yours faithfully,

J. F. WARIN,
Medical Officer of Health.

SECTION I

COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Councillor WARRELL.

Vice-Chairman: Councillor MEADOWS.

Alderman BLACKLER.	Councillor Mrs. E. GIBBS.
" CAPEL.	" HARRISON.
" GILL.	" KINCHIN.
" Mrs. HARRISON-HALL.	" KYNERSLEY.
" Mrs. PRICHARD.	" MOORHOUSE.
" SMEWIN.	" Mrs. PACKFORD.
Councillor BROMLEY.	" Mrs. REES.
" CHURCH.	" ROBERTS.
Mrs. M. HOUGHTON } Miss O. ALLAWAY }	} representing the Oxford County and City Executive Council.
Mr. J. G. ROBINSON, representing the United Oxford Hospitals.	

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

Chairman: Alderman Mrs. HARRISON-HALL.

Vice-Chairman: Alderman Mrs. PRICHARD.

Councillor Mrs. E. GIBBS.	Councillor Mrs. REES.
" MEADOWS.	" WARRELL.
" MOORHOUSE.	Mrs. HOUGHTON.
" Mrs. PACKFORD.	
Mrs. COATE	} co-opted.
Mrs. DEAN	
Miss HAIG-BROWN	

MATERNITY FINANCE SECTION

Chairman: Alderman Mrs. HARRISON-HALL.

Vice-Chairman: Alderman Mrs. PRICHARD.

Councillor Mrs. PACKFORD.	Mrs. DEAN.
" Mrs. REES.	

MOTHER AND BABY HOSTEL HOUSE SECTION

Chairman: Miss HAIG-BROWN.

Vice-Chairman: Councillor Mrs. PACKFORD.

Alderman Mrs. HARRISON-HALL.	Mrs. COATE.
" Mrs. PRICHARD.	Mrs. DEAN.

MENTAL HEALTH SUB-COMMITTEE

Chairman: Alderman Mrs. PRICHARD.

Vice-Chairman: Councillor WARRELL.

Councillor CHURCH.	Councillor Mrs. PACKFORD.
" KINCHIN.	" ROBERTS.
" MEADOWS.	
Mrs. H. C. BROWN, J.P.	} co-opted.
Miss M. R. H. BUCK	

WELFARE SERVICES SUB-COMMITTEE*Chairman:* Councillor Mrs. E. GIBBS.*Vice-Chairman:* Councillor MEADOWS.

Alderman BLACKLER.	Councillor Mrs. PACKFORD.
" Mrs. HARRISON-HALL.	" ROBERTS.
Councillor BROMLEY.	" WARRELL.
" KINCHIN.	Mr. J. G. ROBINSON.
" KYNNSERSLEY.	

WELFARE SERVICES HOUSE SECTION*Chairman:* Councillor Mrs. E. GIBBS.

All members of the Welfare Services Sub-Committee.

GENERAL PURPOSES SUB-COMMITTEE

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity and Child Welfare, Mental Health and Welfare Services Sub-Committees, *ex-officio*.

Representatives on Joint Ambulance Committee:

Alderman Mrs. HARRISON-HALL.	Councillor HARRISON.
Councillor Mrs. E. GIBBS.	

Representatives on Oxford Voluntary Tuberculosis Care Committee:

Alderman Mrs. HARRISON-HALL.	Councillor HARRISON.
Councillor CHURCH.	" MEADOWS.

HOUSING COMMITTEE*Chairman:* Councillor CHAPLIN.*Vice-Chairman:* Councillor SPOKES.

Alderman KNIGHT.	Councillor FOOT.
" Lady TOWNSEND.	" Mrs. GOULTON-CONSTABLE
Councillor CHESTER.	" KEITH-LUCAS.
" CHURCH.	" PICKSTOCK.
" CONNERS.	" WALKER.

HEALTH DEPARTMENT STAFF.

Medical Officer of Health:

J. F. WARIN, M.D., D.P.H.

Deputy Medical Officer of Health:

J. F. SKONE, M.D., D.P.H., D.C.H., D.I.H.

Senior Assistant Medical Officer for Maternity and Child Welfare:

M. FISHER, B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H.

Assistant Medical Officers of Health:

B. G. ANSCOMBE, M.B., Ch.B., D.R.C.O.G.

E. J. COULTER, M.B., Ch.B.

G. M. O'DONNELL, M.B., B.Ch., D.P.H., ceased 3.10.54.

G. F. WILLSON, M.D., M.R.C.S., L.R.C.P., D.P.H.

C. M. DEMPSTER, M.B., Ch.B., D.P.H., commenced 28.9.54.

Consultant Tuberculosis Officer (part-time)

F. RIDEHALGH, M.D., F.R.C.P.

Principal Dental Officer:

C. H. I. MILLAR, B.Sc., L.D.S.

Assistant Dental Officer:

J. D. W. BARNETT, L.D.S., R.C.S. (Eng.).

Dental Attendant:

Miss S. MORRIS.

Chief Sanitary Inspector:

W. COMBEY, D.P.A., M.R.San.I., A.M.I.San.E. (b) (c) (d) (e).

Deputy Chief Sanitary Inspector:

C. H. CLARKE (a) (c).

District Sanitary Inspectors:

K. ENGLAND (b) (c).

D. WATSON (b) (c) (e).

R. C. STENTIFORD (b) (c).

J. P. MULLARD (b).

K. W. CLEMENT (b) (c), ceased 31.8.54.

A. F. PAVEY (b) (c).

E. G. DUNN (b) (c), ceased 31.1.54.

J. G. SCOTT (b) (c).

K. O. KEIGHLEY (b) (c), commenced 5.4.54.

(a) Sanitary Inspector's Certificate, Royal Sanitary Institute.

(b) Sanitary Inspector's Certificate, Sanitary Inspectors' Joint Board.

(c) Meat and Food Inspector's Certificate, Royal Sanitary Institute.

(d) Sanitary Science Certificate, Royal Sanitary Institute.

(e) Smoke Inspector's Certificate, Royal Sanitary Institute.

Disinfectors: 1. *Outside Sanitary Assistants:* 5.

Superintendent Health Visitor:

Mrs. D. WELLER (nee Brown), (a) (b) (c) (d).

Health Visitors:

Miss G. DAVIES (a) (b) (c).

Miss J. BARNETT (a) (b) (c).

Miss M. SALMON (b) (c).

Mrs. B. EAGLE (a) (b) (c).

Miss L. BECKLEY (b) (Temporary).

Miss K. GREGORY (a) (b) (c).

Miss H. SPICKERNELL (a) (b) (c).

Miss D. BREE (a) (b) (c).

Miss D. PYLE (a) (c).

Miss E. BILLINGTON (b) (e).

Mrs. K. M. GILBY (b) (c), ceased 30.9.54.

Miss G. M. LAWRENCE (a) (b) (c).

Miss K. BAYLIS (b) (c).

Miss N. CROOKALL (b) (c), commenced 5.1.54.

Miss K. J. HAYES (a) (b) (c), commenced 20.9.54.

Miss J. D. JACKSON (b) (c), commenced 20.9.54.

Students: 4 2nd Year.

1 1st Year.

Non-Medical Supervisor of Midwives:

Miss P. V. NEEDHAM (a) (b).

Midwives:

Mrs. A. E. GODFREY (a).

Miss F. ELDRIDGE (a).

Miss D. INNESS (a) (b).

Miss P. MILLAR (a) (b).

Miss M. J. HARMAN (a) (b).

Miss E. M. VINER (a) (b).

Mother and Baby Hostel:

Mrs. B. HUMPHRIES (a) (b), Matron.

Miss F. BOLTON, C.N.N., Deputy Matron.

Nurseries:

Florence Park Day Nursery:

Mrs. E. PEARCE (a) (b), Matron.

Miss H. G. HARRIS, C.N.N., Deputy Matron.

2 Nursery Nurses.

3 Nursery Students.

3 Probationer Nursery Students.

Bolley Road Day Nursery:

Miss G. M. NIXEY, C.N.N., Matron.

Miss E. W. TURRILL, C.N.N., Deputy Matron.

2 Nursery Nurses.

1 Nursery Student.

Home Help Service:

Miss W. OGILVIE, Organiser.

Miss H. CREDY, Assistant Organiser.

Occupational Therapists:

- Miss E. M. TARGETT, M.A.O.T.
 Miss S. J. HUINS, M.A.O.T. (Part-time), ceased 29.4.54.
 Miss D. HOLT (Part-time), commenced 19.7.54.

Almoners:

- Miss E. NEVILLE (Blind Welfare).
 Mrs. D. HICKS (Tuberculosis) (Part-time).
 Miss M. GEISTENBERGER (Venereal Diseases) (Part-time).

Mental Health:

- A. ROBERTSON, Senior Mental Health Officer.
 D. A. PURRETT, Mental Health Officer.
 Mrs. M. FULFORD, Mental Health Officer.

Occupation Centre:

- Miss O. WARBURTON, Supervisor.
 4 Assistant Supervisors.

Welfare Services:

- J. C. DAVENPORT, Chief Welfare Services Officer.
 J. HADFIELD, Senior Assistant Welfare Services Officer.
 Miss E. M. REEVES (a) (b) (c), Assistant Welfare Services Officer.
 J. CLARKE, Assistant Welfare Services Officer, commenced 1.9.54.
 Mrs. E. E. DEAN, Home Teacher to the Blind.
 E. HILLS, Supervisor, Blind Workshop.
 N. BOWLEY, Manager, Retail Shop.

The Laurels:

- C. A. R. McCAY, F.R.C.S., D.P.H., Medical Officer (Part-time).
 Miss E. SAMPSON, M.B.E. (b), Matron.
 V. C. FERRIMAN, Senior Male Officer.
 Miss M. L. ANNAND SMITH, Chiropodist (Part-time).
 3 Assistant Nurses.
 5 Female Attendants.
 8 Male Attendants.

Frilford House:

- J. O. W. DICK, M.B., B.Ch., Medical Officer (Part-time).
 Miss M. E. JONES (b), Matron.
 Miss A. COTGREAVE (b), Senior Assistant, ceased 22.1.54.
 Mrs. M. TALLENT (b), Senior Assistant, commenced 12.11.54.

Barton End:

- C. A. R. McCAY, F.R.C.S., D.P.H., Medical Officer (Part-time).
 C. ANDREW, Warden.
 Mrs. B. E. ANDREW, Housekeeper.

- (a) State Certified Midwife.
 (b) State Registered Nurse.
 (c) Health Visitor's Certificate, Royal Sanitary Institute.
 (d) State Registered Fever Nurse.
 (e) Certificate, British Tuberculosis Association.

Administrative:

H. G. ANNELY, Chief Administrative Assistant.
 T. D. THOMSON, Senior Administrative Assistant.
 L. W. PEARMAN, Senior Clerk, Sanitary Section.
 Miss J. R. ROGERS, Medical Officer's Secretary.
 Miss J. KING, Chief Sanitary Inspector's Secretary, ceased 31.12.54.
 Miss H. M. MITCHELL, Clerical Assistant.
 Mrs. D. G. M. ROBERTS, Clerical Assistant.
 Mrs. P. M. BETT, Clerical Assistant.
 4 Shorthand Typists.
 14 Clerks, General Division.
 1 Clerk, General Division, Civil Defence.

CLINICS1. *Antenatal.*

Alexandra Court Clinic, Woodstock Road.	Tuesday	2.30 p.m.
Bury Knowle, Old High Street, Headington	Friday	9.30 a.m.
East Oxford Centre, Cowley Road.	Tuesday	9.30 a.m.
School Medical Room, 60 St. Aldate's.	Thursday	9.30 a.m.

2. *Child Welfare*

Alexandra Court Clinic, Woodstock Road.	Wednesday	2—4 p.m.
Bury Knowle, Old High Street, Headington.	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
Church Hall, Main Road, New Marston.	Wednesday	2—4 p.m.
	Thursday	2—4 p.m.
Church Room, Canning Crescent.	Tuesday	2—4 p.m.
Community Centre, Barton, Headington.	Wednesday	2—4 p.m.
Congregational Church Room, Cowley.	Friday	2—4 p.m.
Donnington School, Henley Avenue.	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
East Oxford Centre, Cowley Road.	Monday	2—4 p.m.
	Friday	2—4 p.m.
Northway Clinic, Marston.	Thursday	2—4 p.m.
Slade Park Clinic, Cowley	Wednesday	2—4 p.m.
Village Hall, Wolvercote.	Thursday	2—4 p.m.
Y.M.C.A. Building, Walton Street.	Monday	2—4 p.m.
	Friday	2—4 p.m.
Y.W.C.A. Building, Church Street, St. Ebbe's.	Monday	2—4 p.m.
	Friday	2—4 p.m.

3. *Immunisation and Vaccination*

School Medical Room, 60 St. Aldate's. (Also on application at Child Welfare Clinics.)	Saturday	10 a.m.
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4. *Dental*

Alexandra Court Clinic, Woodstock Road.	} By appointment.
Donnington School, Henley Avenue.	
East Oxford Centre, Cowley Road.	
Margaret Road Clinic, Headington.	
School Medical Room, 60 St. Aldate's.	

SECTION II

STATISTICS

SUMMARY

Area of City	8,438 acres	
Population (estimated mid-year 1954)	106,900	
Number of inhabited houses at 31.3.54	26,778	
Rateable value of the City at 31.3.54	£1,032,808	
Sum represented by a penny rate 1953/54	£4,181	
Total cost of all health services 1953/54:—		
	<i>Gross</i>	
	<i>Net</i>	
	£	
Public Health Services	19,679	17,678
National Health Service Act, 1946	131,408	51,297
National Assistance Act, 1948	66,646	45,433
Totals	£217,733	£114,408

	<i>City of Oxford</i>		<i>England and Wales</i> 1954
	1954	<i>Average</i> 1944-53	
Birth rate (per 1000 population) (Recorded)	13.64	16.14	
Birth rate (per 1000 population) (as adjusted by comparability factor 0.95)	12.96		15.2
Illegitimate birth rate (% of total live births)	6.38	7.42	4.6 (prov.)
Stillbirth rate (per 1000 total live and stillbirths)	17.52	16.54	24.0
Maternal mortality rate (deaths classed to pregnancy or child-birth) (per 1000 total live and stillbirths)	—	0.56	0.69
Neonatal mortality rate (deaths under 1 month per 1000 live births) ..	16.46	16.71	
Infant mortality rate (deaths under 1 year per 1000 live births) ..	23.32	25.46	25.5

	<i>City of Oxford</i>		<i>England and Wales</i>
	1954	<i>Average</i> 1944-53	
Death rate (per 1000 population) (Recorded)	9.17	9.94	
Death rate (per 1000 population) (as adjusted by comparability factor 0.95).. .. .	8.71		11.3
Death rate (per 1000 population) from:—			
(a) Diseases of the heart and circulatory system	3.28	3.40	
(b) Cancer (all forms)	1.61	1.72	2.03
(c) Pneumonia, bronchitis and other diseases of the respiratory tract	1.01	1.02	
(d) Tuberculosis (all forms)	0.075	0.33	0.17
(e) Violence (including suicides)	0.42	0.43	

BIRTHS

Total registered live births:—

Male	1,438
Female	1,310
	2,748
(Illegitimate)	147

Of the 2,748 births registered, 1,374 were Oxford residents and 84 births to Oxford residents occurred outside the City, making a total of 1,458 births allocated to the City. Of these 1,365 were legitimate (712 male, 653 female) and 93 were illegitimate (50 male, 43 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) According to Notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives	479	5	—	—
Notified by general practitioners	1	—	—	—
Notified by Radcliffe Maternity Department	413	16	809	37
Notified by Churchill Hospital	450	4	483	6
Notified by St. Anne's Nursing Home	77	—	37	—
	1420	25	1329	43

(b) According to Place of Birth (Registered Births)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Radcliffe Maternity Department	403	16	822	39
Born in Churchill Hospital	434	4	498	6
Born at St. Anne's Nursing Home	67	—	42	—
Born in Private Houses	470	5	12	—
	1374	25	1374	45

(c) Registered Births in Wards (Oxford City)

Ward	Estimated Population	Live Births	Birth Rate
A. Summertown and Wolvercote	12,541	169	13.48
B. North	10,130	116	11.45
C. West	10,202	122	11.96
D. South	10,034	130	12.95
E. East	14,849	182	12.26
F. Headington and Marston	24,019	362	15.07
G. Cowley and Iffley	25,125	293	11.66
	106,900	1374	12.85

BIRTHS AND DEATHS IN THE CITY, 1912—1954

Year	Population estimated to Middle of each year	Births		Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District				
		Uncorrected No.	Nett		No.	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 year		At all ages	
			No.	Rate					No.	Rate per 1000 Nett Births	No.	Rate
2	3	4	5	6	7	8	9	10	11	12	13	
2	53,548		1026	19.16	672	12.55	91	41	71	69.2	622	11.61
3	53,948		951	17.62	703	13.03	87	22	79	83.07	638	11.82
4	54,348		911	16.8	755	13.89	133	30	66	72.4	652	11.99
5	54,478		865	15.79	777	14.19	142	37	62	71.6	672	12.27
6	55,148		881	15.97	697	12.64	166	78	59	66.9	609	11.04
7	*59,193		656	11.08	756	14.23	150	104	57	86.9	710	13.37
	53,104											
8	*55,472		700	12.62	987	19.94	204	94	44	62.8	877	17.71
	49,508											
9	*60,071		796	13.25	714	12.38	117	89	47	59.0	686	11.98
	57,666											
0	59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10.19
1	56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10.63
2	56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12.75
3	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.43
4	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
5	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
6	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
7	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
8	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
9	*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
	70,590											
0	*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
	73,810											
1	*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
	80,530											
2	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
3	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11.09
4	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.09
5	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
6	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
7	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
8	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
9	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.87
0	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
1	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
2	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9.75
3	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.53
4	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
5	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
6	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
7	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
8	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.63
9	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
0	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
1	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45
2	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.93
3	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.36
4	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9.17

* Population birth rate.

City Extended 1st April, 1929.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE
CITY OF OXFORD DURING 1954

(Table of Registrar General)

CAUSES OF DEATH	All Ages								
		0-	1-	5-	15-	25-	45-	65-	75-
ALL CAUSES	980	34	5	3	10	28	228	224	448
1 Tuberculosis, respiratory	7	—	—	—	—	3	—	3	1
2 Tuberculosis, other	1	—	—	—	—	1	—	—	—
3 Syphilitic disease	3	—	—	—	—	—	2	1	—
4 Diphtheria	—	—	—	—	—	—	—	—	—
5 Whooping Cough	—	—	—	—	—	—	—	—	—
6 Meningococcal infections	2	1	1	—	—	—	—	—	—
7 Acute poliomyelitis	—	—	—	—	—	—	—	—	—
8 Measles	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases	3	—	—	—	—	—	2	1	—
10 Malignant neoplasm, stomach	26	—	—	—	—	1	8	6	11
11 Malignant neoplasm, lung, bronchus	34	—	—	—	—	—	20	11	3
12 Malignant neoplasm, breast	16	—	—	—	—	1	9	4	2
13 Malignant neoplasm, uterus	6	—	—	—	—	1	3	2	—
14 Other malignant and lymphatic neoplasms	90	—	—	1	—	3	42	19	25
15 Leukaemia aleukaemia	7	—	—	—	—	—	3	1	3
16 Diabetes	4	—	—	—	—	—	—	—	4
17 Vascular lesions of nervous system	140	—	—	—	—	2	21	38	79
18 Coronary disease, angina	176	—	—	—	—	—	52	50	74
19 Hypertension with heart disease	26	—	—	—	—	—	5	5	16
20 Other heart disease	93	—	—	—	—	1	7	19	66
21 Other circulatory disease	56	—	—	—	—	1	9	10	36
22 Influenza	1	—	—	—	—	—	—	—	1
23 Pneumonia	50	5	1	—	—	—	4	11	29
24 Bronchitis	36	—	—	—	—	1	2	10	23
25 Other diseases of respiratory system	22	—	—	—	—	—	5	3	14
26 Ulcer of stomach and duodenum	15	—	—	—	—	1	5	3	6
27 Gastritis, enteritis and diarrhoea	5	—	—	—	—	1	—	2	2
28 Nephritis and nephrosis	18	—	—	—	2	1	5	2	8
29 Hyperplasia of prostate	8	—	—	—	—	—	—	1	7
30 Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—
31 Congenital malformations	10	6	2	—	—	—	2	—	—
32 Other defined and ill-defined diseases	80	22	1	—	3	1	7	17	29
33 Motor vehicle accidents	8	—	—	—	3	2	2	1	—
34 All other accidents	28	—	—	2	2	4	7	4	9
35 Suicide	9	—	—	—	—	3	6	—	—
36 Homicide and operations of war	—	—	—	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 980 deaths, 476 were male and 504 female. The death rate of 9.15 (recorded) is lower than last year, and also for the last ten years.

The reversion of the system of the transferability of deaths occurring in Cowley Road Hospital commenced at the beginning of the year, which accounts in the main for the fall in the death rate as against 1953.

The deaths from tuberculosis of the respiratory system has shown a marked drop, being only 7 as compared with 20 in 1953. This is the lowest ever recorded.

Cancer deaths number 172 (all sites), this is a decrease over the 1953 figure of 191 although the figure of 34 remains the same as last year for cancer of the lung and bronchus.

Deaths from influenza, pneumonia, and bronchitis show a decrease over last year.

No maternal death occurred during the year and there were no deaths from diphtheria, measles, whooping cough, scarlet fever or poliomyelitis.

RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD

	1954
United Oxford Hospitals Group	398
Oxford Regional Hospital Board Group	7
Nursing Homes	31
Old People's Homes	26
	*462
	=

* = 29.16 of total deaths. ..

RESIDENTS WHO DIED AWAY FROM OXFORD

	1954
Oxford Regional Hospital Board Group	6
Other Institutions and Nursing Homes	12
Private Houses	10
Accidents, etc.	5
	33
	=

NON-RESIDENTS WHO DIED IN OXFORD

	1954
United Oxford Hospitals Group	553
Oxford Regional Hospital Board Group	6
Other Institutions and Nursing Homes	30
Private Houses	17
Accidents, etc.	31
	<hr/>
	637
	<hr/> <hr/>

DEATHS FROM TUBERCULOSIS

YEARS 1935—1954

	PULMONARY							NON-PULMONARY						
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65-	Total
1935	1	1	2	30	12	5	51	—	2	2	1	—	1	6
1936	—	—	—	23	18	3	44	1	2	2	2	1	—	8
1937	—	—	—	29	23	1	53	—	4	1	4	1	1	11
1938	—	—	—	26	17	4	48	1	2	1	5	—	—	9
1939	—	1	1	24	13	3	42	—	2	3	3	—	—	8
1940	—	—	—	36	10	—	46	1	2	—	4	1	—	8
1941	1	—	—	27	17	3	48	—	3	—	5	—	1	9
1942	1	1	2	24	27	3	58	1	—	1	4	1	1	8
1943	1	—	—	22	14	7	44	—	1	1	6	—	1	9
1944	1	1	—	25	9	4	40	—	1	2	2	2	—	7
1945	1	—	—	22	9	5	37	—	—	—	4	2	—	6
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1

The following table shows the distribution of the infant deaths and stillbirths during 1954 (excluding inward transfers).

Ward	Estimated Population	Infant Mortality		Stillbirths	
		Number	Rate	Number	Rate
A. Summertown and Wolvercote	12,541	2	11.83	4	23.12
B. North	10,130	3	25.86	1	8.55
C. West	10,202	3	24.59	5	39.37
D. South	10,034	2	15.38	2	15.15
E. East... ..	14,849	6	32.97	—	—
F. Headington and Marston	24,019	10	27.62	9	24.26
G. Cowley and Iffley ...	25,125	7	23.89	4	13.47
	106,900	33	24.02	25	17.87

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
*Buccal cavity and oesophagus (male)	8	12	6	6	6	3	4	—	—	—	—	—
Uterus (female)	9	10	13	14	16	8	12	12	5	7	9	6
Stomach and duodenum—												
Male ..	11	10	7	12	14	14	18	—	—	—	—	—
Female ..	12	11	11	6	23	10	16	—	—	—	—	—
*Stomach—												
Male ..	—	—	—	—	—	—	—	12	12	19	22	11
Female ..	—	—	—	—	—	—	—	11	13	9	8	15
*Lung, bronchus—												
Male ..	—	—	—	—	—	—	—	35	37	36	29	33
Female ..	—	—	—	—	—	—	—	5	7	3	5	1
Breast ..	22	26	26	20	18	13	18	22	19	21	23	16
All other sites—												
Male ..	55	57	57	55	54	57	58	55	72	42	46	47
Female ..	55	57	53	48	51	43	46	40	46	48	49	43
Totals ..	172	183	173	161	182	148	172	192	211	185	191	172

* (Classification of sites amended from 1950).

Age and sex distribution of Cancer deaths

	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
Male	91	—	—	1	—	2	44	22	22
Female	81	—	—	—	—	4	38	20	19
Total	172	—	—	1	—	6	82	42	41

Analysis of deaths from cancer according to the site of the disease:—

	MALE								FEMALE							
	0-	1-	5-	15-	25-	45-	65-	75-	0-	1-	5-	15-	25-	45-	65-	75-
Stomach ..	—	—	—	—	—	5	3	3	—	—	—	—	1	3	3	8
Lung, bronchus	—	—	—	—	—	19	11	3	—	—	—	—	—	1	—	—
Breast	—	—	—	—	—	—	—	—	—	—	—	—	1	9	4	2
Uterus	—	—	—	—	—	—	—	—	—	—	—	—	1	3	2	—
All other sites ..	—	—	1	—	2	20	8	16	—	—	—	—	1	22	11	9
Total	—	—	1	—	2	44	22	22	—	—	—	—	4	38	20	19

SECTION III

GENERAL HEALTH SERVICES

(a) AMBULANCE SERVICE

1. Administration

The administrative staff has continued without change during the year. Owing to the steady increase in the number of patients dealt with over the last few years, it was necessary at the end of the year to seek approval to the appointment of an extra clerk/telephonist, who commenced in January, 1955.

During the year there was an increase of approximately 2,000 patients with a decrease in mileage of 15,000, as compared with 1953.

During the year two further vehicles were equipped with radio bringing the number of vehicles so equipped to 15 out of a total fleet of 18.

2. Mode of Transport

Rail journeys continue to be undertaken when considered more desirable and economical than a journey by road. The number of patients so carried in 1954 was 248 as against 246 in 1953.

As I mentioned in my Report last year, the Railway Executive was considering placing special stretchers at Oxford station. This came into being during the year, and two such stretchers are available for the exclusive use of the Ambulance Service. During the year the British Railways felt obliged to make a charge to the Local Health Authority of 10/- for the use of the special stretchers which hitherto had been loaned free of charge. It is considered that the charge is a just one, bearing in mind the initial cost of the stretchers and the cost of carriage. It is more economical for a local health authority to take advantage of these facilities than to purchase stretchers and pay the carriage on each return journey which in many cases would exceed the charge made by the Railway Executive.

3. Vehicles

One new utilecon vehicle was received during the year to replace the one remaining sitting-case car. The transport of sitting cases to out-patient clinics, which remains the biggest problem, has been greatly assisted by the use of utilecon vehicles capable of carrying seven cases at a time.

4. Staff

There has been no increase in the number of driver/attendants during 1954, but towards the close of the year approval was given for the appointment of two additional staff.

5. Ambulance Depot

At the close of the year a start was made on the new Ambulance Depot, and it is hoped that some real progress will be made during the early part of 1955.

6. Activities

Table 1 gives an indication of the increased use of the Service since 5th July, 1948, whilst Table 2 gives details of the work undertaken by the Ambulance Service during 1954. It will be seen that the number of patients transported is still increasing, due in the main to attendances at outpatient clinics.

TABLE 1

Year	Patients	Mileage	Train Journeys
1948 (6 months)	13,783	153,425½	—
1949	29,878	357,058½	—
1950	31,963	322,944½	133
1951	41,549	319,877½	217
1952	44,494	317,268½	230
1953	45,883	297,317	246
1954	47,774	282,380	248

7. Emergency Calls

During the year, 1,569 emergency journeys (1,351 emergencies in 1953) were undertaken in the City, as follows:—

(a) Central (within the area Magdalen Bridge, Folly Bridge, the Station and St. Giles')	.. .. .	272
(b) North of St. Giles'	.. .. .	225
(c) South of Folly Bridge	.. .. .	72
(d) West of Station	.. .. .	98
(e) East of Magdalen Bridge	.. .. .	902

These figures reveal that 57·49% of the calls were received from east of Magdalen Bridge.

8. General

The Service has continued to run smoothly throughout the year and no abuse of the use of transport has been detected. Considering the conditions under which the staff control the Service, and the fact that the majority of the vehicles are out in the open throughout the year, I think that all concerned can be congratulated on the results that have been achieved during another very busy year.





"High Top" Utilicon Ambulance.

TABLE 2.

	AMBULANCES		MUNICIPAL SITTING-CASE CARS		TOTALS		TRAIN JOURNEYS
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed
1954							
January	1,499	9,319	2,493	14,484	3,992	23,803	13
February	1,638	9,858	2,238	12,756	3,876	22,614	14
March	1,758	10,548	2,551	14,774	4,309	25,322	22
April	1,472	8,850	2,204	13,394	3,676	22,244	22
May	1,662	10,669	2,398	14,244	4,060	24,913	11
June	1,691	9,813	2,269	13,524	3,960	23,337	27
July	1,713	10,520	2,387	14,779	4,100	25,299	21
August	1,594	9,134	2,284	13,468	3,878	22,602	20
September	1,533	9,560	2,366	15,028	3,899	24,588	17
October	1,598	9,529	2,602	14,809	4,200	24,338	20
November	1,739	9,666	2,410	12,785	4,149	22,451	28
December	1,626	8,998	2,049	11,871	3,675	20,869	33
	19,523	116,464	28,251	165,916	47,774	282,380	248

(b) LABORATORY SERVICE

Bacteriological Examinations

Examination of swabs and other specimens from cases of infectious diseases, and from contacts and suspected carriers, have been carried out by the staff of the Public Health Laboratory, Walton Street, Oxford, from whom every help has been received.

Analytical Examinations

Messrs. Thomas McLachlan and Partners, Analytical Chemists, have continued as Public Analysts to the City. Their main laboratory is at London, but they have a smaller and recently modernised laboratory at Reading, where many of the routine samples are tested.

(c) HEALTH VISITING

1. Staff

The staffing position has been very good throughout the year. At times the full establishment was not reached, but deficiencies were made good by student health visitors in the second year of their contract. Three members of the staff continued to work as full-time tuberculosis visitors; all the other members combined the duties of health visitor and school nurse.

2. Home visits paid by health visitors during the year

During the past two years the visits have been classified in a new way, as required by the Ministry of Health for the annual return. It is of interest to see the number of visits paid to children under 5 years in relation to visits to other age-groups; or in other words to note the degree in which the "extension of the health visitors work to the whole family" (as envisaged in the National Health Service Act 1946) is in operation.

The table following gives the figures for the two years.

The considerable increase in the work done in 1954 is a reflection of the satisfactory staffing position during the year. The category of visits described as "other cases" comprise all visits to persons not included in any of the other categories. It includes visits in connection with infectious diseases, care of old people, hospital after-care and visits at the request of a general practitioner. During 1954 a considerable number of these visits were in connection with outbreaks of Sonne dysentery.

	1953	1954
To expectant mothers	275	299
To children under 1 year	11,523	12,960
To children between 1 and 2 years	5,009	5,786
To children between 2 and 5 years	7,596	9,113
To tuberculous households	74	63
Other cases	829	1,578
	<hr/>	<hr/>
	25,306	29,799
	<hr/>	<hr/>
Total number of visits to children under 5 years	24,128	27,859
	(i.e. 95% of the total)	(i.e. 93% of the total)

Total number of households visited 19,393 23,642

Note.—Work carried out as school nurses is described in the Report of the School Medical Officer.

Visits to tuberculous patients by tuberculosis visitors is shown in Section v. (c) of the report.

3. Work at Child Welfare Clinics

A health visitor was present at all the 856 sessions of the child welfare clinics held during the year.

4. Breast feeding

The Superintendent Health Visitor continued to keep records (extracted from the health visitors' cards) of the incidence of breast feeding.

Of the babies born in Oxford from July 1953 to June 1954 and still here when they were six months old (1,086 babies) the proportion on different types of feeding was as follows:—

At about two months:—

Entirely breast	43%	} 57%
Breast and bottle	14%	
Entirely bottle	43%	

At about five months:—

Entirely breast	33%	} 41%
Breast and bottle	8%	
Entirely bottle	59%	

These figures cannot be regarded as satisfactory. The incidence of breast feeding at both two and five months is slightly lower than it was in 1952 and 1953. The figure for two months is virtually the same as that obtained for the whole country in the Maternity Survey of 1946. At five months the local figure is only slightly better than the national one. It is difficult to see what more can be done to promote breast

feeding. The health visitors give the utmost help and encouragement to mothers, especially in the early critical weeks. But in spite of every effort lactation fails only too frequently. As part of the effort to help mothers test feeding scales were lent for use at home on 216 occasions during the year.

5. Liaison with hospital maternity departments and domiciliary midwives.

Continuity of the care of mother and baby is ensured by the following measures:—

(1) Hospitals and domiciliary midwives send a written report to the health visitor about each case.

(2) One of the health visitors pays a regular weekly visit to the lying-in wards of the two maternity departments. She interviews the City mothers shortly due for discharge and explains the services available for them when they go home. She gives each mother a card with the name of her health visitor and the address and time of her nearest child welfare clinic. The card also bears the address and telephone number of the health department, so that the mother can readily make contact with her health visitor. In addition to interviewing the mothers the health visitor also discusses any special problem with the Nursery Sister.

(3) In domiciliary deliveries the midwife and health visitor meet at the mother's house whenever possible. A record was kept throughout the year by the Supervisor of Midwives to ascertain how often these meetings could not be achieved, and the reasons for the failure. In 460 cases where the meeting was desirable and was attempted, it could not be carried out on 161 occasions for the following reasons:—

Midwife unable (other commitments or off duty)	.. ..	35
Health visitor unable (other commitments or discharge at weekend or Bank Holiday)	.. .. .	126

In 47 of these instances the midwife and health visitor were in communication on the telephone.

6. Liaison with hospital pediatric departments and diabetic clinic.

Members of the health visiting staff continued to attend four hospital paediatric sessions each week. The paediatric department also provides reports on children treated as in-patients and out-patients. There is thus a very close and satisfactory link between the preventive and curative services for young children in the City.

One of the health visitors has continued to attend the diabetic clinic at the Radcliffe and to visit certain patients at home in order to help them carry out their regime.

7. Liaison with the school health service

Continuity between the child welfare and school health service is achieved by seeing that both the health visitor's record card and the child welfare clinic medical record are transferred to the school medical record envelope. Extensive information about the child's health from birth to school entry is thus available at the time of the first school medical inspection.

8. Co-operation with general practitioners

A description was given in the report for 1953 of efforts made towards the end of that year to promote a closer understanding between general practitioners and health visitors. Each health visitor was allocated to a group of doctors working in the same area and made herself personally known to them. It is satisfactory to report that good-will has been apparent on all sides and that co-operation is growing steadily as a result of this arrangement.

9. Teaching

The health visitors continued to take part in a considerable amount of professional teaching. Extensive practical instruction is given to student health visitors attending the Oxfordshire County Council's training school. Instruction was also given to medical students, pupil midwives student district nurses, social science students and nurses in training at the Radcliffe Maternity Department and the Wingfield-Morris Orthopaedic Hospital.

10. The assisted training scheme for health visitors

The four students who began the course in September 1953 all obtained their Health Visitors' Certificate.

11. Refresher courses

Two members of the staff attended the postgraduate course organized in Oxford by the Women Public Health Officers' Association.

(d) HOME HELPS

1. Cases helped

Home help work continues to move away from the maternity and family field into that of old people and chronic invalids. The figures are not so startling as last year's, but the tendency persists.

The following tables illustrate these trends:—

I.	Year	Maternity	Aged and chronic sick
	1950	303	49
	1951	266	123
	1952	235	181
	1953	167	233
	1954	152	240

There was a smaller demand from cases of acute illness, partly as a result of the easier winter. Tuberculosis work also decreased.

II. *Classification of cases helped in the past three years:—*

	1952	1953	1954
Home confinements	143	100	112
Other maternity cases	92	67	40
Acute illness	188	243	214
Chronic sick	52	75	59
Aged	129	158	181
Tuberculosis	31	25	21
	<hr/>	<hr/>	<hr/>
	635	668	627
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

	1952	1953	1954
Cases refused owing to pressure of work	11	52	39

The total number of cases helped was slightly lower. This is the result of the larger number of long-term cases compared with previous years.

III. *Patients receiving continuous help throughout the year:—*

1952	1953	1954
73	95	117

18 patients have received continuous help for more than five years (6 chronic sick and 12 aged and infirm).

IV. *Long-term cases (i.e. those of more than three months' duration) on the books at the end of 1954 and the two previous years were analysed as follows:—*

	31.12.52	31.12.53	31.12.54
Arthritis, rheumatism	32	12	11
Blind, partially sighted	10	10	10
Cancer	11	8	4
Cardiac	22	7	23
Hypertension, stroke	17	8	11
Nervous conditions, anxiety ..	5	2	5

Phlebitis and varicose veins ..	8	2	—
Poliomeylitis, disseminated sclerosis, Parkinson's disease	5	7	8
Tuberculosis	18	10	8
Aged and infirm	25	80	75
Aged but well	11	10	5
	<hr/>	<hr/>	<hr/>
	164	156	160
	<hr/>	<hr/>	<hr/>

Aged patients form 50% of the 1954 total as against 21% in 1952 and 60% in 1953.

The word "aged" is used only for patients over 75 years of age. It is not extended to include all pensioners as we find most patients between 60 and 75 are helped for a definite medical or surgical condition and make an adequate recovery. It is only after the middle seventies that they need help specifically on account of age and infirmity, or if first helped in an illness never regain full independence.

Once on our list these old people cannot be arbitrarily removed from it. This means that the largest part of the work now is the supply of continuous help (not necessarily in large amounts) to a solid block of elderly people. There is little fluctuation in their needs except for a gradually increasing dependence, which makes it hard to keep the service sufficiently flexible to take new cases when required.

During 1954 a few cases showed a development which may be expected increasingly in the future; the old person became so ill that she required almost continuous care, but the household work shrank to very little. It is plainly impossible for the home help service to tackle an unlimited number of such cases without bringing its general work to a standstill.

The use of the home help service for families in difficulties (Circular 27/54) has been experimented with for some years. We find that a little help at the right time has great preventive value provided the family has not deteriorated too far. In established "problem" families (which are not numerous here) we find that home helps lack the psychological stamina to sustain the demands made on them; they can bring only amateur help which is not adequate to the situation.

2. Finance

Cases helped were classified for payment as follows:—

	1952	1953	1954
Full payment (3/- per hour from December 1952)	82	86	91
Assessed for part payment ..	303	301	302
Free	250	281	234

Since April 1953 the National Assistance Board has accepted responsibility for the contribution required from recipients of national assistance, other than the blind. Home help was supplied to 176 of these people, but 73 of them were free cases according to our assessment scale. The total amount received from the Board during the year was £76.

The two categories of full-paying patients were:—

	1953	1954
Maternity	18	32
Temporary emergency	68	59

Sixteen of these received less than ten hours help in all.

The continued rise in incomes brings more households into the full-rate category. Fifteen patients refused help because they would not pay the assessed rate.

Cost of the service:—

Year	Cost	Receipts	Net Cost
1951-2	£15,341	£1,754	£13,587
1952-3	£16,021	£1,778	£14,243
1953-4	£14,394	£1,371	£13,023

3. Staff

Staff employed at the end of the 1954 and the two previous years were classified as follows:—

	1952	1953	1954
Full-time	22	7	7
Part-time	60	62	64
	—	—	—
	82	69	71
	<hr/>	<hr/>	<hr/>

The usual hours of the part-time workers have been from 8.30 a.m. to 1 p.m., but many old people will not accept so early a start, and an increasing amount of guaranteed time was being lost. In July a new guaranteed week of 24 hours was introduced (9 a.m.—1 p.m. Monday to Saturday).

The number of women prepared to undertake home help work has noticeably diminished. Oxford now has full employment; many colleges and institutions compete with numerous private employers for women workers. Incomes are high, and there is little incentive for housewives to go out to work. Since the national wage scale was introduced the home help service can offer reasonable rates of pay, but the fact must be faced that its work becomes less attractive every year. Only women with some sense of vocation are likely to undertake it, and these must inevitably be few.

A growing difficulty of another kind is created by the removal of so much of the able-bodied population to remote new housing estates while the old people remain in central districts. This makes it hard for

sons and daughters to assist their old parents even if they are willing to do so, and many home helps now live so far out that it is impracticable in present traffic conditions to expect them to work in the older districts.

(e) HOME NURSING

1. General arrangements for the service

The Oxford District Nursing Association continued to act as an agent for the City Council in providing a home nursing service. The Council is directly represented on the committee of the Association and the Medical Officer of Health is also a member, *ex officio*. The Association is affiliated to the Queen's Institute of District Nursing and conforms with its system of supervision and inspection.

2. Staff

The staffing situation has again been satisfactory, apart from the difficulty of obtaining assistant superintendents. Both posts were filled for only four months, and for part of the year there was only one part-time assistant. This placed a heavy burden on the Superintendent.

At the end of 1954 the staff was as follows:—

Superintendent	1	
Assistant Superintendents—		
Resident full-time	1	
Non-resident part-time	1	
Home nurses:—		
Queen's nurses:		
Resident full-time	9	} Equivalent to 18½ full-time nurses
Resident part-time	1	
Non-resident full-time	3	
Non-resident part time	1	
Queen's student nurses:		
Resident	4	
Non-resident	1	
State registered nurses:		
Non-resident full-time	2	
Nursing orderly:		
Non-resident part-time	1	

3. Cases nursed during the year

The following table shows the source of new patients during the year:—

General practitioners	2590
Hospitals	211
Direct application	224
Other sources	4

There was a slight decrease in the patients nursed, but an increase in the number of visits as compared with 1953:—

	1953	1954
Patients	3,546	3,376
Visits	66,106	66,818

The age of the patients nursed is of interest. As many as 34,204 visits (i.e. over half of the total) were paid to 1,284 patients over 65 years of age. In contrast with this, only 817 visits were paid to 122 children under the age of 5 years.

Classification of the work presents considerable difficulty. The problem of compiling records which will enable an accurate comparison of the service in different areas is still unsolved.

The following table provides a classification of certain aspects of the work for which special records have been kept during the year:—

<i>Condition or procedure</i>	<i>Patients</i>	<i>Visits</i>
Surgical conditions	289	9,157
Gynaecological conditions	101	574
Bowel wash-outs, prior to X-ray.. .. .	168	183
Tuberculosis—		
(a) General Nursing	5	406
(b) Streptomycin injections	168	5,716
Midwifery complications	17	147
Miscarriages	11	106
Infectious diseases	21	265
Insulin injections	76	7,209
Injections (other than insulin or streptomycin for tuberculosis—i.e. mainly penicillin) ..	1,511	18,528

(Note: A number of patients and visits are included in more than one of the above categories).

There is no striking difference in these figures when compared with those of the two previous years. The number of injections (apart from insulin and streptomycin) continued to increase, as shown by the following figures:—

1952	1953	1954
14,207	16,845	18,528

4. Examination results

Three training courses were held during the year. Twelve student Queen's Nurses passed the examination for the Queen's Roll at their first attempt, one of them obtaining credit (i.e. over 85%) in both her theoretical and practical examinations—the first in the country to achieve this. One student passed, with credit in her theoretical work, on her second attempt. Another nurse failed on two occasions but has remained on the staff as a useful State Registered Nurse.

5. Dermatitis among district nurses

For the second successive year there were no new cases of dermatitis due to the administration of antibiotics. This is almost certainly due to the stringent protective measures observed by all the staff when giving injections. Three of the four nurses previously sensitized have continued to have treatment, involving long courses of self-administered injections. One of these has been able to carry out her full share of all types of injections; another has been able to administer all but one particular type of preparation. The third nurse, in spite of prolonged treatment, is unable to give any antibiotics.

6. Refresher courses

Two Queen's Nurses attended the Queen's Institute refresher course held in Oxford.

7. Loan of nursing equipment

The three Nurses' Homes at 39/41 Banbury Road, 1 Southern Road, Headington, and 23 Hollow Way, Cowley, continued to keep a small stock of nursing equipment to lend to patients in need of it. This has been supplemented by the Medical Loan Department of the British Red Cross Society of 101 Banbury Road. The City Council made a grant of £100 plus £50 for the renewal of equipment towards the latter service in the financial year 1954—1955. Details of the equipment loaned in the City during the year are as follows:—

<i>Article</i>	<i>Total</i>	<i>Article</i>	<i>Total</i>
Air rings	106	Brought forward ..	481
Air beds	9	Feeding cups	11
Baby scales	3	Fracture boards	3
Bed blocks	12	Hot water bottles ..	3
Bed cradles	22	Invalid bells	1
Bed pans	117	Kidney dishes	1
Bed pans (rubber) ..	21	Scales	1
Bed pulleys	1	Spinal chairs	1
Bed rests	102	Sputum cups	4
Bed tables	11	Sticks	7
Carrying chairs	3	Steam Kettles	2
Commode chairs	9	Urinals	38
Commodes	38	Waterproof sheets ..	99
Crutches	21	Wheel Chairs	82
Elbow crutches	6		—
	—		734
Carried forward ..	481		—

Of the above 648 were to paying patients and 86 to non-paying patients.

(f) NURSING HOMES and AGENCIES

The following Nursing Homes were on the register at 31st December, 1954:—

	<i>Maternity Beds</i>	<i>Other Beds</i>
Acland Home, Banbury Road	—	44
Castle Nursing Home, 7 Davenant Road ..	—	3
Restholme, 230 Woodstock Road	—	5
St. Anne's Nursing Home, Ambleside Drive ..	7	—
St. John's Home, St. Mary's Road	—	60
	—	—
	7	112
	=	=

A total of 14 inspections were made by members of the staff of the Health Department to registered premises.

The Acland Home was on the register as an agency for the supply of nurses.

(g) CONVALESCENCE

Recuperative holidays were arranged for 33 patients and 3 infants during 1954, most of whom were satisfactorily accommodated in convalescent homes by the sea.

Where a long and tiring journey was impractical, as in the case of three mothers with infants, suitable accommodation was found within easy travelling distance of the city.

Three convalescent patients recovering from tuberculosis are included in these figures.

In addition to the convalescent home fees, travelling expenses were paid in respect of 13 patients. The total cost to the Council amounted to £278 11s. 9d.

Recommendations were as follows:—

General practitioners	10
Hospital patients:—	
(a) Almoners	21
(b) Psychiatric social workers ..	2
	—
	23
	—
Total	33
	=

Age group of patients:—

Under 21 years	4
21 to 45 years	12
46 to 65 years	13
Over 65 years	4

Details of accommodation:—

<i>Convalescent Home</i>	<i>No. accommodated</i>		
	<i>Men</i>	<i>Women</i>	<i>Children under 16 yrs.</i>
All Saints Convalescent Home, Eastbourne	—	1	—
Belmont Convalescent Home, Clevedon ..	—	4	—
Bonner, Hove	—	2	—
Combe Down, Bath	—	2	—
Gossling, Swanage	1	—	2
Jones, Barton-on-Sea	1	—	—
Lantern House, Worthing	—	1	—
Lewis Convalescent Home, Walton ..	—	1	—
Maitland House, Frinton-on-Sea	—	2	—
Rest Haven, Exmouth	4	2	—
St. Luke's Convalescent Home, Exmouth..	—	2	—
St. Luke's Convalescent Home, Torquay ..	1	—	—
St. Peter's Convent, Woking	—	1	—
Sunningdale, Woolacombe, Devon.. ..	1	1	—
Toddington Grange, Glos.	—	1	—
Winterton House, Wendover	—	3	(with infants)
	—	—	—
Total	8	23	2
	==	==	==

(h) HEALTH EDUCATION

Leaflets, posters, and pamphlets are used at clinics and leaflets and pamphlets are sometimes distributed at meetings. The revised material available has been extensively used by doctors, health visitors, and other members of the Health Department.

Talks and demonstrations have been given by members of the Department and each request for a speaker has been met. Senior members of the Health Department have again taken part in the formal instruction of medical students, health visitors, district nurses, midwives and nursery nurses.

Mothercraft Classes

Three courses in Mothercraft were held at Bury Knowle Centre during the year. The sessions were well attended and instruction was given in ante-natal care, care of the new baby and preparation of the layette.

Details are as follows:—

<i>Course I</i>	<i>On register</i>	<i>Total Attendances</i>
January to March	23	164

Course II

April to July	19	119
-----------------------	----	-----

Course III

September to December	14	96
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Visual aid material has been extensively used to illustrate lectures and the library of film strips has been increased. During the year a projector was purchased and it has been used both for film strips and for slides, some of which were photographed and made by Mr. H. H. Crawley, the City Water Engineer, and Mr. J. G. Scott, District Sanitary Inspector.

(i) DOMICILIARY OCCUPATIONAL THERAPY

Over 100 patients have been visited regularly in the past year, the frequency of the visits being determined by the need. The range of disabilities treated has been wide, including both long-term illnesses such as tuberculosis and short-term disabilities such as simple fractures. The general practitioners in the city have become increasingly aware of the service and in some cases have asked for treatment to begin while patients are having full bed rest prior to entering hospital.

The weekly conference at the Chest Clinic and the co-operation of the medical staff, almoners and health visitors continues to be of inestimable value.

The class for ambulant patients held each Wednesday afternoon has grown considerably. In March a craft competition was held for patients resident in sanatoria and all domiciliary patients. The latter secured five 1st prizes, three 2nd prizes and several were "highly commended", in the various sections.

A most valuable part of the rehabilitation of the patient is the means provided by the Oxford Retail Shop for the Disabled for selling his work, and this was recognised by the organizers of the International Cripples Conference, held at The Hague in September, when Miss E. M. Macdonald, Principal of the Dorset House School of Occupational Therapy, was asked to read a paper on "Sales Facilities for Goods made by Disabled Persons in Oxford".

A part-time Occupational Therapist has visited The Laurels residents $2\frac{1}{2}$ days each week during the past year.

(j) CO-ORDINATING COMMITTEE

for

CHILDREN NEGLECTED or ILL-TREATED in THEIR OWN HOMES

Six meetings of this Committee, under the Chairmanship of the Children's Officer as Co-ordinating Officer, were held during the year. A total of 50 families (9 more than in 1953) were discussed, many of them on several occasions.

The Medical Officer of Health was represented at all these meetings. By being armed with up-to-date information, obtained from the health visitors and the school health department, about these families, the representative is in a position to make an important contribution to these discussions. After each meeting the outcome of the deliberations is communicated to the health visitors concerned.

For the first time for several years it was found necessary to take legal action for the removal of children from neglectful parents. The family has been under consideration by the Co-ordinating Committee for a long time, and every possible effort had been made to improve the standard of care. Defeat had to be admitted, however, and the Committee decided unanimously that the children should be removed. A medical officer from the Health Department visited the house with the N.S.P.C.C. Inspector and found the children in a state of grave physical neglect. The N.S.P.C.C. accordingly prosecuted successfully and the three young children were taken into care by the Children's Department.

Circular 27/54 from the Ministry of Health on "The Prevention of break-up of families" was received towards the end of the year. It was discussed by the Maternity and Child Welfare Sub-Committee of the Health Committee and by the Co-ordinating Committee. It was considered that in Oxford the importance of avoiding the break up of families had been fully appreciated for a long time, and that all the measures suggested in the Circular were already in operation. The need for the provision of a trained social case worker has been recognized and it is met by a member of the staff of the Children's Department. This officer attends every meeting of the Co-ordinating Committee and when it is agreed that a family would benefit from intensive case work she takes it on and reports at the next meeting.

SECTION IV

INFECTIOUS DISEASES AND INFESTATION

(a) EPIDEMIOLOGY

Scarlet Fever

35 cases (30 in children under the age of ten) were reported during the year. Routine typing of all throat swabs giving a growth of haemolytic streptococci was continued, and 23 persons (15 male and 8 female) were shown to be infected with Type 12. In only one case was the condition complicated by nephritis.

Diphtheria

It is a pleasure to report that for the fifth year in succession no case of diphtheria occurred.

Typhoid and Paratyphoid Fevers

No case of typhoid fever was notified. Two cases of paratyphoid fever occurred. The first patient, a girl aged 3 years, was admitted to the Slade Hospital with an acute attack of the disease on 15th July, and made a good recovery. The second case was brought to light when the organism was isolated on 28th July from the faeces of a male adult contact of patients suffering from Salmonella infection. In the first case the organism belonged to Phage Type Taunton, and in the second to Phage Type 3a I Var. I. Despite detailed investigations the source of infection was not discovered in either case.

Poliomyelitis

Two cases of paralytic poliomyelitis were notified. Two boys, aged 2 and 4 years respectively, were conveyed by ambulance from Northampton for admission to a unit at the Churchill Hospital on 18th January. The elder boy developed diarrhoea and vomiting on the journey, and it was decided not to take him into hospital. The younger boy was found to have streptococci in his throat, was treated with penicillin and had an operation on his left hand on 21st January. A skin graft was taken from the right thigh. On 3rd February he was feverish and on 6th February he developed signs of paralytic poliomyelitis. It is considered that he acquired his infection just before or just after his admission to hospital.

The second patient who contracted paralytic poliomyelitis was a female medical practitioner, who developed symptoms on 12th February.

No contact was established between these cases, no further cases occurred, and both patients made good recoveries.

Review of all Poliomyelitis cases in Oxford 1949-53

Between January, 1949, and December, 1953, 35 cases of poliomyelitis were notified, the youngest patient being 7 months old and the oldest 43 years. The incidence of the disease in the different years is shown in Table 1.

TABLE 1

Year	1949	1950	1951	1952	1953
No. of cases	13	8	4	4	6

In all, 19 females and 16 males were affected and the age distribution of the sexes was similar. The age distribution of all cases for the period is shown in Table 2.

TABLE 2

Age	0-4	5-14	15+
No. of cases	8	17	10

4 of the patients affected (that is 11%) died and the details of these cases are as follows:—

TABLE 3

Case No.	Sex	Age	Date	Interval between onset and death	Hospital
No. 2	M	29 yrs.	Aug. '49	6 days	Rad. Inf.
No. 6	M	17 yrs.	Nov. '49	9 days	Rad. Inf.
No. 19	F	29 yrs.	Sept. '50	5 days	Rad. Inf.
No. 20	M	12 yrs.	Oct. '50	5 days	Slade Hosp.

26 of the patients were admitted to the Slade Hospital, and the 25 survivors' stay in hospital is shown in Table 4.

TABLE 4

Months	under 3 months	3-7 months	7-10 months
No. of cases ..	10	11	4

It is known that 11 of the patients (that is 31%) made a complete recovery from the disease, and that 20 (that is 57%) were left with a residual disability. The details of the eventual position in 18 of these patients is known but 2 have been lost to observation. 4 of them have been discharged from the hospital out-patient department and 14 still attend, 6 of them having required operative procedures.

In this group of 18 patients, there are 4 adults and 14 children. 2 male adults have been able to return to their former employment and 1 female is able to do her housework without outside help. A further

housewife, who was aged 34 years at the onset of the disease in October, 1950, is severely handicapped and has been provided with a full-time home help to help with domestic duties and her children. 13 of the 14 children have been able to attend ordinary primary and secondary schools. The 14th boy, who was aged 12 years at the onset of the disease in December, 1949, required placement at a special residential school and was given vocational training at Queen Elizabeth's College on leaving. He has been placed with difficulty in selected employment. It is of interest to note that the operative procedures included tendon transplants to restore the opposition of the thumb in 2 cases, to correct varus deformity of the foot in 2 cases, an operation to diminish contractures of the muscles of the hip in 1 case, and lumbar sympathectomy for recurrent severe chilblains in one case.

Acute Encephalitis

A child, aged 2 years, was admitted to hospital in November suffering from acute encephalitis, from which he made a good recovery.

Meningococcal Infection

3 cases of meningococcal infection were notified during the year.

2 children, aged 8 months and 5 months, developed meningococcal meningitis in March and April respectively, and made good recoveries.

A third child, aged nearly 3 years, died from a fulminating meningococcal septicaemia, shortly after admission to hospital in July.

Measles

There were only 13 cases of measles notified during 1954. This was the lowest total yet recorded and compares in striking fashion with the figure for 1953 which was the highest since notification of the disease commenced. The figures since 1940 are as follows:—

1940	1808
1941	1442
1942	52
1943	1695
1944	136
1945	2199
1946	114
1947	904
1948	1472
1949	1141
1950	986
1951	1294
1952	461
1953	2376
1954	13

No death from measles was recorded during the year.

Whooping Cough

302 cases of whooping cough were notified during the year and the figures may be analysed and compared with those in 1953 as follows:—

	1953	1954
Under 1 year	30	25
1—4 years	182	108
5—9 years	145	156
Over 10 years	10	13
	<hr/>	<hr/>
Total	367	302
	<hr/> <hr/>	<hr/> <hr/>

No death from the disease was recorded during 1954.

Influenza

There was a sharp outbreak of an influenzal type of illness in an independent school towards the end of the Christmas term, 1954. In the early weeks of 1955 there was a steep rise in the number of new claims to sickness benefit which are reported to this department weekly from the local office of the Ministry of Pensions and National Insurance. The figures recorded are as follows:—

<i>Week ending</i>	
4.1.55.	465
11.1.55.	607
18.1.55.	513
25.1.55.	671
1.2.55.	692
8.2.55.	619
15.2.55.	524
22.2.55.	520
1.3.55.	495
8.3.55.	448

The percentage attendances of children attending Local Authority schools decreased during January, to reach the low level of 82.5% and 82.8% in the weeks ending 21.1.55 and 28.1.55.

Children of Headington School (Margaret Road), Headington Quarry Church of England School, St. Aloysius Roman Catholic School and New Hinksey Church of England School were most affected. Attendance at secondary schools did not fall to the same extent, but in the week ending 28.1.55 that at Southfield Grammar School dropped to 79.5%.

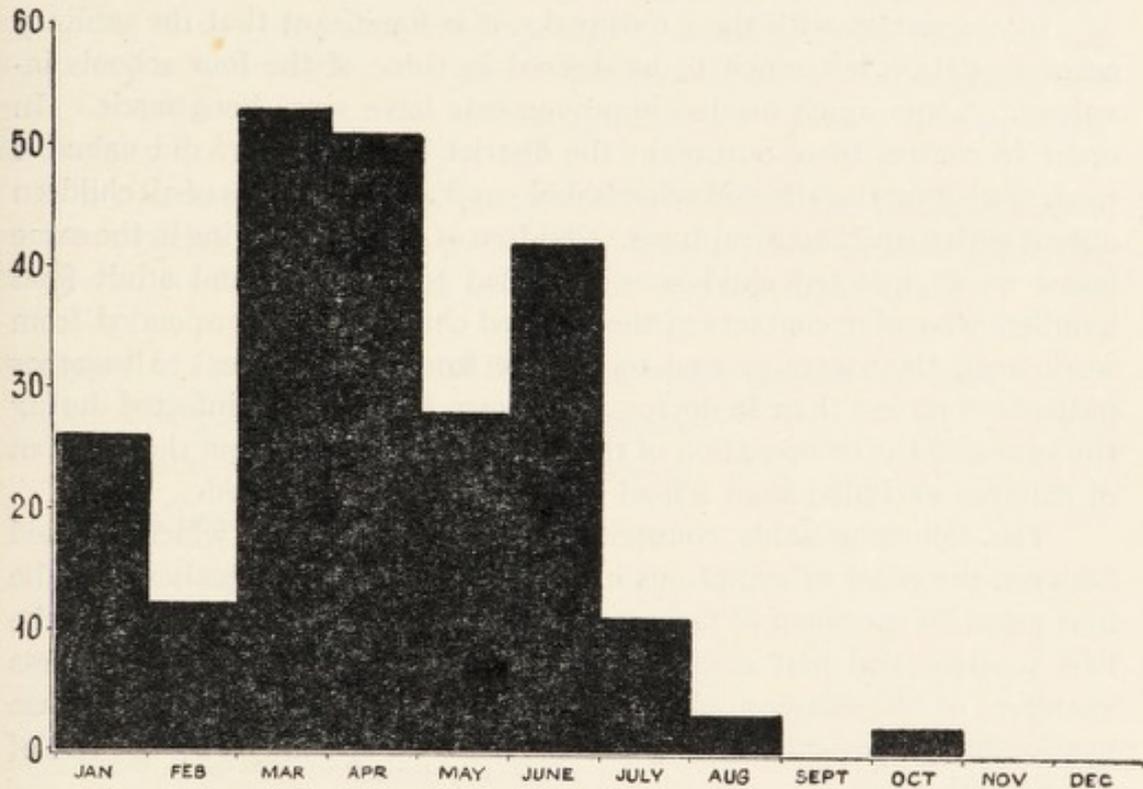
It is thought that influenza itself caused only a proportion of these illnesses and that there were at the same time other viral illnesses occurring.

In the cases of 3 persons who died between 15th December and the end of February, influenza was stated to be a contributing factor. Between 24th January and the end of February, 5 persons, 4 of them aged 5 years or less, were notified as suffering from influenzal pneumonia.

Dysentery

233 cases of dysentery occurred during the year and in 228 of them, the infecting organism was *Shigella Sonnei*. In the remaining 5 cases, *Shigella Flexneri* was isolated and of these three patients acquired the infection abroad, while two patients were laboratory workers who were handling infected material. The distribution of cases of Sonne dysentery throughout the year is shown in the following graph:—

Cases of Sonne Dysentery in the City of Oxford, 1954.



The age distribution of the cases is as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
0—4 years	35	28	63
5—14 years	59	37	96
15+ years	31	38	69
	125	103	228

I noted in my annual report for 1953 that during the Christmas holidays in that year it became apparent that there had been a small outbreak in St. Thomas' Junior Mixed School. In all 10 children were shown to have been infected and 26 others were excluded for a period as contacts.

In 1954 three separate outbreaks occurred in other schools. In March and April 18 children were found to be suffering from the disease in North Oxford Nursery School and 39 in Cutteslowe Infant School. In several instances children in the same families were affected at both schools.

At North Oxford Nursery School, one child was excluded as a contact and 13 children in the Cutteslowe Infant School for this reason. In May and June there was a sharp outbreak of the disease in Headington Quarry School and 32 became infected and 49 were excluded as contacts.

During the year there was a small number of cases in other schools but most of these could be traced to contact with the four schools most severely affected.

In all, 140 school children suffering from the disease and 148 children were excluded from school for short periods as contacts.

In connection with these outbreaks, it is significant that the sanitary accommodation left much to be desired in three of the four schools involved. Some much needed improvements have since been made. In order to control these outbreaks the district health visitors did valuable work in visiting the affected schools daily and also the homes of all children absent with suspicious symptoms. Children of school age living in the same house as an infected child were excluded from school and adult food handlers who were contacts of the infected children were suspended from work until they were proved to be free from the disease. Altogether patients of no less than 38 doctors are known to have been infected during the year and the co-operation of the practitioners in handling the problem of children excluded from school is particularly appreciated.

The following table counters the interval of time which elapsed between the onset of symptoms in acute cases and the submission of the first negative specimen of faeces with that between the submission of the first positive and first negative specimen in the cases of symptomless excretors of *Shigella Sonnei*. It will be seen that in both types of case nearly 90% of patients have submitted negative specimens by the end of the seventh week.

Bacteriological clearance of patients found to be excreting *Shigella Sonnei*

Weeks to clear	1	2	3	4	5	6	7	8	9	10	11	12	more than 12	Total
Clinical cases ..	8	12	15	18	14	12	6	4	2	2	2	1	1	97
Symptomless excretors	16	19	13	3	6	2	2	8	-	-	-	-	-	69

In one aged female patient *Shigella Sonnei* was a contributing factor in death due to cardiac failure.

Food Poisoning

37 cases were notified during the year. The bacteria isolated were:—

Salmonella typhi-murium	23
„ bovis morbificans	5
„ enteriditis	2

„ seftonberg	2
„ abony	1
„ dublin	1
„ thompson	1
Clostridium welchii	2

The occurrence of cases of *Salmonella seftonberg* infection in June and July was interesting, because there were several other cases reported in widely separated parts of Southern England at this time. Five other cases due to this organism were reported in a family living just over the boundary in Oxfordshire, but no connection was discovered between this group and the city cases, beyond shopping at one of the provision shops in the City central area.

In the case of a hospital patient suffering from the terminal stages of a malignant disease *Salmonella typhi-murium* was isolated from the blood and stools. The source of infection was not discovered.

Summary of Outbreaks of Food Poisoning which occurred in 1954

1. Outbreaks due to identified agents:—

Total outbreaks—1. Total cases—3.

Outbreaks due to:—

- (a) Chemical poisons—nil.
- (b) *Salmonella* organisms—1.
- (c) Staphylococci (including toxin)—nil.
- (d) *Cl. botulinum*—nil.
- (e) Other bacteria—nil.

2. Outbreaks due to undiscovered cause:—

Total outbreaks—nil. Total cases—nil.

The small outbreak of *Salmonella typhi-murium* infection occurred in a City Children's Home. The initial case, a boy aged 11 months, was admitted to the home on 13th September, and was noticed to pass a blood-stained stool on 21st September. He was transferred to the Slade Hospital; the stools rapidly returned to normal, becoming bacteriologically negative on 30th September. Stool specimens were submitted by all members of the staff, and two proved to be positive. The first, a nursery nurse, who took up employment on 1st September, and who had been passing normal motions rather more frequently than usual (2—3 times a day) since 27th September, was found to be positive on 4th October. The second, a cleaner, was found to be a symptomless excreter on 4th October. Each had some degree of contact with the affected child.

Infective Hepatitis

I reported last year that mild cases of infective hepatitis had occurred amongst children attending Wolvercote School. In all, 40 children and 5 adults were known to have been affected. 33 families were involved in the outbreak and each received a personal visit from a member of the staff of the Health Department. Parents were advised of the dangers of the spread of infection and of the simple precautions which could be taken to minimise these.

In view of the publicity which the outbreak received in the middle of February, a letter was sent by the Principal School Medical Officer to all parents of children attending the school in order to give factual information and to allay any undue anxiety which might have arisen.

It proved necessary for only 2 of the patients to be admitted to hospital, one an adult—primarily for social reasons, and the other a school-child who was suspected of having an acute abdominal condition.

An Illness affecting Domiciliary Midwives, in October, 1954

During October, one pupil midwife and two domiciliary midwives with whom the pupil midwife worked were affected with an acute meningo-encephalitic illness within a few days of one another.

Case 1.

Pupil midwife, aged 24, developed a nasal cold on 23.9.54, which persisted until 3.10.54, when she woke with a frontal headache. Later, she complained of photophobia and vomiting.

On examination: Temperature 100°F., marked neck rigidity, bilateral extensor plantar response, absent abdominal reflexes, exaggerated knee jerks.

She was admitted to hospital on 4.10.54, where lumbar puncture showed protein 64mgm%, cells 83, polymorphs 57, lymphocytes 26. Later, cerebro-spinal fluid examinations showed a predominance of lymphocytes. Her condition rapidly improved and all abnormal neurological signs had cleared by 6.10.54. She complained temporarily of a loss of sense of smell and headache persisted and was still present when she was discharged on 21.10.54.

Case 2.

Midwife, aged 40, who had been in frequent contact with the pupil midwife from 4.9.54 to 3.10.54. On 6.10.54, there was a sudden onset of vomiting and severe basal headache.

On examination: Temperature 97°F., definite neck rigidity, exaggerated knee jerks and lower abdominal reflexes either absent or very slight.

She was admitted to hospital on 7.10.54. Lumbar puncture showed the cerebro-spinal fluid to be normal. The condition rapidly cleared, but headaches still persisted when she was discharged on 18.10.54.

Case 3.

Midwife, aged 32, who had been in contact with Case 1 on 9.9.54 and 27.9.54, and with Case 2 on 9.9.54 and 6.10.54 and had visited Case 2 in hospital on 12.10.54. She complained of a sore throat on 12.10.54 and later developed headache which settled in the frontal region. Later she complained of nausea.

On examination: Temperature 100°F., mild photophobia, definite neck rigidity, absent abdominal reflexes, exaggerated right knee jerk, and equivocal plantar reflexes.

She was admitted to hospital on 12.10.54 and by 16.10.54 her condition had rapidly improved and all neurological signs had disappeared. She had a recurrence of headache on first getting up, and complained of lurid dreams until her discharge on 27.10.54.

Discussion

The appearance of the illness in all 3 cases was clinically similar, and the patients went through a slow convalescence in which they complained of headache, lack of powers of concentration, depression, and worry at the thought of work. These symptoms cleared up three months after the onset of the illness. It is believed that all 3 patients were suffering from meningo-encephalitis, although serum tests carried out in Cases 2 and 3 were negative for specific viral and lepto-spiral infection.

Lead poisoning due to burning of battery cases

Following a report on 1st January, 1955, from the Ministry of Health on cases of lead poisoning due to the burning of car battery cases as domestic fuel in Rotherham, investigation was carried out to ascertain if such a practice with its attendant dangers was occurring in the City of Oxford.

The results showed that though old car batteries did find their way to one particular scrap merchant's yard, the amount of waste from the salvage of these was small; and the risk to individuals in the home did not exist, as the waste material was given to certain pig dealers for burning in open wash copper fire places—this being for the sterilisation of pig swill.

As a final check on these pig keepers, examination of their blood for possible punctate basophilia was discussed with them and with their respective general practitioners.

Two of the four men concerned did in fact have a blood examination and no abnormality was found.

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1954

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS.											TOTAL NUMBER OF CASES IN EACH WARD								
	At all ages	Under 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	S'town & W'lvrc- cote 12541	North 10130	West 10202	South 10034	East 14849	Head- ington & M'ston 24019	Cowley & Iffley 25125
Scarlet Fever ..	35	—	1	1	4	5	19	2	1	2	—	—	—	3	—	3	6	3	12	8
Erysipelas ..	21	—	—	—	—	—	—	—	1	1	—	10	7	—	—	4	1	2	5	9
Puerperal Pyrexia ..	105	—	—	—	—	—	—	—	6	86	—	2	—	—	—	—	1	—	18	—
Ophthalmia neonatorum	47	47	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	—
Measles ..	13	1	1	1	3	2	3	1	—	1	—	—	—	2	3	2	1	1	3	1
Whooping Cough ..	302	25	21	25	26	36	156	3	—	2	2	5	1	9	11	34	31	37	84	96
Pneumonia ..	71	2	1	2	2	1	4	3	1	8	8	15	24	3	6	22	9	8	10	13
Poliomyelitis— Paralytic ..	2	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—
Acute Encephalitis— Infective ..	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Meningococcal infection	3	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1
Paratyphoid	2	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Bacillary Dysentery ..	233	3	7	10	23	21	83	13	9	40	14	8	2	88	22	17	19	9	76	2
Food Poisoning ..	37	3	1	3	—	—	4	1	3	3	9	5	5	12	9	2	6	2	2	4
	872	83	32	45	59	65	269	23	21	145	46	45	39	119	169	84	74	64	228	134

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital	Eye Hospital
Scarlet Fever	—	—	1	—
Erysipelas	—	—	1	—
Puerperal Pyrexia	86	16	—	—
Ophthalmia neonatorum	29	15	—	2
Whooping Cough	—	—	5	—
Pneumonia	1	—	—	—
Poliomyelitis (paralytic)	1	—	1	—
Acute Encephalitis— Infective	1	—	—	—
Meningococcal infection	2	1	—	—
Paratyphoid	—	—	1	—
Bacillary Dysentery	—	—	2	—
Food Poisoning	1	—	4	—
	121	32	15	2

(b) THE SLADE HOSPITAL (Infectious Diseases Department)

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases beds at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. Mary Assinder, M.B., Ch.B., continued as Resident Medical Officer throughout the year, and the following report prepared by her is included by reason of the fact that the infectious diseases beds at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department:—

“A total of 335 admissions were made into the 36 beds available for the nursing of cases of infectious diseases, figures for the six previous years being as follows:—

1948	473
1949	556
1950	447
1951	420
1952	360
1953	499

During the slack periods, between 4 and 8 beds were again loaned for cases of tuberculosis and 4 for the treatment of skin diseases.

A total of 89 cases of enteritis were admitted; 41 due to proven organisms and 33 non-specific. 13 cases were admitted for observation with diarrhoea and vomiting, which subsided abruptly after arrival, whilst 2 cases of bronchitis with secondary diarrhoea and vomiting came in, one small baby came in suffering from a cerebral birth injury, broncho-pneumonia and diarrhoea: he died.

Of the 41 cases with proved causal organisms, 16 were due to sonne dysentery, of which one died, from concurrent cardiac failure. Treatment of the remaining 15 sonne dysentery cases with combined oral streptomycin and a soluble sulphonamide seemed effective, confirming an impression formed in 1953. 3 further cases were due to the more severe flexner dysentery and were associated with each other, originating from a child who arrived in Oxford ill, having travelled by air from Baghdad. 7 cases of gastro-enteritis in babies appeared due to a pathogenic *B. coli* infection; 3 of these were contacts of each other, the other 4 being unrelated. 10 cases were due to salmonella typhi-murium infection, one of which was extremely ill with a generalised septicaemia. Other types of salmonella treated included *S. dublin* (1), *S. thompson* (1), *S. abony* (1). There was 1 case of paratyphoid, and 1 typhoid carrier following cholecystectomy. Treatment with chloramphenicol in this salmonella group appeared beneficial only during the acute stages: once the carrier state supervened, no drug seemed useful.

54 cases of chicken-pox were admitted during the year, ranging in severity from contented children with scanty lesions, to a man of 40 with an attack so severe that an alternative diagnosis of smallpox had to be considered during the first 24 hours of his stay. 1 case was suffering concurrently from pertussis, 3 also had some dysentery, and 1 unhappy child was just recovering from an attack of infantile eczema. All, without exception, did well. 1 child was admitted with pneumonia, having been recently exposed to chicken-pox. One case of herpes zoster was admitted, and one with herpes zoster ophthalmicus.

Respiratory diseases accounted for 43 admissions. Of these, 22 were whooping-cough: 2 babies were seriously ill with this and had their mothers in with them. 1 case came in with pneumonia after his initial pertussis was over. Five other cases of pneumonia were admitted, of which 3 were clinically of the virus variety, taking some time to clear, and responding little, if at all, to the usual antibiotics. 4 cases of influenza were admitted. There were 3 cases of broncho-pneumonia, and 4 of bronchitis, one of which had bronchiectasis also. One case of acute laryngo-tracheo-bronchitis was taken in and died: she was an old lady with an overwhelming infection. One case with post-pneumonic asthma was admitted.

Only 6 cases of poliomyelitis came in during the entire year. 2 of these occurred quite independently during February. 3 occurred during the month of July and were contacts from the same school; another child came in with meningitis, who had had fleeting contact with this group, but she was proved to be due to a different virus. One further case, in September, was apparently another isolated instance. All did well, 3 requiring further treatment and rehabilitation at the Wingfield-Morris Orthopaedic Hospital.

39 cases of probable streptococcal origin were admitted. Of these, only 6 cases of scarlet fever came in compared with 33 in 1953, and none of these suffered any complications. 6 cases of erysipelas were treated and 23 cases with tonsillitis. 2 cases of laryngitis were admitted, 1 with a concurrent streptococcal tonsillitis, and 1 sore throat. One dramatic case of Ludwig's angina was taken in: this patient proved to be suffering also from a myelomatosis. 2 cases of otitis media were treated.

There were 23 probable staphylococcal infections: 1 of these, a staphylococcal septicaemia with purpura and a subarachnoid haemorrhage died. There was a case of osteomyelitis, sent in as a possible poliomyelitis or rheumatism. 16 cases of impetigo were treated, and 1 secondarily infected eczema with abscess formation. One breast abscess was treated and 1 axillary abscess, 1 quinsy, and 2 cases with ulcers and cellulitis of the legs. 2 cases of pemphigus neonatorum came in for treatment, with their healthy mothers.

2 cases of rubella were admitted, and 1 solitary case of measles, in contrast to the 122 cases in 1953.

8 cases of mumps came in, 1 only being complicated by the development of orchitis. 1 recurrent parotid swelling was admitted; an attack of this swelling had coincided with the patient's admission to the Radcliffe Infirmary with a compound fracture of tibia and fibula, so that he was moved out hastily for fear it should be due to mumps.

3 cases of virus meningitis were admitted, one of whom was part of a small outbreak amongst the City midwives.

Glandular fever accounted for 14 admissions, double the total for 1953. Infective hepatitis also increased, 11 cases coming in, 1 of which was also suffering from tuberculosis and died. One case was admitted for observation of glandular fever, but was not confirmed.

One case of each of the following was admitted:—tape-worm infestation, scabies, sensitisation dermatitis, diverticulosis coli, ectopic gestation, pyelitis, teething, and parotid swelling due to blockage of Stenson's duct.

4 cases of toxic erythema came in, 1 due to a sulphonamide reaction, and 1 to a streptomycin sensitisation.

2 cases of intussusception were admitted and transferred to the Radcliffe Infirmary: 2 cases came in with pyrexia of unknown origin, and the diagnosis remained at that.

Miss Stanley, who had been Matron at the Slade Hospital since it was first opened in 1939, retired in June. After her years of loyal service, we wish her every happiness in her retirement. We welcome Miss Macleod as her successor."

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1954.

	<i>Admissions</i>	<i>Deaths</i>
Chicken-pox	54	—
Gastro-enteritis (non-specific)	33	—
Tonsillitis and pharyngitis	27	—
Whooping-cough	22	—
Sonne dysentery	16	1
Impetigo	16	—
Pneumonia and acute bronchitis	16	1
Glandular fever	14	—
Salmonella infection	13	—
Infective hepatitis	11	1
Mumps	8	—
Gastro-enteritis due to pathogenic B. coli	7	—
Poliomyelitis	6	—
Scarlet fever	6	—
Erysipelas	6	—
Influenza	4	—
Virus meningitis	3	—
Flexner dysentery	3	—

There were 2 cases of each of the following:—rubella, otitis media, herpes zoster, pemphigus neonatorum and pyrexia of unknown origin.

Single cases of the following were admitted:—measles, typhoid, paratyphoid B., laryngo-tracheo-bronchitis (died), osteomyelitis, scabies, tapeworm infection, staphylococcal septicaemia (died), Ludwig's angina, and quinsy.

There were 13 miscellaneous cases in which the ultimate diagnosis was not an infectious disease.

4 well mothers were admitted accompanying sick babies.

Cases admitted on suspicion, which eventually proved to be unfounded, were:—gastro-enteritis 13; mumps 1; glandular fever 1; food poisoning 1.

One case of contact with chicken-pox was admitted for isolation and observation.

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are:—

	<i>Proportion of whole-time</i>
Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals	3/11ths
Mrs. D. Hicks, Almoner, Chest Clinic	3/11ths
3 Tuberculosis Health Visitors	Whole-time
1 Clerk	3/11ths

The number of cases of pulmonary tuberculosis notified during the year was 116, an increase of 15 over the figure for the previous year.

Mass Radiography

Two Mass Radiography Units of the Oxford Regional Hospital Board visited the City during the last three months of 1954 when their services were available to the general public as well as to specially selected groups.

TABLE A

New Cases and Mortality during 1954

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ...	—	—	—	—	—	—	—	—
1— ...	—	—	—	—	—	—	—	—
2—4 ...	—	1	—	—	—	—	—	—
5—9 ...	—	1	1	—	—	—	—	—
10—14 ...	—	1	—	1	—	—	—	—
15—19 ...	7	7	1	2	—	—	—	—
20—24 ...	15	8	—	2	—	—	—	—
25—34 ...	17	12	1	—	—	1	—	—
35—44 ...	8	7	1	2	2	—	1	—
45—54 ...	13	5	1	—	—	—	—	—
55—64 ...	6	2	—	1	—	—	—	—
65 and over ...	4	2	—	2	3	1	—	—
Totals ...	70	46	5	10	5	2	1	—

TABLE B

Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1935	86	17	103
1936	87	36	123
1937	101	43	144
1938	81	30	111
1939	98	23	121
1940	111	43	154
1941	113	42	155
1942	126	58	184
1943	103	46	149
1944	129	29	158
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131

REPORT BY DR. F. RIDEHALGH, CONSULTANT CHEST PHYSICIAN TO THE
UNITED OXFORD HOSPITALS

The picture of tuberculosis in Oxford during 1954 is an encouraging one. Deaths, for the first time, have reached single figures. Notifications, as a result of intensive case finding, have risen by 15%. The proportion of sputum-negative early cases has risen by 10%. The number of contacts vaccinated by B.C.G. has nearly doubled. A record high number of contact examinations has produced a record low number of new cases.

Mortality

Fourteen patients on the register died during the year. From official figures available it appears that only eight of these died from tuberculosis. Of 116 new cases discovered, only one died. In this case fatal acute peritonitis followed the perforation of a tuberculous ulcer of the bowel. No other case notified since 1950 died from tuberculosis. One woman of 33, notified in 1949, died from advanced disease after persistent refusal of treatment. One man of 36 died of long standing advanced disease. The remaining deaths were in a woman of 69 and in men of 66, 67, and 77, all advanced cases of long duration. One man aged 42 died of non-pulmonary tuberculosis.

Of seven notified cases, three died from cancer, one from advanced arteriosclerosis (the only posthumous notification) one of acute peritonitis, volvulus and coeliac disease, one from hepatitis of uncertain origin and one (a woman of 91 with healed tuberculous knee) from uraemia.

As an index of the severity of tuberculosis the death rate must be abandoned. The hard core of mortality has been reached. Accidents apart, death occurs only in those whose lungs were irreparably damaged before specific drugs became freely available. Stabilised advanced cases, dying eventually from secondary infection, cardio-respiratory failure or recrudescence, will undoubtedly contribute to future mortality and such cases may prevent any marked future fall in the tuberculous death rate.

Morbidity

During 1954 we pursued a very active case-finding programme. The Mass Radiography Unit visited the Pressed Steel Company and Morris Motors and obtained a very high response-rate. From September until Christmas, one and sometimes two units were continually at work, either examining small organised groups, or at open sessions for adults at selected points throughout the city. All householders were individually notified of the times and places of examination. This essential staff work

was carried out, in conjunction with the units, by the following voluntary organisations: -

1. British Red Cross Society.
2. Community Centre members in the Cowley, Cutteslowe, Florence Park, Lake Street and Rose Hill areas.
3. Headington Townswomen's Guild.
4. North Oxford Women's Co-operative Guild.
5. Oxford Girl Guides Association.
6. Oxford Boy Scouts Association.
7. Women's Institute members.
8. Women's Voluntary Service.

The warmest praise must be given for the way in which this voluntary effort co-ordinated publicity with the movements of the peripatetic units.

In this way, examination by mass radiography was offered to about two-thirds of the adult population. About one-half accepted, so that roughly one-third of the adult population was X-rayed by the units. In addition, the Odelca camera units at the Radcliffe Infirmary and the Churchill Hospital carried out 14074 chest X-ray examinations of the University, general hospital out-patients, expectant mothers, contacts and other special groups. X-ray examination of new entrants is also carried out by the two large motor works.

Notifications of respiratory tuberculosis rose from 101 to 116. Male notifications went up from 53 to 70, female notifications fell from 48 to 46. Although the chief male increase this year was at ages 20—30 and 45—55, study of notifications during the past four years reveals no consistent age pattern. Cases negative to sputum or laryngeal swab culture rose by 10%. The proportion of cases found by mass radiography was 37.9%, compared with a national average of 25%. Notifications of respiratory tuberculosis in England and Wales are said to have fallen by 10% in 1954. A similar fall occurred in those parts of the Oxford Hospital Region for which intensive mass radiography was not available.

Non-respiratory tuberculosis

Twenty cases of non-respiratory tuberculosis occurred during the year. In five of these, pulmonary disease was also present and they are notified as respiratory. The distribution was as follows: -

Meningitis	1
Miliary	0
Renal	3
Genital: male	1
female	4
Bone and joint	2
Cervical glands	1
Axillary gland	1
Cutaneous abscess	2

B.C.G. Vaccination

Nurses and hospital staff	32
Medical students*	16
Contacts	263
	<hr/>
	311
	<hr/>

* including 14 given Vole vaccine by Dr. A. G. Wells and Dr. Wylie.

Health Visiting, Social and Preventive Work

The number of domiciliary visits rose from 4,068 in 1953 to 4,498. The integration of clinical, social and preventive work at the weekly case conference of doctors, health visitors, almoners and occupational therapists maintains its value. Particular attention has been paid to adolescent and young adult contacts and to family contacts outside the affected households. Evening sessions for the X-ray of working contacts by the Odelca camera were doubled. Contact examinations rose from 690 to 735, but produced only three new notifications. The reassurance of 732 contacts is important and valuable. Nevertheless, it must be realised that the great labour of contact organisation is now producing a very small return—this, perhaps, is an indication of the control of infectivity by chemotherapy.

The work of the Care Committee is fully detailed in the Almoner's report. May I say how greatly I value the work of the Committee, and the friendly atmosphere of its meetings. At the same time, I wish to thank all those who work so cheerfully as a team in the Chest Clinic and its associated hospitals.

The turn of tuberculosis has come late in the list of major bacterial infections yielding to specific treatment. The pattern of chemotherapy, its relationship to thoracic surgery, and its late results are still emerging. From the point of view of the tuberculous individual the advance is spectacular. All but the most advanced cases can confidently expect to get well and to return to normal life and work. Even the most advanced cases usually become clinically fit and well, although in some cases the duration of stability is conjectural and respiratory crippling not rare. The bogey of relapse is receding as our use of chemotherapy and surgery becomes more confident. Less than 4% of patients discharged from tuberculosis beds in Oxford had a positive sputum or culture, and this includes not only patients transferred to Peppard Chest Hospital for surgery but also old chronic cases incapable of stabilisation and admitted for social or domestic reasons.

These happy results do not imply a reduction in the length of treatment or less thorough follow-up. On the contrary, they are achieved only by prolonged treatment and highly critical assessment. Lasting

stability will only be achieved in each case, by detailed X-ray investigation, highly skilled pathological work and an attempt to foresee and treat all possible future sources of relapse. Advances in therapy and in methods of assessment have not in any way reduced the importance of environment both at home and at work. We can expect the best only if we do all we can to define and eliminate the worst possibilities.

The most important task of the future is the discovery of unrecognised disseminators of infection. Tuberculous infection is still widespread, although possibly it is diminishing. Latent tuberculous disease is clearly to be found if we look for it. In the vast majority of new cases there is no clue to the source of infection.

Unfortunately mass radiography is rationed. Oxford was well served in 1954, but it cannot expect the same service in 1955. Therefore, the best use must be made of the case-finding machinery we have. The Odelca units do not work nearly to capacity because of lack of technicians. General Practitioners are, I know, fully alive to the importance of finding the early case. I ask them to regard as even more important the discovery of those who unwittingly spread infection. These people may not be ill, but many of them will have persistent or recurrent respiratory symptoms. The fullest possible use should be made of the available laboratory and X-ray facilities to bring such cases to light. The retreat of tuberculosis can become a rout. This happy outcome will not occur if we are satisfied with things as they are.

Almoner's Report

The social work carried out by the Almoners in the Chest Clinic naturally reflects any changes in treatment or facilities, that exist for the patient. While chemotherapy can combat tuberculosis with a success little dreamed of some years ago, this disease still entails a lengthy illness that puts great strain on the family life of the patient and disturbs many plans and ambitions.

The shortening of the waiting list for sanatoria and particularly for major surgery has lessened the time of tension at home while waiting for the next step. Patients who start on treatment at home now move into hospital before their nursing at home has strained the family resources and ingenuity too far.

The economic impact of the illness has not, however, lessened. Cost of living remains so high that balancing a budget based on statutory allowances needs constant vigilance and skilful planning. The financial aid that the Care Committee has been able to give has bridged many domestic gulfs. The nature of the help has once more been varied. Help with fuel during the winter months has eased many budgets at the time of greatest pressure. Emergency grants to deal with debts that have become menacing; extra nourishment, house repairs, fares and many other

types of help have been considered by the Care Committee during the year with sympathy and understanding. The sale of Seals at Christmas has once more provided the financial backbone for the Committee's work.

Extra nourishment in the form of milk paid for by the Health Departments has helped those patients either nursed at home or convalescent there.

Regular visiting, which means so much in long term illness, has been greatly facilitated by the cars so generously provided by the Rotary Club for visitors to Peppard.

Those patients who have retained the interest and support of their previous employers go through the illness with a great feeling of security. For those who must face new work, plans are started as early as possible. Regular liaison with the Disablement Resettlement Branch of the Ministry of Labour has continued and a number of patients have gone on rehabilitation and training courses with marked success.

The Almoners as members of the Chest Clinic team working with the patients have had a great deal of understanding help both from statutory and voluntary sources outside the Hospital Service.

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a hospital almoner who spends about a quarter of her time on venereal disease work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary for 1954 and compares this year with the three previous years. It should be noted that the figures given in this table include patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New Patients suffering from:	1954		1953		1952		1951	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis, primary ..	—	—	2	—	1	—	1	2
Syphilis, secondary ..	—	—	—	—	—	1	1	—
Syphilis, latent ..	16	8	9	8	13	17	13	8
Syphilis, congenital ..	2	2	1	1	1	3	—	4
Total	18	10	12	9	15	21	15	14
Gonorrhoea	48	20	31	21	51	15	33	5
Other Conditions ..	134	51	186	69	174	59	176	49
Undiagnosed	4	3	2	7	2	4	6	8
Total new patients ..	204	84	231	106	242	99	230	76
Total attendances ..	1022	659	1101	914	1198	946	1410	1031

The following report has been received from Dr. Patrick Mallam, Consultant in Charge of the Special Department, and includes the report of Miss M. Geistenberger, Almoner to the Venereal Diseases Department:

"There have been several changes in personnel. Miss Coggin has left us after doing extremely valuable service and it has been rather difficult to replace her owing to shortage of almoners suitably interested in this work but now happily things are running smoothly.

Dr. Ballance has left Oxford and Dr. J. M. Stewart of Beaumont Street, Oxford, and Dr. H. A. Dempsey, Southern By-Pass, Oxford, have divided his sessions between them and both assist in the Venereal Diseases Clinic. This is a good arrangement as it not only brings two general practitioners into contact with the hospital work but, in the case of holidays and sickness, it means that in normal events there are still two people left to run the Clinic.

Mr. Haynes, the Assistant Male Nurse, now has charge of the Briscoe Wards at the Slade, as the Sister has left to get married. This too is a good arrangement as Mr. Haynes sees the cases in the Out-patient Department and knows all about them, both before they go to hospital and afterwards when they attend for a follow-up.

The total number of new patients has fallen from 337 in 1953 to 288 in 1954. The steady decrease in total attendances for the past few years has continued and dropped from 2095 in 1953 to 1681 in 1954.

There have been no cases of newly acquired syphilis, but there has been a slight increase in the number of patients receiving treatment for the first time for the later stages of this disease.

The number of male patients receiving treatment for gonorrhoea has increased from 31 in 1953 to 48 in 1954, whereas the number of women patients has remained at 20, almost the same figure as last year; yet considerably higher than in 1951 when only 5 women attended for gonorrhoea.

The Almoner has made it her task to try to get to know the patients as persons, not merely as numbers, and to encourage them to persevere with their attendances until treatment is completed. The number of patients who defaulted and did not complete their treatment was 31 out of a total of 395. Many of these left the district and despite vigorous efforts could not be traced.

The scope for social work in the Department is large and the problems encountered are very personal in nature and very varied. A considerable number of female patients who are being treated at the clinic are young girls ranging in age from 16 upwards. Some come from other parts of the country, others are residents of Oxford or live in small villages in the district. Much of the Almoner's time has been given up to work with this group of patients in an attempt to befriend and rehabilitate them, and to bring them to the clinic for treatment in the first instance. Sometimes she has been successful in helping them to settle in a job. There were others who very often lived in isolated villages without young company and who got into trouble through sheer boredom. She tried to help these girls to find more satisfactory social outlets; for example by putting them

in touch with clubs or encouraging them to save up for holidays such as are arranged for young people. Many of them just needed support and understanding to help them to live down their "disgrace". She has also attempted to help couples whose marriage was threatened and tried to trace and bring to the clinic contacts of patients known to be suffering from venereal infection."

Table showing the incidence of new cases of Venereal Disease in City Residents from 1938—1954

	MALES		FEMALES	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1938	13	87	15	25
1939	6	44	8	9
1940	30	69	24	14
1941	33	56	33	27
1942	23	34	26	22
1943	22	24	28	34
1944	11	28	15	30
1945	11	24	12	17
1946	23	57	19	15
1947	14	26	25	10
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13
1954	6	21	7	13

(e) VACCINATION AND IMMUNISATION

1. Immunisation against diphtheria

Table showing the number of primary immunisations completed and the number of reinforcing injections given during 1954:—

	Age at date of final injection (as regards A) or of reinforcing injection (as regards B)							Total
	Under 1 yr.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	
A. Number of children who completed a full course of primary immunisation	757	259	54	14	16	110	27	1237
B. Number of children who were given a reinforcing injection ..	—	—	—	8	66	998	687	1759

207 of the primary immunisations were completed and 24 of the reinforcing injections were given by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946. All other injections were carried out by the staff of the Health Department.

Comments:—

(1) The prophylactic material in use throughout the year for all injections carried out by the staff of the Health Department was P.T.A.P. Our local experience of this preparation has been entirely satisfactory; it does not appear to produce unpleasant reactions at any age. It is difficult to explain why our experience in this respect differs from that of certain other areas, notably that of Manchester.

Some of the general practitioners use other preparations, including combined diphtheria-whooping-cough prophylactics.

(2) Primary immunisations increased by 76 and reinforcing injections by 432 in comparison with 1953.

(3) From the figures given above it can be calculated that 84% of the primary courses and 99% of the reinforcing injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which the former procedure is available at all child welfare clinic sessions and the latter in relation to routine school medical inspections.

(4) It has not been thought necessary to restrict immunisation at any time during the year on the grounds of an increased risk of post-inoculation poliomyelitis; nor was there a case of poliomyelitis in which any immunising procedure appeared to have a relationship to the onset.

(5) The exact proportion of babies immunised is difficult to estimate accurately. The fear is frequently expressed that the reduced risk of contracting diphtheria is leading to a dangerous fall in the number of babies protected. It can be confidently stated that this fear is not realised in Oxford—thanks to the constant educational efforts of the health visitors and the ease with which the procedure is available at all child welfare clinic sessions. It is frequently stated that in order to achieve a satisfactory "herd immunity" the target should be 75% of the babies immunised before the age of a year. For reasons explained in last year's report a considerable number of primary immunisations are carried out early in the second year of life. The health visitors have studied the records of all the children born in 1952 and still on their visiting list at the end of 1954. There were 1051 such children, of whom 784 had been immunised. This gives a figure of 75% (compared with 76% in 1952 and 71% in 1953). It is thus clear that there is no appreciable decrease in the proportion of

children immunised; also that if all children under 3 years of age are included the official target is being reached.

2. Vaccination against smallpox

Table showing successful vaccinations performed during the year.

Age at date of vaccination	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Number vaccinated (primary)	891	31	14	9	67	1012
Number re-vaccinated	—	1	12	34	537	584

Of the vaccinations carried out during the year, 239 primary vaccinations and 405 re-vaccinations were carried out by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

During the year, three attempts were made on two children who were therefore classified as "insusceptible to vaccination". Two attempts were also made without success on twelve children.

No untoward reaction to vaccination occurred during the year.

Proportion of babies vaccinated

The number of Oxford babies vaccinated during 1954 while still under one year of age (891) expressed as a percentage of the number of live births registered in the last half of 1953 and the first half of 1954 (Oxford residents) was 62%. Thus the steady increase in the proportion of babies vaccinated since the National Health Service Act came into operation has been maintained. Corresponding figures for the last five years are as follows:—

1949	44%
1950	45%
1951	51%
1952	57%
1953	58%
1954	62%

These figures compare very well with the national figure of 34% in 1953 (the latest year for which it is available).

This relatively satisfactory state of affairs is undoubtedly due in a large measure to the ease with which vaccination is available at all child welfare clinic sessions, and to the educational efforts of the medical and health visiting staff.

3. Immunisation against whooping-cough

The follow-up of children in the fourth of the whooping-cough vaccine trials in which the Health Department has participated at the request of

the Medical Research Council was completed at the end of June 1954. The result of this trial has not yet been published but it was clear that the vaccines used gave a high degree of protection.

Throughout the year routine immunisation with a commercial "plain suspended" vaccine was available at all child welfare clinics. Mothers were advised to have their babies immunised as soon as possible after the age of four months.

The following table shows the total number of immunisations completed by the staff of the Department in 1954:—

Under 1 year	1 year	2 years	3 years	4 years	5 years	Total
726	90	22	12	14	3	867

This shows a decrease of 37 in the total number of courses completed when compared with 1953, but an increase of 57 in the number of children protected in their first year.

No serious reaction to the commercial vaccine was observed during the year. A slight local and general reaction—usually limited to some discomfort and restlessness during the first night—was fairly common. This can be readily relieved by the administration of aspirin. In most cases the mother readily accepts this slight inconvenience, rightly regarding it as a small price to pay for protection against so serious a disease as whooping-cough. There were only 10 instances in which the course was not completed because the mother considered that there had been too severe a reaction.

Unfortunately no really accurate assessment of the value of the commercial vaccine is possible in the absence of special staff for an intensive follow-up of every child. Records are being kept of any case of notified whooping-cough in an immunised child and it is hoped that this will ultimately give an indication of the value of the vaccine. There were 7 such cases during 1954. Investigation by the health visitors showed that in one of these the diagnosis was doubtful. In 5 of the others the illness was mild (grade 3 in the Medical Research Council grading) and in 1 it was very mild (grade 2).

5. Inoculation of travellers

During the year persons travelling abroad were given inoculations by the staff of the Health Department as follows:—

	<i>Primary immunisation</i>	<i>Re-immunisa- tion</i>
T.A.B.	60	18
Anti-cholera	10	7
Anti-typhus	2	1
Tetanus toxoid	12	5

(f) RINGWORM, SCABIES AND PEDICULOSIS

Ringworm

Although at the end of December, 1953, there were no cases of scalp ringworm under treatment, 5 new patients, 3 of them children of pre-school age, came under observation in 1954, and all had been cured by the end of the year. The figures below show the numbers treated since 1946:—

1946	91
1947	57
1948	55
1949	36
1950	20
1951	16
1952	10
1953	7
1954	5

Scabies

This work continues to be undertaken by one of the nursing assistants and individual arrangements are made for each family affected. The treatment is carried out at the patient's home, if possible, but if home conditions are inadequate for the purpose, Donnington Clinic is used. These arrangements have proved very satisfactory.

	1948	1949	1950	1951	1952	1953	1954
Total number of treatments given (cases and contacts)	148	132	67	19	73	56	61

The total number of schoolchildren treated was the same as in 1953, namely 31.

Pediculus Capitis

During the year, 34,628 cleanliness inspections were carried out by school-nurses and, out of a school population of 11,964 inspected, 144 children (1.2%) were found to have louse infestation of the head. All family contacts were examined and the mother advised to continue treatment at home with the same preparation used at the clinics.

SECTION V

MATERNITY AND CHILD WELFARE

REPORT BY DR. MARY FISHER,

B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H.

A. MATERNITY

(including domiciliary midwifery)

I. Midwives practising in the area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Municipal midwives	6
(b) Midwives employed by Voluntary Organisations—	
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act 1946	Nil
(ii) Otherwise (including hospitals not transferred to the Minister under the National Health Service Act 1946)	Nil
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act:—	
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act 1946	Nil
(ii) Otherwise	31
(d) Midwives in private practice (including midwives employed in Nursing Homes)	4

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41

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II. The Domiciliary Midwifery Service

1. General arrangements

All the domiciliary midwifery is carried out by full-time midwives employed by the City Council.

2. Antenatal care for domiciliary cases

The bulk of the antenatal care is carried out by general practitioners at their own surgeries, supplemented by periodic examinations by the midwife and her pupil in the mother's home. A minority of mothers prefer to attend a clinic for routine care. If they do so they invariably book with a general practitioner under the maternity medical service, seeing him early in pregnancy and again at 36 weeks with a full report from the clinic. Blood tests (Wassermann and Kahn and rhesus testing) are carried out in every case booked for domiciliary delivery. General practitioners are making increasing use of the facilities provided at City antenatal clinics for the collection of blood samples for this purpose, as shown in the following table:—

Blood samples taken at City antenatal clinics at the request of general practitioners:—

1952	134
1953	224
1954	271

(In all these cases haemoglobin estimations are also carried out).

Samples are taken in all other cases at the Radcliffe pathology laboratory or occasionally by the general practitioner in his surgery.

During the year another general practitioner (making 5 in all) established a regular weekly antenatal session at his surgery. These sessions are attended by a midwife or her pupil—a very satisfactory arrangement for everyone concerned.

3. Maternity Medical Service bookings

The distribution of bookings under the Maternity Medical Service among doctors in practice in the City was as follows:—

20—30 cases	6
10—19 cases	16
5—9 cases	10
1—4 cases	14

(This omits 2 cases booked by doctors whose practices are mainly outside the City boundary).

2. Details of the work of the individual midwives during the year.

	Deliveries as Midwife	Deliveries as Maternity Nurse	Mis-carriages	Total	Antenatal Visits	Nursing Visits	Postnatal Visits (i.e. after the 14th day)	Total Visits
Midwife A. (East Oxford and Marston)	46	7	1	54	472	1126	17	1615
Midwife B. (Headington)	100	4	1	105	696	1948	38	2682
Midwife C. (Cowley)	66	8	—	74	645	1509	32	2186
Midwife D. (South and West Oxford) ..	81	9	—	90	1019	1488	30	2537
Midwife E. (Summertown, Wolvercote and North Way)	75	6	—	81	917	1632	45	2594
Midwife F. (North and Central Oxford)	72	16	1	89	857	1701	38	2596
Totals	*440	50	3	493	4606	9404	200	14,210

* This figure includes 6 deliveries of County patients (3 on Wood Farm Estate, 2 on Slade Park and 1 on the Garsington Road).

5. Details of domiciliary deliveries during 1954

	Deliveries as Midwife		Deliveries as Maternity Nurse	
	Primiparae	Multiparae	Primiparae	Multiparae
Total cases	66	367	22	28
Live Births	65	364	22	28
Twins	—	1	—	—
Still-births	1	4	—	—
Death of baby at home ..	—	1	—	1
Forceps delivery	2	—	3	—
Emergency obstetric service	2	2	1	1
Baby transferred to hospital by "premature baby flying squad"	2	3	—	—
Baby transferred to hospital other than by "flying squad"	—	5	—	—
Mother and baby transferred to hospital ..	—	2	—	—
Anaesthesia and analgesia:				
(a) Gas-and-air	63	345	19	29
(b) Pethidine	55	188	20	13
(c) Other anaesthetics	2	—	3	1
Antenatal care:				
(a) General practitioner	49	245	22	28
(b) Clinic and general practitioner	17	120	—	—
(c) None (emergencies)	—	2	—	—
Feeding at 14 days:				
(a) Breast entirely	57	322	19	19
(b) Breast and bottle	3	27	2	4
(c) Bottle entirely	2	6	1	3

(Deliveries of 6 County patients are not included in this table).

Comments on Table

(1) A high proportion of the domiciliary deliveries are attended by a midwife in the absence of a doctor. In 1954 the proportion was 433 cases out of a total of 483.

(2) The still-birth rate was very low, namely 10.3 per 1,000 total births.

(3) The forceps rate was extremely low, namely 1%.

(4) Gas-and-air analgesia was administered in 94% of cases.

(5) In every case but 2 the mother booked with a general practitioner under the maternity medical service. The medical part of the antenatal care was given by the general practitioner alone in 344 cases and in conjunction with an antenatal clinic in 137 cases.

6. Patients booked for domiciliary delivery but transferred to hospital during labour

In spite of thorough antenatal care by both doctor and midwife, and the careful selection of cases suitable for domiciliary delivery, occasional unforeseen abnormalities in labour are bound to arise. Thus in 17 cases booked for domiciliary delivery during the year, abnormalities arose leading to admission to hospital during labour. The abnormalities and end results in these cases are shown in the following table:—

<i>Abnormality</i>	<i>End Result</i>	<i>No. of cases</i>
Breech presentation	Normal breech delivery ..	4
Premature labour ..	Normal premature delivery	2
Intrauterine death ..	Stillbirth	1
Uterine inertia	Normal delivery	1
Delay in first stage ..	Forceps delivery	2
Delay in first stage ..	Caesarian section	2
Delay in second stage ..	Forceps delivery	1
Delay in second stage ..	Caesarian section	2
Antepartum haemorrhage	Normal delivery	1
Antepartum haemorrhage	Caesarian section	1
		—
		17
		—

7. Administration of pethidine

Pethidine was given in 243 cases in which the midwife was acting on her own responsibility. (i.e. 56% of cases, compared with 52% in 1953, 48% in 1952 and 27% in 1951).

8. Gas-and-air analgesia

It is the policy of the domiciliary midwifery service to ensure 100% availability of gas-and-air analgesia in domiciliary practice and to see that every mother is instructed in the use of the apparatus during pregnancy. The Supervisor of Midwives investigates the circumstances in every midwife's case in which analgesia is not given. In 1954 there were 25 such cases and the reasons were as follows:—

Baby born before arrival of midwife	13
Rapid delivery, no time	6
Refused by mother	5
No medical certificate	1
	—
	25
	—

9. Stillbirths and neonatal deaths

During the year 5 stillbirths and 2 neonatal deaths occurred at home.

The causes of the stillbirths were found to be as follows:—

(1) Pulmonary atelectasis	1
(2) Intracranial haemorrhage due to birth injury (un-booked emergency; midwife called after baby born)	1
(3) Intrauterine death, maceration, cause unknown ..	1
(4) Anencephaly, prematurity	1
(5) Spina bifida	1

The causes of the neonatal deaths were:—

(1) Congenital heart disease	1
(2) Prematurity	1

A postmortem examination was carried out in all cases except for the neonatal death due to congenital heart disease.

10. Emergency obstetric service

This service, whose ready availability is essential for the safe conduct of domiciliary midwifery operates from the Radcliffe Maternity Home. It was called out on 12 occasions during 1954 and every mother made a good recovery.

Details of the cases are as follows:—

	<i>Domiciliary</i>	<i>Private Maternity Home</i>
Retained placenta and/or postpartum haemorrhage	5	1
Perineal laceration	1	—
Antepartum haemorrhage	2	—
Abortion	3	—
	—	—
	11	1
	—	—

11. Notification by midwives to the Local Supervising Authority

(i) Medical aid was called in accordance with the Rules of the Central Midwives Board on 194 occasions during the year. The reasons given were as follows:—

(a) *Mother*

Abortion	2
Antepartum haemorrhage	11
Delay in first stage	5
Delay in second stage	3
Foetal heart not heard	1
Giddiness and vomiting	1

Inflamed vein	1
Malpresentation	5
Pain in chest	1
Pain in leg	1
Postpartum haemorrhage	8
Premature labour	5
Prolapsed cord	1
Pyrexia	30
Retained placenta	4
Ruptured perineum	75
Secondary postpartum haemorrhage	1
Stillbirth (born before arrival)	1
Threatened miscarriage	2
Thrombosis	1
	<hr/>
	159
	<hr/>
(b) <i>Baby</i>	
Cold	2
Discharging eyes	15
Ill baby	7
Malformation	2
Prematurity	4
Septic spots	1
Thrush	2
Vomiting	2
	<hr/>
	35
	<hr/>

(All mothers booked for delivery by a domiciliary midwife now also book with a general practitioner under the maternity medical service. As "medical aid" is included in this service, payment for it is no longer borne by the rate-payers—except in the occasional emergency unbooked case. There were only three of these in 1954.)

- (ii) Stillbirths 5 notifications were received.
- (iii) Laying out the dead No notifications were received.
- (iv) Artificial feeding 181 notifications were received, bottle in place of breast in 45 cases (33 from Institutions and Nursing Homes, 12 from domiciliary midwives) in addition to breast in 136 cases (100 from Institutions and Nursing Homes and 36 from domiciliary midwives).
- (v) Liability to be a source of infection No notifications were received.

12. Care of mothers discharged from hospital during the puerperium

It is the agreed policy in Oxford that a mother who is booked for hospital delivery should be discharged before the tenth day only in exceptional circumstances. During 1954 forty-nine mothers were discharged earlier than this, for the following reasons:—

Booked by midwife, but admitted to hospital	31
To relieve pressure on beds	10
Compassionate grounds (baby died or stillborn)	6
Mother discharged early at own request	2

—

49

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In addition one mother was discharged after the tenth day (at her own request) to the care of a domiciliary midwife as still needing nursing attention.

13. Postnatal care of domiciliary cases

Every effort is made to persuade mothers to go to the doctor providing maternity medical service for a postnatal examination. If this has not been achieved by three months after delivery (the statutory limit for inclusion of the examination under the maternity medical service) an attempt is made to persuade the mother to come to an antenatal clinic.

A record has been kept during the year of the postnatal care of domiciliary cases. At the end of March 1955 the position in relation to mothers booked as midwives' cases and delivered in 1954 was as follows:—

Postnatal examination carried out	328
Postnatal examination not carried out	88
Left Oxford	18

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434

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This shows that at least 76% of the mothers received a postnatal examination, compared with 80% in 1953. It is clear that educational efforts are still needed to achieve the desirable level of 100%. As an increasing number of general practitioners set aside a special session for antenatal and postnatal care, assisted by a midwife, there will doubtless be a steady improvement in the standard of examination. A postnatal examination should invariably include inspection of the cervix—a procedure for which facilities are not always readily available in the rush of a general surgery.

14. Training School in Domiciliary Midwifery

Part II pupil midwives from the Churchill Hospital continued to receive their three months' district training with the domiciliary midwives,

all of whom are approved to act as teachers by the Central Midwives Board. The pupils live in the hostel at 82—84 Abingdon Road which is in charge of the Supervisor of Midwives. In addition to their practical work on the district they attend antenatal and child welfare clinics for instruction. During the year 35 pupils were admitted. The C.M.B. Part II examination was taken by 36 pupils. Of these 35 passed at the first attempt and 1 at the second attempt. Pupils attended 429 deliveries on the district during the year (included in the table of deliveries attended by domiciliary midwives).

15. Training of medical students in domiciliary midwifery

At the request of the University Medical School arrangements were made for each clinical student to attend a few domiciliary deliveries with a midwife during the course of his obstetric training at the Radcliffe. This arrangement came into operation in October, and by the end of the year students had attended 10 deliveries. Prior consent of the mother is obtained in all such cases.

In order to provide cases for medical students it was necessary to reduce the number of pupil midwives working on the district from 10 to 8 in September 1954.

16. Postgraduate education of midwives

The domiciliary midwives take turns in attending postgraduate courses organised by the Royal College of Midwives for midwives engaged in teaching. They also attend lectures organised by the local branch of the College. These activities, coupled with the constant stimulation of pupil midwives fresh from the Churchill Hospital, keep the staff up to date in their work.

II. Institutional Maternity Accommodation

Accommodation was provided in the main by the maternity departments of the Radcliffe Infirmary and the Churchill Hospital. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1948	1949	1950	1951	1952	1953	1954
Hospital deliveries	928 (59%)	960 (60%)	837 (56%)	843 (57%)	850 (57%)	895 (60%)	857 (61%)
Private Nursing Home deliveries	70 (5%)	73 (5%)	110 (7%)	129 (9%)	102 (7%)	89 (5%)	67 (5%)
Domiciliary deliveries	570 (36%)	555 (35%)	565 (37%)	511 (34%)	533 (36%)	519 (35%)	475 (34%)

In September 1954 agreement was reached between the hospitals, general practitioners and the health department for a new arrangement for the selection of patients for hospital maternity beds. It was decided

that no bookings should be made on medical or obstetrical grounds without the knowledge of the family doctor; also that patients should be booked on social grounds only on the recommendation of the family doctor assisted by a report on the home conditions supplied by a domiciliary midwife. During the year 228 patients were visited by a domiciliary midwife in order to assess the suitability of the home conditions. The following table shows the source from which these patients were referred, and the result of the investigation:—

Source from which patient referred	Radcliffe Maternity Department	Churchill Maternity Department	General practitioners	Total
	74	53	101	228
Recommended for hospital delivery.. ..	40	32	64	136
Home confinements arranged	30	18	35	83
Patients made arrangements with private nursing home	3	2	—	5
Left Oxford	1	1	1	3
Miscarried.. ..	—	—	1	1
	74	53	101	228

Home confinements were arranged in 44% of the cases compared with 31% in 1953.

IV. Notifiable Infectious Diseases associated with childbirth

(1) Ophthalmia neonatorum

During the year 47 cases were notified, 2 occurring in domiciliary confinements and 45 in institutional.

(2) Puerperal pyrexia

Of the 105 cases notified during the year, 3 occurred in domiciliary confinements and 102 in institutional.

(3) Pemphigus neonatorum

No case was notified during the year.

V. Maternal Mortality

No death occurred during the year.

VI. City Antenatal Clinics

Attendances at the antenatal clinics continued to decrease, as shown in the table following.

Most of the general practitioners in the district served by Donnington Clinic like to carry out all the medical antenatal care of their own patients

—two of them running special sessions for the purpose. The attendance at the clinic had therefore become very low at the beginning of the year, and it was closed at the end of March. The mothers in that area wishing to attend a clinic can go to East Oxford fairly easily.

Attendances at the City antenatal clinics 1954

Clinics	First attendances	Re-attendances	Total attendances	No. of sessions	Average attendances
Headington	55	392	447	52	8.50
East Oxford	54	332	386	52	7.42
St. Aldate's	43	337	380	52	7.30
Donnington	9	41	50	13	3.84
North Oxford	31	257	288	52	5.54
Totals	192	1359	1551	221	7.00
1953 totals	241	1684	1925	257	7.58
1952 totals	294	2165	2459	260	9.46
1951 totals	379	2785	3164	256	12.36
1950 totals	399	3077	3476	258	13.47
1949 totals	464	3160	3624	255	16.10
1948 totals	410	3051	3461	232	14.92

(N.B.—The above figures do not include attendances made by mothers solely for the purpose of blood tests.

There were 23 postnatal attendances at clinics during 1954, not included in the table).

VII. Birth Control

The clinic for City patients requiring contraceptive advice on medical grounds continued to be held once a week at the Radcliffe Infirmary. During the year 447 attendances were made, 55 being first attendances and 392 re-attendances.

Medical indications in new patients

Pulmonary tuberculosis	7
Poor health associated with frequent pregnancies	22
Gynaecological conditions	2
Psychological conditions	9
Recent obstetrical complications	3
Recent toxæmia of pregnancy	4
Poor general health	1
Varicose veins	1
Epilepsy	1
Epileptic husband	1

Heart disease	1
Diabetes and amputation of foot	1
Rheumatoid arthritis	1
Urinary infection	1

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55

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Source of new patients

General practitioners	22
Municipal postnatal clinics	1
Child welfare clinics	4
Health visitors	16
Midwife	1
Chest clinic	4
Radcliffe Infirmary	1
Radcliffe Maternity Department	1
Churchill Maternity Department	1
Slade Hospital	1
Littlemore Hospital	2
Another patient	1

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55

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Results (i.e. condition when last seen in 1954, grouped according to year of first attendance).

First attended in:—	1935—1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	Total
1. Not pregnant, method satisfactory	20	5	5	8	14	12	22	31	27	44	188
2. Pregnant:—											
(a) Admitted failure to follow instructions	—	—	—	—	3	—	2	1	3	1	10
(b) Claimed to have followed instructions	—	—	—	—	—	—	—	—	—	—	—
3. Not pregnant but discharged:—											
(a) Failure to attend regularly	1	—	—	—	1	—	1	1	—	—	4
(b) No longer medical grounds for advice	—	—	—	1	1	4	4	5	1	—	16
(c) Personal reasons	—	—	—	1	—	—	1	1	5	—	8
(d) Menopause	2	—	—	—	1	—	—	—	—	—	3
(e) Hysterectomy	—	1	—	—	—	—	—	1	2	—	4
4. Left district	—	—	2	—	—	1	1	3	5	10	22
5. Sterilized	—	—	—	—	—	—	—	—	1	—	1
6. Died	—	—	—	—	—	1	—	—	—	—	1

Comments

This clinic continues to serve a very useful purpose. It is clearly an important preventive measure to provide reliable advice to patients in whom pregnancy would be detrimental to health. Close contact is kept with all the patients. If they default in attending and do not come in response to a letter they are visited by a health visitor. In all the 10 pregnancies which occurred during the year the patient admitted that she had not followed the instructions given to her.

Case No.	Age	Parity	Occupation	Smoking	Alcohol	Drugs	Family History	Personal History	Presenting Complaint	Investigations	Diagnosis	Management	Outcome	Remarks
1	28	1	Domestic	Yes	No	No	No	No	Headache	BP 160/100	Essential hypertension	Antihypertensive	Delivered	Good
2	32	2	Domestic	No	No	No	No	No	None	Normal	None	Delivered	Good	
3	25	0	Domestic	No	No	No	No	No	None	Normal	None	Delivered	Good	
4	30	1	Domestic	Yes	No	No	No	No	Headache	BP 150/90	Essential hypertension	Antihypertensive	Delivered	Good
5	27	0	Domestic	No	No	No	No	No	None	Normal	None	Delivered	Good	
6	35	3	Domestic	Yes	No	No	No	No	Headache	BP 170/110	Essential hypertension	Antihypertensive	Delivered	Good
7	29	1	Domestic	No	No	No	No	No	None	Normal	None	Delivered	Good	
8	31	2	Domestic	Yes	No	No	No	No	Headache	BP 160/100	Essential hypertension	Antihypertensive	Delivered	Good
9	26	0	Domestic	No	No	No	No	No	None	Normal	None	Delivered	Good	
10	33	1	Domestic	Yes	No	No	No	No	Headache	BP 155/95	Essential hypertension	Antihypertensive	Delivered	Good

H. CHIDD MEYER

II. Child Welfare Clinics

(a) St. John's Child Welfare Clinic: This clinic is visited by a medical officer, one or two health visitors and a nurse. The patients are seen on a regular basis. The clinic is well attended and the patients are well cared for. The clinic is a very useful one and it is a pleasure to work with the staff. The clinic is a very useful one and it is a pleasure to work with the staff. The clinic is a very useful one and it is a pleasure to work with the staff.

B. CHILD WELFARE

I. Premature Babies

During 1954 there were 85 live births of babies weighing $5\frac{1}{2}$ lbs. and under and 16 still-births. The following table shows their weights, place of birth and survival:—

Weight at birth	PREMATURE LIVE BIRTHS						PREMATURE STILL-BIRTHS		
	Born in hospital		Born and nursed entirely at home		Born at home and transferred to hospital on or before 28th day		Born in hospital	Born at home	Born in Nursing Home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less	7	5	2	—	—	—	6	1	—
3 lb. 5 oz.—	17	3	12	—	—	1	5	1	—
4 lb. 6 oz.	14	1	13	2	—	—	1	—	—
4 lb. 7 oz.—	31	—	31	10	—	—	2	—	—
4 lb. 15 oz.									
5 lb.—									
5 lb. 8 oz.									
Totals	69	9	58	12	—	11	14	2	—

Comments

The incidence of prematurity in Oxford is undoubtedly lower than that for the country as a whole. The recording of birth-weights on all notifications of birth has been in operation for many years, so it can safely be stated that the figures for the incidence of prematurity are accurate. The prematurity rates for registered live-births over the last 5 years are as follows:—

1950	5.7%
1951	4.5%
1952	5.6%
1953	5.5%
1954	6.2%

The national rate for 1952 was 6.2%, which was considered to be an under-estimate. It was 6.6% in 1953 when notifications on a national scale were considered to be "nearing completeness". The local 28-day survival rate has been as follows over the same period:—

1950	82.6%
1951	83.6%
1952	91.6%
1953	84%
1954	83.5%

The corresponding national figure for 1953 was 82.3%.

Particular attention is paid to the after-care of all premature babies. They are closely supervised by the health visitors and child welfare clinics to ensure that their special nutritional needs are met. In particular they are all given iron and extra vitamin D. All those born or nursed in hospital are seen at intervals by a member of the paediatric staff at the Radcliffe Infirmary. A report, including the result of a haemoglobin estimation, is sent to the Health Department on each occasion. The smaller premature babies are also examined at the Eye Hospital with a view to the early detection of retrolental fibroplasia. No new cases occurred during the year. Now that this distressing condition has been shown to be due to excessive administration of oxygen there is good reason to regard it as an unhappy episode which is now closed.

II. Child Welfare Clinics

(a) *Staff.* Each clinic is staffed by a medical officer, one or two health visitors and a number of voluntary workers.

The medical staff is composed as follows:—

Full-time staff of the Health Department	14 sessions.
Part-time staff of the Health Department	3 sessions.
Paediatric registrar	1 session.

(b) Attendances at Child Welfare Clinics.

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	Number of attendances made by children who at their first attendance were			Total attendances	Number of sessions	Average attendances
		1954	1953	1952-49		Under 1 yr	1 but under 2 yrs	2 but under 5 yrs			
Bury Knowle, Headington (2 clinics weekly)	157	134	141	241	516	2113	364	933	3410	104	32.79
Barton	71	59	62	12	133	1116	238	326	1680	52	32.31
Cowley	89	84	84	85	253	1659	212	134	2005	52	38.56
East Oxford (2 clinics weekly)	189	195	151	83	429	3084	387	156	3627	100	36.27
New Hinksey	75	64	59	87	210	965	584	188	1737	52	33.40
St. Aldate's (2 clinics weekly from 1.9.54)	110	100	103	100	303	1634	366	168	2168	68	31.88
Summertown	124	107	88	90	285	1586	264	156	2006	52	38.58
Slade Park	99	84	76	116	276	1248	322	256	1826	52	35.11
New Marston (2 clinics weekly until 30.6.54)	144	132	129	191	452	2460	511	395	3366	77	43.71
Wolvercote	44	44	38	27	109	848	322	66	1236	52	23.58
Donnington (2 clinics weekly)	158	144	132	237	513	2293	418	391	3102	104	29.83
Y.M.C.A. Walton Street (2 clinics weekly from 1.9.54)	109	112	101	73	286	2140	331	97	2568	68	37.76
North Way (opened 1.7.54)	26	23	40	93	156	339	119	136	594	27	22.00
1953 totals	1395	1282	1204	1435	3921	21,485	4438	3402	29,325	860	34.09
1954	1425	—	—	—	3698	22,090	4681	3377	30,148	818	36.86

The following figures indicate the number of attendances made by children (included in the above table) who live in the County but attend the new Martson and Slade Park clinics by arrangement with the Oxfordshire County Council.

1954	64	64	74	74	212	1080	186	118	1384
1953	36	—	—	—	140	883	165	124	1172

The number of City children under one year of age who attended for the first time equalled 91.29% of the live births compared with 88.53% in 1953.

Comments

The newly built clinic on the North Way Estate was opened on July 1st and proved a great boon to the mothers and children on the estate. This enabled the neighbouring New Marston clinic to reduce its sessions from two to one each week.

It was found that pressure of work at the St. Aldate's and Walton Street clinics made it impossible to devote enough time to routine birthday examinations, so a second weekly session was introduced at both places at the beginning of September.

(c) Medical work at the clinics

The medical officers at the child welfare clinics continued to keep a record of their work. There were 860 sessions at which a doctor was present and altogether individual children were seen by a doctor on 13,380 occasions (an increase of 919 as compared with 1953).

The following table gives a summary of the reasons for which a child was seen by a doctor:—

Diphtheria immunisation	1948	} 49%	{ 31% in 1950 { 43% in 1951 { 46% in 1952 { 50% in 1953
Vaccination against smallpox (performance of follow-up)	1810		
Pertussis immunisation	2833		
Routine medical inspection—			
first	1318	} 23%	{ 29% in 1950 { 24% in 1951 { 25% in 1952 { 22% in 1954
subsequent	1805		
Consultation in relation to a problem ..	2738	} 28%	{ 40% in 1950 { 33% in 1951 { 29% in 1952 { 28% in 1953
Follow-up of medical inspection or consultation	1145		

(An individual consultation may figure in more than one category, for example a child may come for a routine birthday examination and be immunised at the same time).

The routine medical inspections brought to light a number of conditions not already receiving attention but requiring either treatment or further observation. They were classified as follows:—

	<i>First inspection</i> (usually in early weeks of life)	<i>Subsequent inspection</i> (usually at 1st, 2nd, 3rd and 4th birthday)
Nutritional and dietetic ..	132	46
Eyes	64	29
Ear, nose and throat	22	29
Umbilical	86	12
Genital organs	50	24
Pallor	20	33

Orthopaedic	18	112
Skin	118	50
Miscellaneous	80	117
	—	—
	590	452
	—	—

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	<i>Consultation</i>	<i>Follow-up of inspection or consultation</i>
Feeding problems and gastro-intestinal conditions (including failure to gain weight) ..	604	366
Mental and psychological ..	65	37
Eyes	238	85
Ears	121	10
Respiratory system	340	75
Mouth	63	19
Pallor	87	127
Sleep	109	36
Skin	490	173
Orthopaedic	132	84
Genital organs	97	39
Umbilicus	63	63
Prematurity	1	29
Trauma	62	1
? Fit for prophylactic procedure	204	5
Mother's health	100	9
Miscellaneous	192	52
	—	—
	2968	1210
	—	—

The following table shows the number of children who were referred elsewhere for treatment.

Family doctor	132
*Orthopaedic department	6
*Eye hospital	19
*Other hospital departments	15
	—
	172
	—

* In these cases the family doctor is always informed.

Comments

It was noted in last year's report that there was much room for improvement in the number of routine medical inspections which were made. This remains true of 1954, though the figure was a little better—"subsequent" examinations, which we aim at providing at the 1st, 2nd, 3rd and 4th birthdays, numbered 216 more than in the previous year. It is of interest to note that the number of conditions needing observation or treatment and brought to light for the first time among children examined in this way showed an increase of almost the same figure, namely 213. It thus seems that by pressing on with the birthday examinations, and persuading a greater number of the less careful mothers to attend for them, we are probably reducing substantially the defects detected for the first time in school entrants.

In confirmation of this view a scrutiny was carried out of the records of children found to have previously undetected defects when first examined at school during the year. It was found that routine birthday examinations at child welfare clinics were conspicuously absent among these children.

Tuberculin jelly testing

Throughout the year routine tuberculin jelly testing was carried out at each birthday examination. Positive reactions were found in 0.54% of the children tested; this is a satisfactorily low figure and is much the same as that obtained in 1951, 1952 and 1953 (0.54%, 0.32% and 0.45% respectively). The skin is cleansed with ether before the jelly is applied and flour-paper is not used.

The following table shows the tests performed during the year:—

		Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction	..	166	615	439	276	159	1655
Positive reaction	..	—	2	4	—	3	9
Totals	..	166	617	443	276	162	1664

Notes on positive reactors

Case 1, aged 13 months. Mantoux 1/1,000 and 1/100 both negative. X-ray showed no lesion. Regarded as false positive jelly reaction.

Case 2, aged 1 year 11 months. Mantoux 1/1,000 and 1/100 both negative. X-ray showed no lesion. Although this must also be regarded as a false positive jelly reaction, X-ray of the child's mother showed bilateral apical infiltration, partially calcified. The child was given B.C.G. and subsequently had another jelly test which gave a positive result.

Case 3, aged 2 years. Mantoux 1/1,000 negative, 1/100 positive. Child's initial X-ray satisfactory, but when repeated nine months later

there were increased basal lung markings on the right. Child remains under observation. Family fully investigated; source of infection not found.

Case 4, aged 2 years 1 month. Jelly test gave atypical reaction. It was negative at one week but positive after eighteen days. Mantoux 1/1,000 and 1/100 negative. Chest X-rays satisfactory. Must be regarded as false atypical positive.

Case 5, aged 2 years 11 months. Jelly test reading was "doubtful" on two occasions, so child was referred to Chest Clinic. Mantoux 1/1,000 and 1/100 both negative. Chest X-rays showed no lesion. Must be regarded as false "doubtful positive".

Case 6, aged 2 years 11 months. Mantoux 1/1,000 negative. Further test with 1/100 refused by parents. Child's and parent's X-rays showed no lesions. Jelly test a year later was negative, so original test was probably a false positive.

Case 7, aged 4 years. Mantoux 1/1,000 positive. X-ray of chest showed small calcified focus in lung. Remains under observation. Parents refused to be X-rayed.

Case 8, aged 4 years 1 month. First jelly test gave doubtful reading, second a definitely positive one. Mantoux 1/1,000 positive. X-ray normal. Child was kept under observation for over a year and then discharged. Source of infection thought to be friend of family known to have had positive sputum.

Case 9, aged 4½ years. Parents refused all further investigation of both child and themselves.

Comments

It cannot be claimed that routine jelly-testing led to such valuable results as it did in 1953. Of the seven cases giving typical positive jelly reactions, two were confirmed by a positive 1/1,000 Mantoux and one by a positive 1/100; in two cases full confirmatory tests were not carried out owing to lack of parental co-operation, and in the remaining two cases the jelly test was not confirmed by either strength of Mantoux. The net result of the year's efforts is the discovery of one previously unsuspected adult case and the careful observation of three confirmed positively reacting children.

Experience has shown that in some cases parents are found to be unco-operative because they are alarmed by being asked to attend the Chest Clinic for confirmatory tests. Consideration is therefore being given to the possibility of carrying out these tests at the child welfare clinics. This would mean that X-ray examinations would be confined to those families in which the jelly test was confirmed by a positive Mantoux.

(d) Foods and Medicaments

At the end of June the responsibility for the distribution of National Welfare Foods passed from the Food Office to the Health Department. A central distribution centre (open during office hours) was set up in an annexe of the Department at 24 Church Street and it was found necessary to employ two full-time clerks to deal with the large volume of clerical work involved in the scheme and to serve the public at the counter. In addition distribution was continued at all the child welfare clinics in the City and at the voluntary Mothercraft clinic. Much gratitude is due to the voluntary workers who carry out the exacting task of the distribution at all the clinics.

No proprietary dried milk or other food is stocked at the clinics, but a small range of minor medicaments is kept for issue to mothers when necessary. This includes a vitamin A and D concentrate (for babies under the age of two years who cannot take National Codliver Oil Compound and who are not having a dried milk fortified with vitamin D) and an iron preparation for the prevention and treatment of nutritional anaemia.

(e) Teaching of medical students

Medical students from the Radcliffe Infirmary, during their six months' training in obstetrics and gynaecology, each attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding by the Senior Assistant Medical Officer for Maternity and Child Welfare.

(f) Exchange of medical staff with the paediatric department

A paediatric registrar continued to act as medical officer at a child welfare clinic throughout the year, while an Assistant Medical Officer of Health attended a weekly paediatric clinic at the Churchill. Any Assistant Medical Officer who is free attends the postgraduate paediatric ward-round at the Radcliffe Infirmary on Saturday mornings.

III. The early ascertainment of "Handicapped Pupils"

In order to assist the School Medical Officer in the early ascertainment of "handicapped pupils" an arrangement was made during the year for a register of potentially handicapped babies to be kept by the Senior Assistant Medical Officer for Maternity and Child Welfare. Directly an abnormality which may later prove to be a "handicap" is detected—however young the baby—details of the case are reported by the health visitor concerned. Special attention is then given to the child's needs and at the age of 2 years, when appropriate, the School Medical Officer is informed.

IV. Attendance of pre-school children at Minor Ailment Clinics

The following table shows the number of attendances made by pre-school children at school minor ailment clinics under an arrangement made with the Education Department.

	<i>First attendances</i>	<i>Re- attendances</i>
Skin:—		
Ringworm—head	3	7
Verminous head	1	2
Scabies	1	1
Impetigo	1	5
Other skin diseases	2	1
Miscellaneous (minor injuries, sores, etc.) ..	3	2
	—	—
	11	18
	=	=
1953 totals	11	12
1952 totals	21	18
1951 totals	3	14
1950 totals	29	28
1949 totals	40	62

V. Accidental poisoning

An avoidable cause of illness in young children is the ingestion of substances known to be poisonous if taken in large enough quantities. Constant vigilance on the part of parents is essential to avoid this hazard. The importance of keeping potentially dangerous substances out of young children's reach must be constantly stressed in the educational work of all members of the staff who come in contact with mothers. Despite all our efforts, however, thirteen children living in the City were admitted to hospital (and many more were treated as outpatients) for accidental poisoning in 1954. Thanks to prompt treatment all these children recovered, but the outcome is not always so satisfactory.

We are indebted to Dr. K. M. Lovel, Paediatric Tutor at the United Oxford Hospitals, for the following details of the children who were admitted during the year:—

<i>Case</i>	<i>Sex</i>	<i>Age</i>	<i>Substance</i>
1.	M	6 yrs.	Proprietary disinfectant (Ibcol)
2.	M	1 $\frac{3}{4}$ yrs.	Iron tablets (Fersolate)
*3.	M	3 yrs.	Pessaries (S.V.C.)
*4.	F	2 yrs.	Pessaries (S.V.C.)
5.	M	4 yrs.	Proprietary analgesic (Aspirin)
6.	F	1 $\frac{1}{2}$ yrs.	Turpentine.
7.	M	3 yrs.	Iron tablets (Fersolate)

8.	F	2½ yrs.	Laburnum seeds
9.	M	1 yr. 8 mths.	Proprietary analgesic (Anadin)
10.	M	4 yrs.	Phenobarbitone
11.	M	2 yrs.	Proprietary analgesic (Aspirin)
12.	F	5 yrs.	Corn cure
13.	M	1 yr.	Furniture polish

* Cases 3 and 4 were a brother and sister admitted at the same time.

VI. Infant Deaths in 1954

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in Institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
1. Prematurity ..	9	—	—	—	9	—	—	—	—	9	8
2. Prematurity and atelectasis ..	3	—	—	—	3	—	—	—	—	3	3
3. Prematurity and asphyxia ..	2	—	—	—	2	—	—	—	—	2	2
4. Atelectasis ..	2	—	—	—	2	—	—	—	—	2	2
5. Intra-uterine asphyxia and haemolytic disease ..	1	—	—	—	1	—	—	—	—	1	1
6. Pneumonia ..	—	1	—	1	2	2	—	—	—	4	3
7. Pneumonia and birth injury ..	—	—	—	—	—	—	1	—	—	1	1
8. Birth Injury ..	2	—	1	—	3	—	—	—	—	3	3
9. Congenital malformations ..	3	—	1	—	4	—	1	1	—	6	5
10. Hydrocephalus ..	—	—	—	—	—	—	—	*1	—	1	1
11. Myocardial failure ..	—	—	—	—	—	—	1	—	—	1	1
12. Meningitis (? meningococcal) ..	—	—	—	—	—	—	—	1	—	1	—
	22	1	2	1	26	2	3	3	—	34	30

*Inward transfer.

Comments

These figures are in accordance with the pattern regularly observed in recent years. Of the total 34 deaths, 26 occurred in the neonatal period. Most of the neonatal deaths occurred in the first week—often in the first few hours—and in many of them prematurity was either the only or a contributory cause. Of the 8 deaths occurring after the neonatal period, it is probable that only 3 were in children normal at birth.

VII. Nurseries

(a) Day nurseries

The two day nurseries continued to admit children who cannot be cared for adequately by their mothers owing to some special hardship.

Details of the attendances and staffing during the year are given in the following table:—

	No. of places available at end of year	No. of admissions during year	No. on register at end of year	Average daily attendance	Number of staff at end of year
Botley Road	30	49	27	20.30	5
Florence Pk.	30	31	28	22.42	5

Reasons for admission of new children during 1954 were as follows:—

	<i>Botley Road</i>		<i>Florence Park</i>		
Bad housing conditions	8	1
Illegitimate children	15	16
Parents separated or mother widowed			..	4	5
Illness of mother	2	1
Temporary admissions whilst mother in hospital				6	2
Doctor's recommendation	12	5
Parents at college	2	1
				—	—
				49	31
				==	==

In the latter part of 1953 the number of children on the register at Botley Road had fallen to a level which made it doubtful whether the nursery should be retained. But early in 1954 the demand increased again, so in April the decision was made to keep it open. Attendances during the year have fully justified this decision. It was also decided in April that for the children's benefit the upper age-limit should be raised from 2 to 3 years. This regularized existing practice, because it has long been realized that the age of 3 is more suitable for the transition to nursery school or class.

At the same time it was arranged that the Matrons should be relieved of the difficult task of deciding which children had grounds for admission. Every application is now referred to the medical officer in charge of the nurseries for her investigation and verdict as to whether admission is in the best interests of the child's health.

The full cost of a child's maintenance at the nursery is 9/- per day. Parents are assessed according to their income subject to a minimum charge of 9d. per day.

The following table shows the assessments for children on the register at 31st December, 1954.

<i>Assessed to pay</i>	<i>Botley Road</i>	<i>Florence Park</i>
9/- per day (full amount)	4	3
7/6 to 5/- per day	—	1
4/11 to 2/6 per day	6	1
2/5 to 10d. per day	10	10
9d. per day (minimum)	7	13
	—	—
	27	28
	—	—

Both nurseries act as training schools for the National Nursery Examination Board Certificate.

No students from the nurseries sat for the examination during 1954. At the end of the year four students were in their second year of training and another was nominated for the course beginning in January 1955.

(b) Nurseries and Child Minders Regulation Act 1948

Details of registration under this Act are shown in the following table:—

	Number registered at 31.12.54	Number of children pro- vided for
Premises	5	88
Daily Minders	1	4

One nursery providing accommodation for 10 children has not taken any children during the year owing to the illness of the owner.

The registered daily minder did not take any children during the year.

(c) Red Cross Creche

The creche, staffed by the British Red Cross Society, continued to operate on one afternoon a week at the Alexandra Court clinic.

Twenty children, ranging in age from 7 months to 4 years were on the register during the year.

VIII. Care of Illegitimate Children

(1) Mother and Baby Hostel

This hostel (14 beds and 12 cots) is invaluable for the accommodation of homeless unmarried mothers. It provides the baby with a good start in life while plans for its future care can be made. Our policy is to encourage and help a mother to keep her baby whenever there is a prospect of her being able to provide adequate care and security for it. If this seems unlikely she is encouraged to face the situation and part with it in the early months of life, with adoption as the first choice (in suitable cases) and a stable foster home as the second.

The table given below shows that, as is always the case, the details of the disposal of mother and baby varied a great deal. It will be seen that eleven mothers left with every prospect of keeping their babies, while four babies went for adoption and two to foster homes. Only three had to be taken into care by the Children's Department and only one went to a voluntary Children's Home.

In addition to unmarried mothers several homeless married women with new-born babies were admitted because they were temporarily homeless.

Admissions and discharges during the year (excluding the annexe) were as follows:—

	<i>Admissions</i>	<i>Discharges</i>
Mothers	36	31
Babies	26	27

The average length of stay was as follows:—

Antenatal	2 months
Postnatal	2½ months

The disposal of the 24 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage, etc.)	11
Mother to own home—baby to care of Children's Department	1
Mother to lodgings—baby to care of Children's Department ..	2
Mother to own home—baby for adoption	5
Mother to lodgings—baby for adoption	1
Mother to domestic post—baby for adoption	1
Mother to domestic post—baby to foster home	1
Mother to lodgings—baby to foster home	1
Mother to own home—baby to Children's Home	1

(2) Provision of special social worker

Mothers of illegitimate children frequently need an experienced and skilled social worker to help them. This need is met by Miss F. Caley who is employed by the Oxford City Moral Welfare Association, to whom the City Council pays an annual grant. Miss Caley works in very close co-operation with the staff of the Health Department. She submits a report of her work to the Mother and Baby Hostel House Committee and also attends its meetings. We are grateful to her for the following report of her work during 1954:—

"Seventy-three new cases were referred during the year; 4 were preventive and the rest were maternity or matrimonial cases. Some of the mothers were very young, and one herself illegitimate. Twenty-eight of the women were pregnant by Americans, 15 were married and of these

4 came to us on account of matrimonial difficulties while the other 11 had an illegitimate child.

Girls of varying nationalities were helped, including Swiss, Spanish, German and Norwegian. Fifteen girls were Roman Catholics and of these 9 were Irish. Five mothers came to the City when they were already pregnant—some to relatives and others to lodgings.

Of the preventive cases two came from broken homes and were going through a difficult time during adolescence. Another was a schoolgirl who was beyond the control of her mother and was known to be associating with Americans. The fourth was a Swiss girl who became involved with the husband of her employer. Unfortunately they were determined to keep together and it was impossible to alter their decision. These girls need much patience and understanding in their difficulties, and it is often hard to know how to help them and their parents wisely.

Several girls of the prostitute type have been referred—5 of them have had babies. They are extremely difficult to help and influence, and they themselves find it very hard to give up their mode of life and lead one with regular hours.

Nineteen girls went away to Maternity Homes—an increase on last year's figures—4 for the birth of a second child. Twenty-five went to the City Mother and Baby Hostel which continues to give most valuable help.

Seven babies went to foster-mothers and 13 went for adoption. Two of these were the children of married women, and 3 were second children. Five babies were admitted to Homes, 3 of them going to Homes run by the Children's Society. One was the second child of a girl who has kept her first one. She visits him from time to time and hopes to be able to have him with her later on. Another was the baby of a girl of loose moral character who had nowhere to live with him, and as his father was coloured adoption was not possible. The third baby was the second illegitimate child of a very irresponsible woman who had been to prison for concealing the birth of the first one. It was felt to be unwise to leave him in her care, and her family refused to have anything to do with the baby. One baby girl was admitted to Dr. Barnardo's Homes. The mother is disabled and the baby was born with the same defect, and so was not suitable for adoption. The baby of a divorced woman was admitted to the National Children's Homes pending adoption. Two babies were taken into care by the Children's Officer. One was the child of a prostitute who disappeared after the baby had been placed with a foster-mother. The other baby had a father who had been in a mental hospital, and so could not be placed for immediate adoption.

Three affiliation orders were obtained and 5 men paid money privately through us, and in 12 other cases the father made some payment direct to the mother. But this shows a very unequal standard of responsibility, and in far the majority of the cases the mother was left to bear her burden

alone. Fifteen girls married—7 of them the father of their baby. All but two of them took the baby with them to their new home.

I have continued to serve on a number of Committees, and also to speak at meetings and to groups of people. In all I gave 28 talks to Mothers' Unions, Young Wives Groups, Women's Meetings and Guilds, a Liberal Guild and a Women's Institute, the W.V.S. Social Club, a group of undergraduates, health visitors, the Training School for Health Visitors, the G.F.S. Diocesan Council, pupil midwives, district nurses, students of St. Michael's House, a branch of the Senior Wives Fellowship and the members of a Congregational Church. To some of these I have spoken on the Bishop's Report on Illegitimacy, and much interest has been shown in the problems. To others I have spoken about our work and the training for it, and to some on the moral training of children and the problems of adolescence. Through this educational work it is hoped to guide young people in their personal relationships and to strengthen Christian family life, also to make the needs of our work more widely known. So we would again ask our supporters for their interest and their prayers—for those who have failed and need help to rebuild their lives, and for others that they may understand the Christian way to fullness of life."

SECTION VI

DENTAL SERVICE
(For mothers and pre-school children)

Report by C. H. I. MILLAR, B.Sc., L.D.S.,
Principal Dental Officer

The campaign of dental health education carried on during the year amongst expectant and nursing mothers and the parents of children under five years of age by medical officers, midwives, school nurses and health visitors has not as yet resulted in a great increase in the demand for dental treatment at the clinics. This may well be because general dental practitioners in the City are able and willing to give these priority groups all the attention they need. Reports of this service in other parts of the country suggest that Oxford is in no way exceptional in this respect but is experiencing a nation-wide trend. It is to be expected that most people able to obtain dental care from a general dentist of their choice would prefer to do so rather than to attend a public clinic.

As and when the demand for treatment at the clinics grows, the proportion of the dental officers' time devoted to the Maternity and Child Welfare Service will be progressively increased.

(a) Numbers provided with dental care

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	55	55	53	16
Children under five	121	121	121	29

(b) Forms of dental treatment provided

	Extractions	General anaesthetics	Fillings	No. of inlays	No. of crowns	Scalings gum treatment	Silver nitrate treatment	Radio-graphs	Dentures	
									Complete	Partial
Expectant and nursing mothers	121	3	140	—	—	25	—	2	7	3
Children under five	92	28	124	—	—	—	30	—	—	—

SECTION VII

MENTAL HEALTH

Report by J. F. SKONE, M.D., D.P.H.,

Deputy Medical Officer of Health

1. Administration

(a) Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 8 members of Council and 2 co-opted members.

(b) Staff

(i) *Medical*

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section, and the Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

(ii) *Non-Medical*

1 Senior Mental Health Officer (male) full-time;

2 Mental Health Officers (1 male, 1 female) full-time;

1 Clerical Assistant (female) full-time.

These officers undertake social and community care for both mental defectives and mental patients. A rota of duty has been arranged so that one mental health officer is always available to deal with emergencies. There is an arrangement for mutual help between mental health officers of the City and County of Oxford to cover such factors as holidays and illness.

(c) Co-ordination with Regional Hospital Board and Hospital Management Committee

The Deputy Medical Officer of Health was, on 15th March, 1954, re-elected as a member of Littlemore Hospital Management Committee for a period of three years. Efforts are being made to increase further the general liaison between the staffs of mental hospitals and the officers of the local authority.

(d) Duties delegated to Voluntary Associations

No duty of the local health authority has been delegated to voluntary associations.

The City Council continues to make a grant to the Oxford Voluntary Association for Mental Health, and has also made a grant to the National Association for Mental Health.

(e) Training of Mental Health Workers

One mental health officer attended the Mental Health Conference arranged by the National Association for Mental Health.

2. Account of Work Undertaken in the Community**(a) Section 28 of the National Health Service Act, 1946**

The mental health officers, when requested by the family doctor, visit patients in their homes in order to establish friendly relations. In some cases this has been the means of avoiding certification and the patients have been encouraged to seek admission to the mental hospitals voluntarily. The early establishment of a good relationship between patient and officer is also very useful when the patient has been discharged from hospital and requires rehabilitation. If a request is made by the hospital medical staff to investigate the circumstances of such patients, our officers are often of great assistance.

The close co-operation with the Ministry of Labour Resettlement Officer has continued. The mental health officers have been able to place in employment 7 boys and 2 girls, mainly reported under Section 57 (5) of the Education Act, and supervise their training.

(b) Lunacy and Mental Treatment Acts, 1890—1930

The figures for admissions and discharges are as follows:—

<i>Admissions</i>	1951	1952	1953	1954
<i>Certified</i>	60	46	47	28
Section 20	88	78	76	110
Temporary	4	8	3	1
Voluntary	158	129	165	188
Total	310	261	291	327
<i>Discharges</i>				
Certified	48	35	22	32
Section 20	3	2	1	7
Section 21a	6	17	16	26
Temporary	5	3	3	3
Voluntary	155	111	155	209
Died	37	13	30	28
Total	254	181	227	305
Examinations in Lunacy				
(not certified)	3	3	1	1

Admissions to mental hospitals have further increased from 291 in 1953 to 327 in 1954 and discharges have risen correspondingly from 227 to 305. The pressure on bed space in Littlemore Hospital has continued

to be heavy, and we are indebted to Dr. Armstrong and his colleagues at Littlemore Hospital, and to Dr. McInnes at the Warneford Hospital for their help during the most difficult periods. As in 1953 more than half of the admissions (57%) have been as voluntary patients.

Section 20

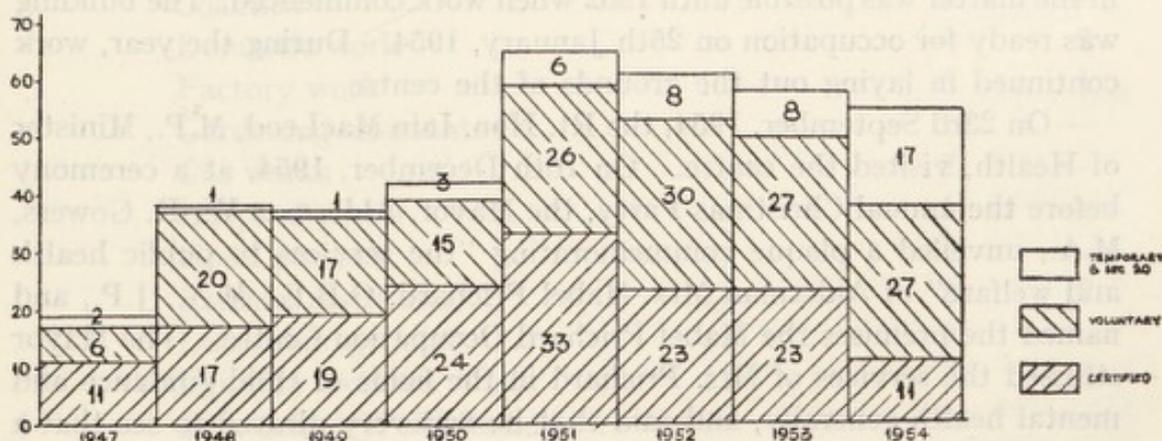
A large number of such cases has continued to be dealt with and has accounted for 28%, 29%, 26% and 33% of admissions in 1951, 1952, 1953 and 1954 respectively.

Of the 110 patients dealt with under this order in 1954, 7 were discharged within 3 days, 26 in whom the order was continued under Section 21a for a further period were discharged within 17 days, 54 became voluntary patients, 21 were certified and 2 died. Thus it was possible to deal with the great majority of these cases without recourse to certification.

Old Age and Mental Illness

After the initial considerable increase of admissions of persons aged over 60 years in 1948 which reached a peak in 1951, there has been a slight decline in the numbers of these cases in the last three years. It is particularly gratifying to see the substantial fall in the number of certified cases. The existence of a day hospital at Cowley Road Hospital, whereby the burden of care is removed from the family for periods during the week, has contributed towards this decrease, as well as the retention of some of these cases in Cowley Road Hospital itself or one of its annexes. Any solution which avoids the certification of these mentally confused aged persons is to be welcomed.

**Admissions of persons over 60 years old to Mental Hospitals
Classified by Type on Admission.**



(c) Mental Deficiency Acts, 1913—1938*(i) Ascertainment*

21 new cases were added to the register in 1954. Of these, 5 were reported by the Education Committee (4 under Section 57 (5) and 1 under Section 57 (3)); and 16 were reported from other sources.

The waiting lists for institutional accommodation at the end of 1954 compared with previous years are:—

	1954	1953	1952	1951	1950
Children under 5	1	3	0	0	1
Children 5—15 ..	3	2	6	6	5
Adults	6	4	6	9	8

(ii) Guardianship and Supervision

At the end of the year, 16 cases remained under guardianship, of which 3 are under the care of the Brighton Guardianship Society and 13 are in Oxford. At the same time there were 133 cases under Statutory supervision and 131 under voluntary supervision. 19 cases are being supervised for outside authorities.

(iii) Training: Occupation Centre

From 1923 to 1928, a few defective children were taught by a home teacher employed by the Voluntary Association in a small room in St. Giles'. The records show that 4 males and 6 females were included, of whom 2 are known to be working, 2 girls are married, 3 remain at home, 1 is in the institution, 1 has left the City, and 1 has died.

In May, 1928, an Occupation Centre was opened in the Mission Hall, Paradise Square, and at the outset accommodated 4 mental defectives under the supervision of Miss Warburton. The numbers steadily grew and premises were secured at the Methodist Church Hall, Lime Walk, Headington. In due course this accommodation became insufficient and in 1934 the centre moved to the Old Headington Isolation Hospital at Bayswater Rise, and shared the building with the special school for the education of sub-normal children. It became obvious before the outbreak of war that a new Occupation Centre was essential, but no further move in the matter was possible until 1952 when work commenced. The building was ready for occupation on 25th January, 1954. During the year, work continued in laying out the grounds of the centre.

On 23rd September, 1954, the Rt. Hon. Iain MacLeod, M.P., Minister of Health, visited the centre. On 16th December, 1954, at a ceremony before the annual Christmas Party, the Mayor, Alderman W. R. Gowers, M.A., unveiled a plaque commemorating "the services to public health and welfare" of Alderman Mrs. Mabel Prichard, O.B.E., M.A., J.P., and named the premises the Mabel Prichard Occupation Centre. The Mayor stressed the services of Mrs. Prichard in the fields of child guidance and mental health generally, and said that he was very pleased to see that a permanent home had been found for the centre in Oxford.

At the end of the year, 53 defectives were in attendance at the Occupation Centre, 43 of whom are Oxford City cases, 9 Oxfordshire cases, and 1 Berkshire.

The opportunity has been taken to investigate the subsequent history of all defectives who have attended the occupation centre since it was first opened in 1928 and the results can be summarized as follows:—

	<i>Males</i>	<i>Females</i>
Placed in employment	37	17
Transferred to Special School	11	2
Still attending	23	20
Living at home	3	6
Left City	4	7
Known to be in institutions.. .. .	27	28
Died	3	3
No information	9	5
Total	117	88

5 of the females have married and thus are no longer followed-up.

It is gratifying to see that 31.6% of the males and 19.3% of the females who have attended the centre have been able to obtain, and hold down, simple jobs in the community. Tribute must be paid to successive mental health workers (and especially Miss M. R. H. Buck, who is now a co-opted member of the Mental Health Sub-Committee) for their patient work in supervision.

Types of employment in which defectives have been placed on leaving the Occupation Centre:

	<i>Males</i>	<i>Females</i>
Brewery bottle washer	—	1
Coalmen	3	—
Domestic work	—	9
Factory work	6	1
Gardening assistants	1	—
Gas works	2	—
Hospital porter	1	—
Hotel porter	1	—
Kitchen assistants	2	2
Labourers, general	9	—
Laundry workers	2	2
Milk delivery, wholesale	2	—
Painter	1	—

Refuse collectors	2	—
Scrap metal work	1	—
Shop assistants	4	2
	—	—
	37	17
	—	—

In recent years, and particularly since the development of the Special School for Educationally Sub-normal children, the children attending the centre have been of a lower grade of intelligence than formerly. The intake of trainable defectives has considerably diminished and consequently the number of those who can be placed in remunerative employment has now fallen to a low level. The care of this lower grade type of person is no less important to parent, teacher, and community, than is that of the trainable defective. Rewards in terms of progress towards gainful employment are often small, but the skill of Miss Warburton and the other members of the staff is often reflected in the greatly improved social behaviour of the defectives.

(iv) *Parents' Association*

The Parents' Association has continued its very successful activities. Social evenings and a sale of work were held during the year. Parents made weekly contributions towards the estimated cost of a week's holiday in one of the National Association for Mental Health Homes at Walmer, Kent, in June, 1954. Generous grants were made to this venture by the City Council and the City Magistrates. 27 defectives, accompanied by 4 members of the staff, went away for the holiday period to Walmer, and the remaining children continued to attend the Occupation Centre. The 26 children who did not go to the seaside were taken for a day's outing to Whitstead Park, near Northampton. Our grateful thanks are due to the members of the staff of the Mental Health Section and the Occupation Centre for their enthusiasm in organising money-raising ventures for the Parents' Association, and to those members of the staff who bore the heavy responsibility of looking after the defectives on holiday. In 1955 it is hoped to extend the holiday to a period of two weeks and again to stay at Walmer.

Home Teaching

I regret to report the sudden death on 7th May, 1954, of Mr. Milan Morgenstern who had been for several years home teacher to the Oxford Voluntary Association for Mental Health. Many parents in the City remember with gratitude his skilful care for the mentally handicapped. Of the defectives who were being included in the teaching, 1 child has been admitted to a mental deficiency institution, 1 boy is now attending the Occupation Centre, and 1 girl has moved to an address in the County of Oxfordshire.

(v) *Institutional Care*

<i>No. in Institutions within the Region</i>						<i>M.</i>	<i>F.</i>
Borocourt	..	..	..	..	..	37	39
Burford, Bradwell Grove	..	..	..	..	..	1	—
Smith's Hospital, Henley	..	..	..	..	..	4	5
Wheatley	..	..	..	..	..	1	—
Wayland House	..	..	..	..	..	—	11
Cumnor Rise	..	..	..	..	..	—	12
Caversham, St. Agnes School	..	..	..	..	..	2	—
Pewsey Colony, Wiltshire	..	..	..	..	..	11	7
Chipping Norton Institution	..	..	..	..	..	3	4
Purley Park, Reading	..	..	..	..	..	3	—
Northview Hospital, Purton	..	..	..	..	..	—	2
						<hr/>	
						62	80—142
On licence from Borocourt	..	..	..	..	..	4	21
On licence from Cumnor Rise	..	..	..	..	..	—	1
						<hr/>	
						4	22— 26
							<hr/>
Total	..	..	..	..	..		168
							<hr/> <hr/>

<i>No. in Institutions outside the Region</i>						<i>M.</i>	<i>F.</i>
Alton, St. Mary's Home	..	..	..	..	..	—	2
Aylesbury, The Manor House	..	..	..	..	..	5	2
Aylesbury, Tindal General Hospital	..	..	..	..	..	—	1
Barvin Park, Potters Bar	..	..	..	..	..	6	—
Bath, Rock Hall House	..	..	..	..	..	—	1
Bristol, Brentry Colony	..	..	..	..	..	1	—
Buntingford, St. Francis School	..	..	..	..	..	6	—
Buxted, St. Mary's Home	..	..	..	..	..	—	2
Cell Barnes Colony, St. Albans	..	..	..	..	..	2	1
Easthampstead	..	..	..	..	..	1	—
Etloe House, Leyton	..	..	..	..	..	—	2
Hortham Colony, Gos.	..	..	..	..	..	2	1
Leybourne Grange Colony	..	..	..	..	..	1	—
Sheffield, St. Joseph's Home	..	..	..	..	..	—	2
State Institutions for Dangerous Defectives	..	..	..	..	..	6	6
Stoke-on-Trent, Stallington Hall	..	..	..	..	..	2	—
Stoke Park Colony, Bristol	..	..	..	..	..	2	2
Stourbridge, Sunfield Children's Homes	..	..	..	..	..	1	—
Leeds, Outlon Hall	..	..	..	..	..	1	—
Reigate, Ellen Terry Home	..	..	..	..	..	1	1
						<hr/>	
						37	23—60

	M.	F.
<i>Brought forward</i>	37	23—60
On licence from St. Mary's Home, Alton	—	1
	<hr/>	<hr/>
	—	1—1
	<hr/>	<hr/>
Total		61
		<hr/>

It will be recalled that the Minister of Health decided on the representations of the Oxford Regional Hospital Board, to withdraw his direction that Smith's Hospital should be used for the accommodation of mental defectives as ancillary premises of Borocourt. During 1954 2 children were admitted to the Hospital from the City of Oxford for observation, diagnosis and treatment without the necessity for certification.

(vi) *Place of safety*

No patient was placed in a place of safety during the year.

37
 23—60
 1
 1
 61



OPENING OF THE "MABEL PRICHARD" OCCUPATION CENTRE BY THE RT. WORSHIPFUL THE MAYOR OF OXFORD
(ALDERMAN W. R. GOWERS, M.A.) DECEMBER 16TH 1954. [Facing p. 110

SECTION VIII

WELFARE SERVICES

REPORT BY J. C. DAVENPORT,

Chief Welfare Services Officer

The City Council has delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets monthly to deal with the administration of the Welfare Services of the City. Duties in relation to the management of residential accommodation provided under Section 21 of the Act are delegated to a House Section of the Welfare Services Sub-Committee.

1. (a) Residential Accommodation for the Aged

Accommodation under Part III of the National Assistance Act, 1948, is provided directly by the Council at The Laurels, London Road, Headington (116 beds), at Frilford House, Frilford, near Abingdon (26 beds), and at Barton End, Barton Road, Headington (28 beds). The whole of the accommodation has been, in total, over-occupied throughout the year, and an average waiting list of 60 persons has been in existence. No additional accommodation was provided in the year reviewed, and the steadiness of the waiting list has confirmed what I stated in my last report, i.e. that the total accommodation need for the City is approximately 300 beds.

It has become apparent that the accommodation provided under section 21 of the Act must be so designed as to meet the requirements of the elderly and frail, and multi-storeyed accommodation without the advantages of an adequate lift will not prove a satisfactory arrangement. The policy of the Council therefore, is to provide new accommodation either on the ground floor, or, if this is not possible, in buildings of two storeys provided with a lift. A new wing is about to be added to Barton End at the time of writing. This addition will make the total accommodation at the Home for 40 persons, and 20 of the beds will be on the ground floor.

It is hoped also, within a reasonable time, to discontinue the use of Home I at The Laurels (this is the older part of the building) and re-house the residents in a more modern and satisfactory newly erected home.

The Laurels

This is a former institution comprising two buildings (Home 1 and Home 2) which has been adapted to accommodate 116 residents. During the year the accommodation has been grossly overcrowded with an average

daily occupation of 130. The accommodation is of the dormitory type, and only 30% of the beds are on the ground floor. The majority of the residents are very feeble and unable to manage stairs and it is necessary for the staff to assist almost to the extent of carrying a large number up and down the stairs each day.

Despite the handicaps of an out-dated building, the atmosphere in the home has remained very cheerful.

The standard charge for accommodation is £4 14s. 6d. per week. Each resident pays according to means, and receives a minimum of 6/6 per week for pocket money. 18 of the residents receive additional pocket money up to 5/- per week in return for their carrying out many small jobs in the home.

A general medical practitioner visits regularly and attends at any time on request. All residents have complete freedom to select their doctor, but it has been found that most choose the visiting general practitioner.

The chiropody service, which started in 1952, has continued on a weekly session basis and has proved of enormous benefit to the residents, and enabled many who were becoming immobile because of foot trouble, to regain their activity.

Recreational facilities include a small library and reading room, radio and television, regular cinema shows, concerts and whist drives, and occupational therapy organised by a trained occupational therapist. Twenty cigarettes or 1 oz. of tobacco are provided free each week to those who smoke.

The summer outing was taken in two parts; the first was a day trip to Southsea for those who were able to undertake a journey of that nature, and the second, for the more infirm, a coach trip round the country. By adopting this procedure, over 90% of the residents were able to take a day out of their normal surroundings, and the Council's efforts were greatly appreciated.

During the year, 70 persons were admitted, and 57 discharged. There were 14 deaths. Approximately 40% of the admissions and 50% of the discharges were from and to Cowley Road Hospital.

Frilford House

This is a country home which has been adapted to accommodate 26 residents. In this home also, there has been overcrowding, and the average occupation during the year has been 27. During the year 14 persons were admitted and 11 were discharged. There was one death.

The standard charge for accommodation is £4 14s. 6d. per week, and each resident is assessed to pay according to means. A minimum pocket money of 6/6 per week is allowed. In addition, 4 of the residents receive additional pocket money up to 5/- per week in return for carrying out small jobs in the Home.

A general medical practitioner visits regularly and attends at any time on request. As in the case of the Laurels, the residents have freedom to select their doctor, but most choose the visiting general practitioner.

General facilities are similar to those provided at the Laurels, but because of the situation of the home, recreational facilities are more limited. To compensate for this limitation, the Council have arranged for a coach to bring the residents into the City twice each month to enable them to visit their friends and take advantage of the entertainment available in the town. Twenty cigarettes, or 1 oz. of tobacco are provided, free, each week to those residents who smoke.

The residents joined those at the Laurels and Barton End for the summer outing, and most were able to go on one of the trips.

Barton End

This home is adapted to accommodate 28 persons of both sexes. It functions entirely on the same lines as Frilford House, with the exception of the provision of a coach which is not necessary. 2 persons at the home receive additional pocket money in return for assistance provided in the management.

During the year, plans were approved to provide an additional wing to the house, which will have the effect of raising the accommodation available to 40 beds, and what is more satisfactory, 20 of the beds will be on the ground floor. It is hoped that the new wing will be open in the Autumn of 1955, and the extra places available will be of immense help in providing not only adequate but suitable accommodation for those old and frail residents who find the task of negotiating stairs so much for them that unless they are carried they remain in their bedrooms.

Voluntary Homes

The following Voluntary Homes are registered with the Local Authority for the care of aged and disabled persons:—

Aged and Disabled

Nazareth Home, Cowley Road	..	..	..	24 females
				9 males

Aged

St. Basil's Home, 239 Iffley Road	..	..	..	26 females
Elizabeth Nuffield Home, Banbury Road	..	..	..	24 females
Council of Social Service Home, Banbury Road	..	..	..	21 persons
British Red Cross Society Home, Banbury Road	..	..	..	20 females
Miss E. Afford, 12/13 Walton Street	..	..	..	5 females
Mrs. Guise-Thompson, 2 Hernes Road	..	..	..	5 persons
Mrs. E. Best, 31 Stanley Road	..	..	..	6 persons

The agreements made with the following homes to place accommodation at the disposal of the authority continues:

St. Basil's Home	..	..	..	..	..	4 residents
Nazareth Home	..	..	..	..	..	4 residents

The whole of this accommodation has been used throughout the year and has been of great assistance to the authority owing to the continued shortage of accommodation. The City Council has accepted responsibility for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies.

- 12 persons in St. Basil's Home.
- 5 persons in Nazareth Home.
- 1 person in St. John's Nursing Home.
- 7 persons in the British Red Cross Society Home.
- 1 person in Chalfont Colony.
- 9 persons in other Voluntary Homes.
- 2 persons in Home for the Blind.

In a similar way, by arrangement with other local authorities, the City Council has accepted the financial responsibility for the following:

- 4 persons in L.C.C. Homes.
- 1 person in Oxfordshire C.C. Homes.
- 1 person in Salop C.C. Homes.
- 1 person in Surrey C.C. Homes.

(b) Temporary Accommodation

Following the action taken in 1953, to attempt to solve the problem of homeless families, a policy has been adopted, which, whilst it cannot be said to fall completely within the scope of a Welfare Officer's duty, has had, I consider, a fairly satisfactory result.

The methods followed in dealing with families has entailed a great amount of work, and every case applying to the Department has been interviewed and re-interviewed, relatives contacted, and attempts made to smooth over domestic upheavals. In cases where admission has had to be effected, the families have not been allowed to develop an attitude of complacency, and to await the allocation of a house, but have been encouraged, many times it must be admitted rather strongly, to find an answer to their own problems.

During the year, 62 families made application for shelter because of their eviction or impending homelessness. In 12 cases admission had to be effected because of (a) the late hour of application, or, (b) no other alternative was available. The remaining fifty cases either found alternative accommodation themselves or were able to return from whence they had come.

The following table gives details of the cases admitted to temporary accommodation.

Case No.	Family Adults	Children	Reason for being homeless	Length of stay	Disposal
1.	1	4	Eviction	10 weeks	Obtained accommodation
2.	1	2	Eviction	16 weeks	Obtained accommodation
3.	1	—	Eviction	2 days	Not known
4.	1	3	Eviction	14 weeks	Obtained accommodation
5.	1	3	Eviction	12 weeks	Obtained accommodation
6.	1	—	Eviction	1 day	Not known
7.	1	2	Eviction	12 weeks	Obtained Council house
8.	1	1	Eviction	4 weeks	Obtained accommodation
9.	1	—	Eviction	2 days	Not known
10.	1	—	Eviction	1 day	Not known
11.	1	2	Eviction	8 weeks	Remaining in.
12.	1	2	Domestic trouble	1 day	Returned to home

The table shows that only one applicant received a house from the Oxford City Council, and in this case, it was known prior to admission that the allocation of a house was imminent. One of the most important things is to impress upon applicants that admission to Part III is not the easy gateway to a Corporation house. Once this principle has impressed itself upon the mind of the applicant, they have made genuine efforts to fend for themselves. I must add however, that we have been fortunate in that each applicant has responded after persuasion, and that the system adopted is not a complete answer to the real problem family.

(2) General Welfare Arrangements for Aged and Infirm

Wherever possible, a regular visiting service has been maintained to known cases of aged persons living alone. A close liaison is maintained with the voluntary societies catering for the welfare of the aged in their own homes, and everything possible is done to encourage old people to lead an independent life for as long as possible.

An extension of this valuable work has been made possible during the second half of 1954 because of the increase in the Welfare Officer Staff. A re-arrangement of work has allowed one of the district Welfare Officers, who is a trained Nurse, Health Visitor and qualified Sanitary Inspector, to devote more of her time to follow up of cases, especially those who have been or are in receipt of treatment at the local geriatric unit. By early knowledge of these cases, it is possible by the use of the home help and other local authority health services, together with voluntary effort, to prevent a deterioration in the home circumstances, and thus enable the person to remain in their own home for as long as possible.

(3) Welfare arrangements for Handicapped Persons**(a) Blind**

The staff dealing with this problem includes an Almoner, a full time Home Teacher, and a Workshops Manager.

Statistics

During the year, 18 people were certified as blind, and 11 as partially sighted.

The Authority is fortunate inasmuch as the examination of persons for certification is carried out at the Eye Hospital and any medical or surgical treatment required is arranged as soon as the case is ascertained. In consequence, the number of blind people refusing to take advantage of remedial treatment is kept down to a minimum.

The following table shows the diagnosis of cases registered during the year, the numbers where treatment was recommended and the number of cases taking advantage of treatment.

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	3	4	—	11
(b) Treatment (medical, surgical or optical) ..	—	2	—	9
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	—	2	—	2

OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year	47
(ii) Number of cases in which:—	
(a) Vision lost	Nil.
(b) Vision impaired	Nil.
(c) Treatment continuing at the end of the year	Nil.

The number of registered blind persons in the City are shown, in age groups, in the following table:

0-1		2-4		5-15		16-20		21-39		40-49		50-64		65-69		70 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	6	1	—	—	5	4	9	9	15	17	8	8	35	63

Total 78 males and 102 females = 180, of whom 146 are over 50 years old, and 114 over 65 years old.

2 boys are at Sunshine Homes, 1 at a special school for the blind, 1 at Pewsey Mental hospital, 1 at an ordinary school and 1 attends the Occupation Centre. 1 girl is in the Ellen Terry Home for Mental Defectives.

Employment

(i) *Open Industry or Self-Employment*

14 people are employed in open industry.

6 (5 men and 1 woman) in factories.

1 employed by Local Authority.

1 Clerk in Holy Orders (male).

1 Sub-Post Office Mistress (female).

2 Telephone Operators (male).

1 articulated to a Solicitor (male).

1 Masseur.

1 University Lecturer.

Several totally blind women are running their homes very efficiently without help.

Home Workers Scheme

1 machine knitter. 1 Braille copyist.

Workshop employment

Workshops for the blind are provided at "The Laurels", Headington, and at 4 Little Clarendon Street, and under arrangements with the B.R.C.S at Headington Hill Hall. The following are working in workshops:—

<i>Men</i>	<i>Women</i>	<i>Trade</i>
1	—	Basket Work.
1	1	Chair caning.
1	—	Mat making.
—	1	Machine knitter.

Marketing of goods

The Council operates a retail establishment at 4 Little Clarendon Street, Oxford. The prime function of the shop is to market the products of the blind, but the opportunity has been taken to offer the facilities of the shop to those persons attending the Occupational Therapy Section of the Health Department.

General welfare

Arrangements have been made for a number of blind people to have holidays at Homes for the Blind.

Wireless sets from the Wireless for the Blind Fund have been supplied to all blind persons in need, and maintenance and repairs continue to be covered by the City Council.

Subscriptions to the National Library for the Blind are paid for 13 readers. Those blind persons who can read Braille or Moon types may obtain books from the Health Department, where a small library of books is kept. During the year new books and periodicals have been given by several people, and these are much appreciated.

Two blind people, one man and one woman own Guide dogs.

Social activities

Except for a break during the summer holiday period and at Christmas time, socials were held 3 times each month. A varied programme of entertainment was provided. Several voluntary drivers have assisted the Almoner and Home Teacher by bringing infirm blind people to the socials. This help has been much appreciated.

The Christmas Party at the Town Hall, and the Summer Outing to Southsea were well attended and much enjoyed. Those who attend the Social Club went for an outing to Wallingford and Moulsoford.

Voluntary Help

The Oxford City and County Society for the Blind have continued to assist the blind financially towards the provision of holidays, invalid foods, extra comforts, and with Christmas gifts to those blind who are in hospital, or other accommodation away from their own homes.

(b) Deaf Blind

There were 13 deaf-blind on the Blind register, 3 men and 10 women.

(c) Partially sighted

At the end of 1954, there were 102 persons on the observation register. All these people are substantially and permanently handicapped by defective vision. 3 are having lessons in Braille and 1 in Moon.

The following table shows the age group on the register:

0-1		2-4		5-15		16-20		21-49		50-64		65 +	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	1	—	2	3	3	—	5	5	7	9	30	37

Total 48 males and 54 females = 102, of whom 83 are over 50 years old and 67 are over 65 years old.

3 cases of Glaucoma were registered during the year. 2 people have been transferred to the Blind Register.

Other Handicapped Classes

The Council have not yet adopted schemes to provide the Welfare of the general handicapped classes and for the deaf and dumb.

In the year reviewed however, they have established additional staff, whose function has been, since September 1954, to ascertain the size of the problem and to report as to how best the welfare needs of the individuals concerned can be met. The figures given in the detailed sub-sections following, whilst they cannot yet have the proof of authenticity provided by a registration scheme, do give some indication of the needs of the area.

(a) Deaf and Dumb

The Oxford Diocesan Association for the Deaf and Dumb, who have been long established in the area, have provided adequately for the needs of the City, and do receive financial aid from the Council to promote this work. In the year ended 31st March, 1955, a sum of £595 was made available for this purpose. The Society itself has a registration system, and the following table shows the classification by age of those persons resident in the City who are deaf and dumb.

0-5		5-16		16-21		21-35		35-55		55-65		Over 65	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	7	4	1	2	4	3	9	6	6	4	3	7

The children of school age are being educated as follows:

- 3—Birmingham.
- 1—Sunnyside, Iffley Road, Oxford.
- 3—Beechcroft, London.
- 1—Royal West of England School, Exeter.
- 1—Donnington Lodge.

The local headquarters and club rooms are situated at 65 Banbury Road. These rooms are open three times a week for socials and club recreations. Every Sunday a religious service is held in the Chapel.

(b) Hard of Hearing

The welfare of this group in the City is cared for by the Hard of Hearing Club, which is closely connected with the Department of Otolaryngology at the Radcliffe Infirmary. Meetings are held in St. Michael's Hall. A financial grant is made each year by the Council to meet the cost of the hire of the room. The club is flourishing and does a great deal towards promoting the general welfare of the group.

(c) Crippled Persons

The British Red Cross Society organise a Club for crippled persons which meets fortnightly at 101 Banbury Road. There is at present an active capacity membership, and a substantial waiting list.

The recent survey has shown that there are well over 100 persons who could substantially benefit by a recreational service and it is hoped that in the not too distant future, effort will be co-ordinated towards the provision of additional facilities to cater for the needs of the cripples.

Under Section 31 of the National Assistance Act, the Local Authority makes a grant to the British Red Cross Society, who organise and maintain a Disabled and Crippled Persons Club.

(d) Spastics

There are 35 spastics known to the department, 10 are adults (6 male

and 4 female), and 25 children (14 male and 11 female). All 10 adults are in their own homes.

Of the 25 children, 14 are attending ordinary schools, 4 are attending special schools, 2 attend the Occupation Centre and 1 is attending an Independent Nursery, the 4 remaining children are pre-school age.

In addition, there is in the City, an Association for parents of Spastic children in the City and district. A close co-ordination is maintained between the Department and the Voluntary Society, and the parents of spastic children are notified of any functions or facilities which may be available to their children.

An occupational therapy service is available to those adult Spastics who are able and willing to benefit from same.

(e) Epileptics

12 Adult Epileptics (6 male, 6 female) are known to the Department. Ten of these cases are major epileptics.

This is a figure, which, I feel sure, does not bear any real relationship to the actual number who suffer from this complaint. Fortunately, the great majority of the minor cases are able to continue in normal employment.

Meals on Wheels

This service has continued during the year by the W.V.S. and the British Red Cross Society, and an average number of 86 old people are supplied with a hot meal twice weekly. The meals, at a cost of 9*d.* per meal, are paid for by the recipient, the Council only being responsible for the cost of transporting meals at the rate of 6*d.* per mile. The food is cooked and supplied by the Catering Department of the City.

Chiropody Service

The service instituted by the Council of Social Service in 1953 has continued and expanded its invaluable service to old people in the City. It is only necessary to visit the Old People's Clubs and mention the service to assess its true worth.

A complete service for all areas of the City is maintained through the 9 Old People's Clubs which are situated in different parts of the City.

Since the institution of the scheme, a total of 2315 treatments have been given.

The cost to the recipient is at the rate of 2/- for each treatment. The deficit in the cost of operating the scheme to date, is approximately £650, and this sum has been raised from Voluntary resources and charities.

Removal of Persons in Need of Care and Attention

It was again found necessary on one occasion to use the powers given to the Council under Section 47 of the National Assistance Act, 1948.

The person was a woman (over 90 years of age) who was suffering from a chronic illness and was not receiving adequate care and attention.

During the preceding period she had persistently refused help from the local health and welfare authority, and when her condition began to deteriorate it was considered necessary to enforce the removal to hospital. Again, it transpired that her objections had diminished by the time of the arrival of the ambulance and she then entered hospital voluntarily. The disease was however, unresponsive to treatment and she died within the statutory period of the original order.

Temporary Protection of Property of Persons admitted to Hospitals, etc.

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 11 cases during the year.

Burial or Cremation of the Dead

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year, it has been necessary for the Council to arrange four such burials, and in each case part recovery of the cost involved has been made.

SECTION IX

ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., M.R.San.I., A.M.I.San.E.,
Chief Sanitary Inspector

It has again been a year of solid achievement, marked perhaps by increased activity in connection with housing work, slaughterhouse licensing and atmospheric pollution investigation. The general pattern of complaints received and visits made to the various premises within our sphere of activity remained comparatively unchanged, but staff were kept fully occupied. The Department was short of one Inspector from July, and the vacancy remained unfilled at the end of the year despite repeated advertisement, and the offer of housing accommodation. There is a national shortage of Sanitary Inspectors, and there is very poor intake into the service due in no small measure to the inadequate remuneration offered in comparison with industrial wage rates and opportunities for advancement in other vocations. It is hoped that no undue delay will occur in so far as implementing most of the provisions of the Working Party's recent recommendations to the Government on the recruitment, training and qualification of Sanitary Inspectors is concerned. The effect of the wage structure on employment generally is very apparent in this City, when one realises the extent of the filching from local employment of all grades of labour by the large industrial concerns operating in the City, which offer tempting rates of pay for factory work. This has had a very drastic effect on standards of achievement in housing repairs, building work generally, kitchen and cafe hygiene, and indeed in all sections of general day-to-day labour. A very special problem exists here in this regard, and it is felt that insufficient recognition is given to the circumstances as they affect the recruitment and even achievement of Local Government staff and other public servants.

Standards in general sanitary circumstances were maintained at a satisfactory level, despite the difficulties above-mentioned, and complaints were dealt with promptly, and there was evident a pleasing co-operation from colleagues in other Departments of the Corporation. Assistance is readily available from Planning and Engineers' Departments in connection with licensing of moveable dwellings, building plans and rodent treatment of the sewerage system. Factory visitation received slightly less attention than formerly, mainly due to increased pressure on other duties. The return to private slaughtering and cessation of Ministry control over livestock marketing somewhat affected meat inspection duties, and much attention was needed to the problem. General consent from the majority of the butchers in the district was secured to a centralisation of slaughtering in the two existing premises at the Co-operative Society depot in

Botley Road and Eastwyke Farm, Abingdon Road. These premises have since the beginning of 1940 coped with practically all the slaughtering needs of a community extending well beyond the City boundaries, and, while they are not of the highest standard in hygienic finish, nor altogether admirably sited, they should serve after improvements are carried out in the near future a very useful purpose for some time. One owner of a small private slaughterhouse appealed against refusal by the Council to licence his premises, but the Local Magistrates dismissed the appeal. A Declaration of Redundancy was passed by the Council and sent to the Ministry towards the end of the year, and it is confidently hoped that this will be ratified.

Atmospheric pollution received considerable attention, despite the generally good record of the City in this regard. Monthly sulphur records were maintained in co-operation with the University Inorganic Chemistry Department, to whom our thanks are due, and an interesting graphic illustration is included in the text of the Report showing the variation in sulphur content in relation to temperature change, humidity variation and general wind movement. The Department is indebted to Mr. A. C. Martin, the Observer of the Radcliffe Meteorological Station for the meteorological data supplied so regularly. It is confidently hoped that our smokeless zone proposals will be a fact by the beginning of next year, for it is obvious that the public are at present much smoke and pollution conscious, and the publication of the "Beaver" Report and pressure in Parliament for new legislation on atmospheric pollution measures, mark the beginning of more vigorous steps to clear our atmosphere of the polluting matter which is all too common over many of our Towns and Villages. It is gratifying to report the representation of the City in the person of your Chief Sanitary Inspector on the newly formed South Eastern Branch Council of the National Smoke Abatement Society, and it is hoped that this Body will exercise beneficial influence on the general attitude towards atmospheric pollution in the South Eastern area of the country.

Housing activity was stepped up in order to secure information regarding the five year programme asked for by the Ministry, and at the end of the year fairly good progress had been made towards final assessment. Planning schemes will have much effect on the ultimate steps to be taken, and careful co-operation is requisite if smooth and successful action is to result, and already the Estates Section of the Planning Department are in close contact with us, while the Housing Committee provide a very real link in the procedure.

Milk, meat and food activities were sustained at a high level, and a special designation area commenced during the latter half of the year, which ensures that untreated raw milk will no longer be available on retail sale. The public are now assured of high quality T.T. and heat treated milk throughout the City. The general record of satisfactory milk samples was only slightly below that of last year, and on the whole can be considered very good. Ice Cream products also reached a very satisfactory

standard. Clean food publicity continued throughout the year, with every opportunity being taken to address Women's Meetings, Guilds and Institutes, and several lectures were given to Civil Defence volunteers. A feature of our efforts has been the production of a number of coloured film pictures of the Department's activities in the realm of food hygiene and sampling, atmospheric pollution and housing. Inspector Scott of the Department, being an enthusiastic photographer, has proved most useful in this connection having produced some very successful illustrations. It is hoped to build up a useful library of film shots in colour of all branches of our Health Department activities.

Food and drug sampling continued to discover variations in quality and description of food. The sausage proved no exception—there being no apparent close relation between price and quality. Bread and butter and butter confections also proved unsatisfactory in a number of cases, and several successful prosecutions resulted. Food unfit for consumption reached a fairly high figure, the strike of dockers during the year affecting some supplies of a perishable nature, but attention is also drawn to the need for a better turnover of stocks by both wholesalers and retailers as a means of preventing much undue waste of food.

Thanks are again gratefully extended to all members of the staff for a sound year's work, loyally carried out under harmonious conditions and with ample evidence of a desire to give good service to the general public.

Mr. Clarke, my Deputy, reached retiring age at the end of the year with a record of 50 years service to the Corporation. His service has been extended until a successor has been appointed.

Miss King, my Secretary, also resigned at the end of the year on taking up residence in the United States of America.

The Report is, as usual, set out in three main subsections, each with relevant statistics—

- (a) General Sanitary circumstances and Water Supply,
- (b) Housing Conditions, and
- (c) Meat, Milk and Other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES

(i) Complaints and Inspections

There was a considerable increase in the number of complaints during the year under review, 1,380 as against 1,020 for the previous year.

The increase was mainly due to complaints regarding infestation by rats, mice or insects, the latter including a large number of wasp nest complaints during the autumn. There were no less than 232 of these as compared with 57 during the previous year. Over 100 more complaints were received in regard to infestations with rodents.

Smoke nuisances also proved slightly more numerous and no doubt reflect an increase in public interest in the subject of atmospheric pollution.

Complaints:—

	<i>No. of visits</i>
Accumulations of Refuse	15
Choked and Defective Drains	41
Defective Water Supply	4
Defective Water Closets	25
Dirty or Verminous Premises	45
General Housing Defects (including dampness)	135
Infestation by Insects	57
,, Rodents	620
,, Wasps	232
Keeping of Animals	4
Noise Nuisance	4
Offensive Odours	111
Overcrowding	11
Refuse Accommodation	2
Smoke Nuisances	36
Miscellaneous	38

	1,380

Number and nature of Inspections

	<i>No. of visits</i>
Animal Nuisance	43
Common Lodging Houses	110
Drainage	404
Food Poisoning and Infectious Diseases Enquiries	36
Housing Visits	3,792
Interviews	521
Licensed Premises	34
Miscellaneous Visits	1,493
Overcrowding	73
Pet Animals Premises	39
Pharmacy and Poisons Sellers	165
Piggeries and Stables	261
Public Conveniences	19
Rats and Mice	1,567
Refuse Storage and Accumulations	94
Shops Act Inspections	201
Tents, Vans and Sheds	333
Verminous Premises	110
Verminous Persons	23

					<i>No. of visits</i>
Atmospheric Pollution visits	..	..	..	..	190
Smoke observations ($\frac{1}{2}$ hour)	..	..	..	..	110
Smoke observations (casual)	..	..	..	..	200
S.O ₂ Recording Stations	..	..	..	..	96
Visits to Boiler Plant	..	..	..	..	64

(ii) Sanitary Circumstances of Aged Persons

Close co-operation continued with the Welfare Section, in so far as the sanitary circumstances of aged and infirm persons were concerned. Wherever conditions are such that we can be of assistance, steps are taken by inspection and suitable action to secure improvement in the sanitary circumstances.

(iii) Common Lodging Houses

There are still 144 beds available for persons of limited means at the Church Army Hostel and Annexe in St. Ebbe's. There are a considerable number of regular users of this accommodation, which is very well maintained by the Church Army Authority who are, nevertheless, far from satisfied with the general standard of accommodation provided. During the year plans were deposited showing improvements which were felt desirable if redevelopment in St. Ebbe's area was not likely to interfere with the premises for some years. The main premises at Cambridge Terrace are in need of renovation, but as the Church Army are anxious eventually to secure better premises, only a limited amount of improvement is proposed. The uncertainty of the time factor in connection with St. Ebbe's redevelopment, makes it not yet possible to indicate when the Cambridge Terrace premises may be affected.

Attempt was made during the year to provide treatment facilities at the Church Army Hostel for inmates found to be suffering from lice infestation. Arrangements were completed for hot baths to be available, and one of the Outside Sanitary Assistants undertook the necessary supervisory cleansing work. Arrangements were then made for sterilising the personal clothing and bedding at the Slade Hospital. 23 persons were cleansed during the year under these arrangements.

(iv) Moveable Dwellings

There was little change in the number of moveable dwellings sited within the City, and again emphasis was placed on primary need for planning licences before applications were considered for individual Public Health licences. On the whole, this arrangement worked fairly smoothly, and only occasionally was it necessary to consider the Public Health side of the question in advance of the Planning Committee's decision, by reason of the time factor in the Public Health Act provisions. 63 dwellings were occupied during the year, involving 36 caravan sites.

In general, dwellings were maintained in satisfactory condition, all being provided with water or chemical closets. These latter are regularly emptied by arrangement with the Cleansing Department. Mains water supply within reasonable distance is insisted upon, and also satisfactory storage accommodation for refuse.

There continue to be applications from interested persons for sites for caravans, but the majority find their way into fringe areas of the City where large caravan sites are provided. No Corporation caravan sites have yet been provided, and the largest private site at present occupied involves only 7 moveable dwellings.

(v) Offensive trades

A small tripe boiling business continues to operate in the East Oxford region, with little nuisance, and no concern has been caused by the one or two dealers in rags and bones who operate in the district.

(vi) Canal Boats

No new boats were registered, nor indeed any action called for, under the Regulations, as the waterway is to all intents and purposes now defunct.

The future of the canal is still in jeopardy, and at the end of the year there seemed a possibility that complete closure might soon result. If so, it is to be hoped that steps will be taken to keep the waterway free from becoming a possible source of nuisance through stagnation, refuse deposit or overgrowth.

(vii) Drainage

41 complaints regarding defects of drainage were received during the year, and all were satisfactorily dealt with. Collaboration continued with the Building Inspectors and Drainage Sections of the City Engineer's Department.

Flooding in the Osney area occurs in periods of excessive rainfall and, while conditions have never been as bad as those during 1947, there is still great need for improvement in the area. It is, however, understood that completion of the new sewage works at Littlemore will result in a satisfactory control over the sewage flow in this and other low areas of the Town.

The alteration and improvement to the drainage system and yard surface of the Henry Road Slaughterhouse was nearing completion at the end of the year. When the Ministry of Food handed back the slaughterhouse to the Co-operative Society, the Society arranged to carry out the work concerned as a private improvement.

(viii) Riding Establishments, Stables and Piggeries

261 inspections of these premises were carried out during the year. The majority of visits were to piggeries of which there are 63 within the

City. A few complaints were received of nuisances from piggeries during the year, but on the whole the premises were kept in reasonably good condition.

3 Riding establishments are licensed under the appropriate Act, and all received their bi-annual inspections by the appointed Veterinary Officer. They were reported as generally well-maintained and operated.

(ix) Pet animals.

8 premises were licensed during the year under the provisions of the Pet Animals Act, and 39 visits were made by Inspectors. Conditions found were good, and no unsatisfactory circumstances were reported during the year.

(x) Factories and Workplaces

Conditions throughout the City in factories and workplaces continue to be good, and there were no major matters of undue concern found during the year. 21 premises were also visited in connection with outworkers who are occupied principally in dressmaking, tailoring, glove making, toy filling, etc.

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	83	47	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	373	223	8	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	12	5	—	—
Total	468	275	8	—

Defects found in Factories

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	1	2	1	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	1	—	—	—
Inadequate ventilation (S.4)	1	1	—	1	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	1	1	—	—	—
(b) Unsuitable or defective ...	7	4	—	5	—
(c) Not separate for sexes ...	—	—	—	1	—
Other offences (not including offences relating to Homework) ...	—	—	—	—	—
Total ...	10	9	1	8	—

(xi) Shops

201 inspections of shops were carried out during the year under the provisions of Sections 37/38 of the Shops Act, 1950, these being in addition to inspections made during visits for other purposes relating to the sale of goods, etc. The general standard is good, and in only 3 cases this year were notices required to be served under the provisions of the Act. Hours of employment and welfare of staff continue to be the responsibility of the Watch Committee.

(xii) Pest Extermination

Activity in this sphere of operation was maintained constantly during the year by the Staff of 4 assistants employed principally for this purpose. More than half the number of complaints received during the year related to infestations by rats, mice and other vermin and pests, there being no less than 232 complaints regarding wasps nests. Domestic premises received free treatment, while charges were made for service at business premises.

In accordance with Ministry suggestions treatments of the City sewerage system were carried out, including the continuation of a special treatment of the East Oxford section of the sewerage system.

A premises to premises survey carried out in the St. Barnabas and central City areas was concluded during the year, and this involved 1,978 premises consisting of 1,421 dwellinghouses, 535 business or industrial premises and 22 Local Authority properties. The results were interesting

in that 91 infestations by rats and 430 infestations by mice were discovered as follows:—

	<i>Rats</i>	<i>Mice</i>
Dwelling houses	67	314
Business premises	23	111
Local Authority premises	1	5

In only 2 cases did there appear to be direct connection between an infestation and defective underground drains, and in both cases steps were taken to secure repair or renewal after disinfestation.

Results in the East Oxford special survey were of some interest, the first treatment being a direct poison treatment using 10% zinc phosphide with kibbled maize. This was disappointing, in that only 17 positive results were achieved out of 220 manholes treated. On the second treatment, pre-baiting with damp sausage rusk was used, and thereafter poisoning with zinc phosphide and kibbled maize, was carried out with considerably improved results, there being 89 takes as follows:—

24 $\frac{1}{2}$ takes.

33 $\frac{1}{4}$ takes.

32 slight takes.

Technical Officers from the Ministry took a practical interest in the work carried out and further treatments have been arranged for the coming year.

The Cornmarket Street main sewer was renewed during the year, and baiting of the open trench and manholes in the vicinity showed little activity despite rumours to the contrary—only one positive take being recorded over a period of some weeks. It is understood that a number of unsatisfactory connections were discovered and made good, and since the completion of the work no complaints regarding rat infestation in the vicinity have been received.

The contract scheme for treatment of premises continues to operate successfully, the total income during the year amounting to £353 10s. 0d., being an increase over the two previous years, there being a total number of 27 contracts completed. Quotations for treatment are available whenever enquiry is made, and no pressure is exerted on interested parties, but the offer remains open for those who consider that benefit will ensue from a constant visitation under the terms of the contract, and infestations of insect pests are dealt with under the same contract which covers treatment against rats and mice.

Warfarin continues to be used successfully in the surface rodent baits and zinc phosphide and arsenious oxide are used in the sewer baiting programme. Insecticidal fluids and powders containing B.H.C. and D.D.T. are in regular use against various insects.

Your Chief Sanitary Inspector attended as Chairman a number of meetings of the Oxfordshire Workable Area Committee.

One Rodent Operative attended a Ministry training course during the year.

Prevention of Damage by Pests Act, 1949.

Report for Year ended 31st December, 1954.

	Type of Property				Total (5)
	Local Authority (1)	Dwelling Houses (2)	Agri- cultural (3)	All other (including business premises) (4)	
I. Total number of properties in Local Authority's District	296	* 26,906	82	* 3,846	* 31,130
II. Number of properties inspected by the Local Authority during 1954 as a result of (a) notification (b) survey under the Prevention of Damage by Pests Act, 1949 (c) otherwise e.g. when visited primarily for some other purpose.	(a) 21	350	—	97	468
	(b) 15	448	—	427	890
	(c) 39	1,941	—	989	2,969
III. Number of properties inspected (see Section II) which were found to be infested by rats	Major —	—	—	—	—
	Minor 12	297	—	44	353
IV. Number of properties inspected (see Section II) which were found to be seriously infested by mice	—	—	—	—	—
V. Number of infested properties (see Sections III and IV) treated by the Local Authority	12	297	—	44	353
VI. Number of notices served under Section 4:					
(1) Treatment ...	—	—	—	—	—
(2) Structural Works (i.e. Proofing) ...	—	2	—	—	2
VII. Number of cases in which default action was taken by Local Authority following the issue of a notice under Section 4	—	—	—	—	—
VIII. Legal Proceedings...	—	—	—	—	—
IX. Number of "block" control schemes carried out ...	26				

*Estimated at 31.3.55.

Where combined business/dwelling-house property—included as business premises.

<i>Visits in connection with Rodent Extermination by Operatives</i>						<i>Totals</i>
Local Government Premises						
1st Visits	..	..	..	..	..	85
Re-visits	..	..	..	..	..	521
Dwelling houses						
1st Visits	..	..	..	..	..	620
Re-visits	..	..	..	..	..	3,825
Business Premises						
1st Visits	..	..	..	..	..	197
Re-visits	..	..	..	..	..	1,372
University Premises						
1st Visits	..	..	..	..	..	21
Re-visits	..	..	..	..	..	296
						6,937
						6,937

Baits Laid

Pre-baits	231
Poison-baits	..	..	14,866
Post-baits	..	..	9

Treatment proved apparently successful against "Monomorium pharaonis"—Pharaoh's ant—at one or two places, the materials used being chlordane and gammexane, for there was no recurrence of infestation after a prolonged period of treatment in the early part of the year.

As previously mentioned, the number of wasps nests during the year was considerably in excess of any since 1951, no less than 232 being received and, as the cost of dealing with these complaints was high, the Health Committee were advised, in order that they might consider whether payment should be required of rate-payers who asked for treatment. It was decided that eradication was a useful public health function, and no charge should be made. The nests were often built in most inaccessible positions, and frequently caused concern during treatment, but the use of a liquid insecticide containing D.D.T. proved highly effective, and little trouble was experienced during the spate of incidents in the late autumn. Treatment was highly appreciated by all who suffered from the effects of the infestation.

A visit was again made by the seaweed fly in April, evidence being found near the Radcliffe Infirmary Morbid Anatomy Department. Their appearance, however, was of short duration and of limited character.

(xiii) Atmospheric Pollution

Considerable activity took place during the year with a view to securing official evidence on which to base an application to the Minister

for consent to the establishment of a smokeless zone in the centre of the City. It was not possible to complete the investigation by the end of the year, but it was confidently hoped that early in 1955 the Department would be in a position to present the necessary information, and so secure early implementation of the proposals in the City.

There has been an undoubted increase in public interest in matters of atmospheric pollution, and it would seem that atmospheric pollution efforts are reaching the crest of the wave in so far as public interest in the subject is concerned. Now that Parliament have been forced to give immediate consideration to the subject, there is firm hope for the issue of early special legislation which will inaugurate at last practical efforts to clear the air of the pollution which has long been a source of concern to Health Officers, particularly those concerned with the health of populations in industrial and built-up areas.

In so far as the City of Oxford is concerned, the most noticeable sources of pollution, and at the same time most difficult to deal with, are the Gas and Electricity Power Stations and the Railway sheds and marshalling yard. Certain industrial installations also contributed to pollution during the year, but on the whole the City is remarkably free from major pollution. It is pleasing to record that work has now commenced on the new site for the Gas Works which will be removed within a reasonably short period from South Oxford. A modern plant will be erected on the new site at Cowley. The Electricity Power Station at Osney is admittedly out of date, but continues to operate as a marginal station of the Southern Region. It will eventually be closed down, but it is unfortunately situated near the Western boundary of the City and, having a number of short flues, it is prone to cause local nuisance from time to time. Considerable attention was given to complaints regarding nuisance from the Station, and from time to time sticky cards in trays were exposed at points around the Station in order to secure a picture of the deposit from the flues. The results showed a continued improvement throughout the year, but there is still complaint regarding sulphurous effluent which is particularly noticeable in calm humid weather. The Power Station staff, under their Superintendent, have given constant attention to the working conditions in order to reduce to a minimum any likely nuisance, and fuel supplies have been altered in order to secure improved results, this despite extra expense and considerable difficulty owing to the shortage of satisfactory type of fuel. Consideration was still being given to the circumstances at the end of the year.

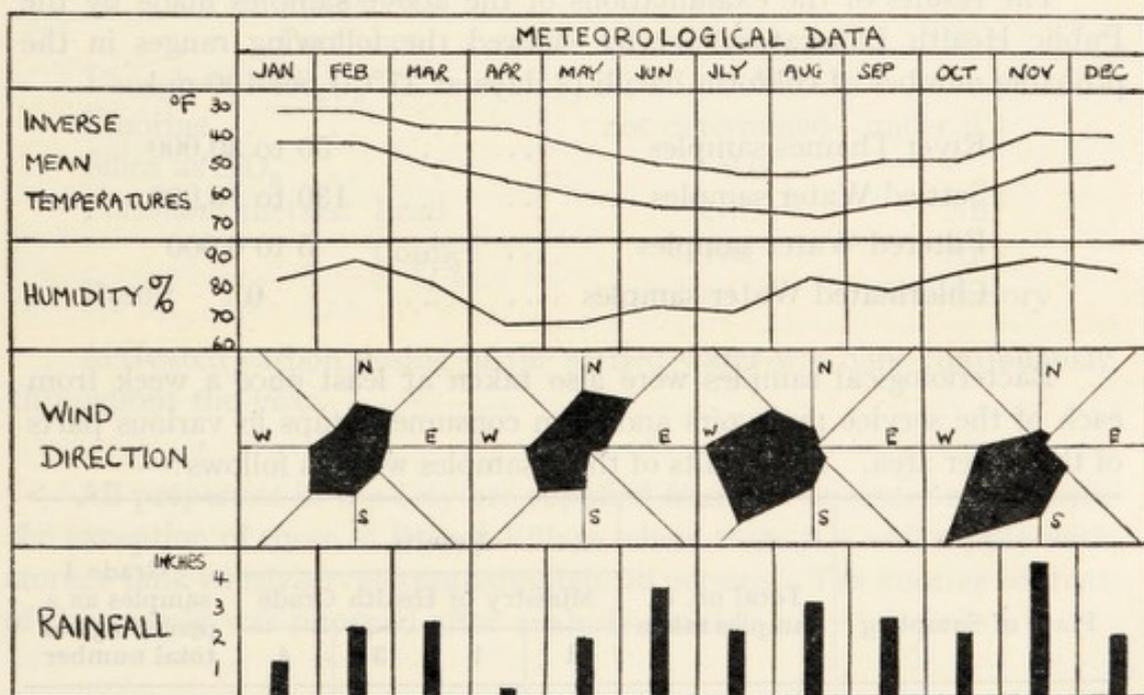
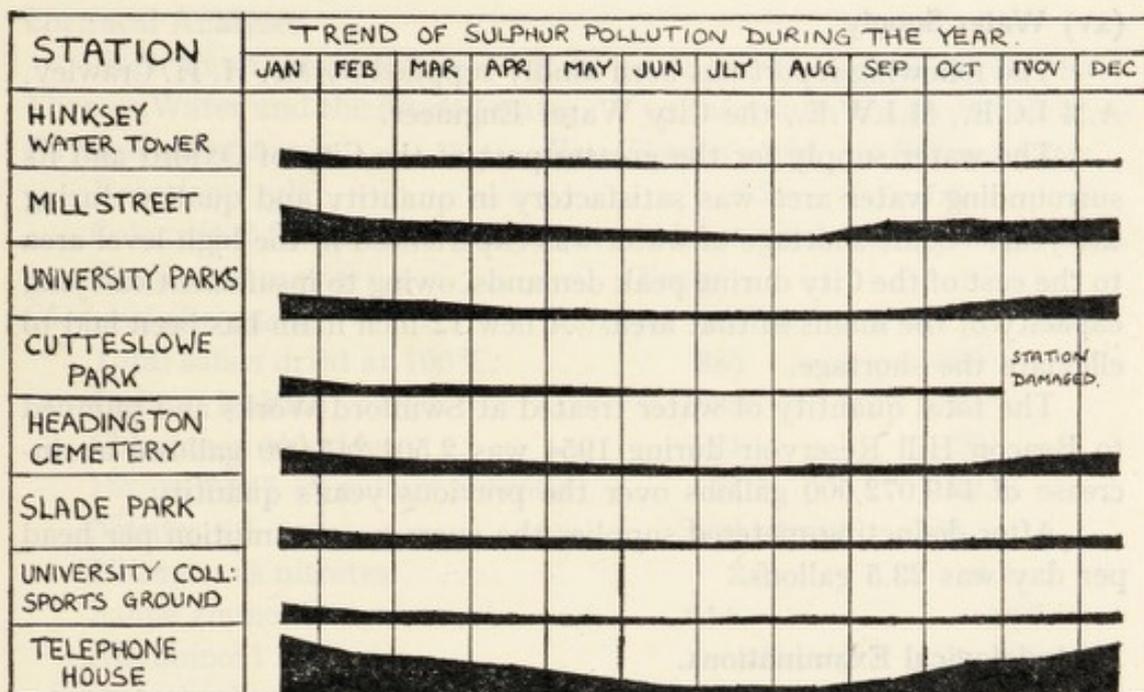
Smoke from standing locomotives, and those in operation at the marshalling yards also caused considerable pollution during the year, and the attention of the Railway Authority was drawn to the circumstances. Observations and visits from time to time show that there is considerable carelessness in firing of locomotives, particularly in the case of standing engines and at lighting up times at weekends. It is hoped that diesel operated local traffic may become possible within the next few years, for

this would be a considerable contribution towards improved atmospheric conditions in the west of the City.

There is a notable increase in the use of oil for combustion plants within the City, there being a gradual replacement of solid fuel for the purpose. Oil undoubtedly is a much cleaner and easier-to-use fuel than coal or coke, but is more sensitive to handle and therefore requires much more careful attention at the boiler front. It also gives rise to some concern because of its sulphur content, and there is need for particular care in securing supplies having a minimum of this undesirable chemical, for sulphurous products after combustion are the most dangerous to both population and building structures. Satisfactory pre-heating of most oil fuels is essential, and careful control over burners and air intakes necessary to avoid smoke nuisance and, indeed, noise nuisance. In one case considerable noise was created by an unsatisfactory burner fitting, and smoke and soot nuisances easily arise from inadequately supervised oil burning plant.

The first year's estimation of sulphur pollution in the neighbourhood was completed towards the end of the year, and some interesting figures became available. 8 lead peroxide cylinders were placed on various sites in and around the City, and a graph at the end of this paragraph shows the general tendency of sulphur content to vary with the temperature month by month. There is a strong correlation between the inverse mean temperature curve for the year with the general sulphur estimation curve, and this of course undoubtedly has relation to the fuel consumption activity. Mean humidity figures show a fairly high average, while wind roses showing the general wind direction portray a preponderance of southerly and westerly winds. The City is fortunate in not having a greater amount of atmospheric pollution, bearing in mind the amount of industrial activity now prevalent in the area. There is, however, need for considerable improvement in respect of domestic pollution, particularly in the lower sited parts of the town where movement of air is rather more restricted, with consequent tendency to higher pollution figures. It is hoped in the next Annual Report to be able to record the actual commencement of a smokeless zone in the City, for there is no doubt that a University City of the character of Oxford must be prepared to take a forward step in atmospheric pollution measures, in order to ensure better health for its citizens and longer life for its unique and historic buildings.

Gratitude is expressed to Mr. A. C. Martin, Observer of the Radcliffe Meteorological Station, for the help given in relation to the meteorological data which has proved so useful in the atmospheric pollution investigation.



(xiv) Swimming Baths and Bathing Facilities

The bathing places on the Rivers Thames and Cherwell continue to be freely used without major incident, and the chlorination plant hoped to be installed at the Hinksey Open-Air Pools is likely to be ready for installation during 1955. The Temple Cowley covered swimming bath water continued to give satisfactory bacteriological results and all samples taken proved satisfactory.

(xv) Water Supply

The following report has been kindly supplied by Mr. H. H. Crawley, A.M.I.C.E., M.I.W.E., the City Water Engineer.

The water supply for the greater part of the City of Oxford and its surrounding water area was satisfactory in quantity and quality during the year. Some shortage of water was experienced in the high level area to the east of the City during peak demands, owing to insufficient carrying capacity of the mains in that area. A new 12-inch main has been laid to alleviate the shortage.

The total quantity of water treated at Swinford Works and pumped to Beacon Hill Reservoir during 1954 was 2,501,245,000 gallons, an increase of 149,072,000 gallons over the previous year's quantity.

After deducting metered supplies the average consumption per head per day was 23.5 gallons.

Bacteriological Examinations.

Samples of water from the River Thames which is the source of supply, were taken each month together with samples after settlement, after filtration and of the final chlorinated water leaving Swinford Works.

The results of the examinations of the above samples made by the Public Health Laboratory Service showed the following ranges in the probable number of coliform bacilli (2 days at 37°C.) per 100 m.l.:—

River Thames samples	..	..	50 to 30,000
Settled Water samples	..	..	130 to 16,000
Filtered Water samples	..	..	5 to 6,000
Chlorinated Water samples	..	..	0

Bacteriological samples were also taken at least once a week from each of the service reservoirs and from consumers' taps in various parts of the water area. The results of these samples were as follows:—

Place of Sampling	Total no. of samples taken	Results.				Grade 1 samples as a percentage of total number
		Ministry of Health Grade				
		1	2	3	4	
Works Cottages ...	12	10	—	1	1	83.0%
Beacon Hill Reservoir	52	51	1	—	—	98.1%
Headington Reservoir	52	52	—	—	—	100.0%
Shotover Reservoir	103	94	8	1	—	91.3%
Boars Hill Reservoir	53	49	3	1	—	92.5%
Consumers' Taps ...	185	181	3	1	—	97.8%
Totals ...	457	437	15	4	1	95.6%

Most of the lower grade results were due to organisms of non-faecal origin. Additional chlorination was done as a safeguard at the points concerned.

Chemical Analyses

Each month samples were taken for chemical analyses of the Raw Thames Water and the filtered water. Typical results are given below:—

<i>Physical characters</i>	<i>Raw Thames water</i>	<i>Filtered water</i>
Reaction pH	8.2	7.8
Colour in 2 ft. stratum	Slightly turbid, brownish	Clear, pale greenish
Suspended matter	Trace	Nil.
<i>Chemical characters</i>	<i>Parts per million</i>	<i>Parts per million</i>
Total solids dried at 100°C. ..	385	369
Loss on ignition	30	21
Chlorine in chlorides	21	20
Do. $\times 1.647$ = sodium chloride	34.5	32.9
Nitrites	Slight trace	Nil.
Nitrogen as nitrates	2.3	2.2
Saline ammonia .. ..	.044	.016
Albuminoid ammonia .. ..	.28	.168
Oxygen absorbed:		
3 hours at 37 C.	1.25	.83
Hardness: Total	250	250
Temporary	180	180
Permanent	70	70
Phosphate as P_2O_5 .. ..	.57	
Fluorine	not determined—under 0.4	
Silica as SiO_2	6.0	
Poisonous metals: Lead	Nil.	Nil.
Copper	Nil.	Nil.
Result	—	Satisfactory

Activated carbon dosing of the settled water was done continuously throughout the year.

All properties in the City are supplied from public water mains with the exception of those in Binsey Village where there is a well supply with storage tank which serves approximately 75 persons. The fluorine content of this supply was returned after analysis as 0.14.

(B) HOUSING CONDITIONS

Housing activity was stimulated during the year by the need for production of a programme by the Local Authority covering a period of the next five years. Every Local Authority have been asked by the Ministry to send their proposals in this connection to them by August 1955. Consequently, considerable time was spent by staff in assessing the housing conditions in the City. Many houses were inspected and recorded, and at the end of the year good progress had been made despite shortage of staff.

There is no doubt, of course, that major interest is focussed upon the St. Ebbe's area redevelopment, and it is clear that something definite must be decided in early course if progress is to be made with the clearance of many unsatisfactory houses in the area, and the rehousing of the occupants. Enquiry made of occupiers in the area regarding their desire in connection with rehousing, found that over two-thirds of the families expressed a desire to remain if possible in St. Ebbe's. This gave some indication of the need for resiting houses in the area, but practical steps in slum clearance cannot be undertaken until the Council are finally agreed upon the planning of the streets and approaches in the redevelopment area design.

The Ministry intimated in their Housing Circular 75/54, that they were prepared to proceed with the consideration of pre-war Orders provided that changes in the circumstances relating to ownership and occupations were notified to them, so that a new approach could be made. Many changes were discovered in the pre-war redevelopment Order affecting St. Ebbe's, and at the end of the year the Housing Committee had not decided whether to proceed on the Order or make a cancellation and a fresh start. The St. Clement's region is another area which requires re-development, and proposals are being prepared, while Headington Quarry affords some interesting problems, as it is desired in planning to retain the village characteristics of the area and only partial redevelopment seems probable.

No less than 40 houses were demolished during the year, which is a welcome sign of resumed housing activity, but there remain some 70 houses from pre-war statutory action which are now being actively dealt with. 10 houses still remain occupied on licences under the provisions of Section 6 of the Housing Repairs and Rent Act, but all these will become subject to reconsideration at the end of 1956.

Early assessment of the effect of Government proposals for stimulation of action to secure repairs and reconditioning of dwellinghouses suggests that they may not be as successful as was hoped. There were only 7 applications for Disrepair Certificates by the end of the year, and 5 of these were granted. From enquiries made, it would appear that quite a number of tenants have agreed to implementation of rental increases, probably feeling it not worth while to create upset by objecting to increases which, in any case, would only be delayed until repair of the property was secured. The amount of rental increase permitted in any case seems very small in most cases in relation to the expense involved, for costs of repairs are higher than ever before in history, wages being at an abnormally high level, with costs of materials by no means low. There is slowness in the carrying out of work—indeed it is very difficult to secure definite promises from jobbing builders in connection with repair and maintenance work, for the labour market is most unpredictable. The effect of local factory employment has had a devastating action on the general building and jobbing work programme. Many landlords too have not felt it worthwhile to apply the provisions for securing rental increases,

particularly where they have realised that action by the Local Authority on repair work might involve them in considerably more expenditure than they wished to incur.

There is, of course, considerable responsibility on the Local Authority through this Department to carry out its housing duty and systematic inspection will undoubtedly find many houses needing repair, and service of Notices will, where relevant, be met by claims for rental increases. Where improvement works are carried out under the new provisions of the Act, still further rental increases will result, although in such cases improvement amenities will offset any expense to the tenants. In general, however, there seems—so far—a definite lack of enthusiasm by both landlords and tenants towards the proposals of the Government, but stimulation by Local Authority action will be desirable before any failure to implement the proposals can be reported.

Preliminary assessment of the City slum clearance problem shows that somewhere in the region of 500 houses may require demolition and clearance, and there are many more houses which require repair and maintenance work, many of them being suitable for improvement and modernisation. Steps will no doubt be taken to encourage applications for improvement grants for houses of suitable type, and particularly in cases where division of the larger houses into flats seems a reasonable proposition. Underground rooms remain something of a problem, there being over 1,000 which require assessment under the provisions of the Underground room Byelaws. As mentioned last year, shortage of staff will undoubtedly impair progress, and this has already been felt, for the Department has been short of one Inspector since July 1954, and this despite repeated advertisement.

By the end of the year 14 applications had been made to the Housing Committee for improvement grants, and I am indebted to the City Engineer for the information that 10 of these were granted and 4 refused, the total amount involved in the 10 applications being £1,848 3s. 7d., with the amount of grant £923 9s. 0d. This does not appear a very enthusiastic response to the Government proposals, but only time will tell whether the new Act will have sufficient effect to make itself really felt on the general housing position throughout the country.

Number of New Houses erected during the year:—

(i) By Local Authority—

Non-traditional Houses	..	..	..	..	150
Traditional Flats	..	..	..	..	90
Traditional Houses	..	..	..	..	151
„ Flats	..	..	..	..	39

Of this number 192 were built outside the City 430

(ii) By other Local Authorities	—
(iii) By other bodies and persons	64
	<hr/>
	494
	<hr/>

Inspection of Dwellinghouses during the year:—

(1) (a) Total number of dwellinghouses inspected for Housing defects (under Public Health or Housing Acts) ..	910
(b) Number of inspections made for the purpose ..	3,086
(2) (a) Number of dwellinghouses (included under sub-head above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ..	470
(b) Number of inspections made for the purpose	1,048
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	179
(4) Number of dwellinghouses (exclusive of those referred to under the proceeding sub-head) found not to be in all respects reasonably fit for human habitation	731

Remedy of defects during the year without the service of formal notices:—

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers	154
--	-----

Action under Statutory Powers during the year:—

A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	8
(2) Number of dwellinghouses which were rendered fit after service of formal notices:—	
(a) By owners	4
(b) By Local Authority in default of owners	5

B. Proceedings under Public Health Acts:—

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	—
(2) Number of dwellinghouses in which defects were remedied after service of formal notices:—	
(a) By owners	—
(b) By Local Authority in default of owners	—

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936:—

(1) Number of dwellinghouses in respect of which Demolition Orders were made	5
(2) Number of dwellinghouses demolished in pursuance of Demolition Orders	40

D. Proceedings under Section 12 of the Housing Act, 1936:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made.. .. .	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

E. Proceedings under the Local Government (Miscellaneous Provisions) Act, 1953:—

Number of Dwellinghouses in respect of which Closing Orders were made	6
---	---

Repairs and Improvements carried out, 1954

Matters dealt with	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations	2	3	3	8
Animal Nuisances	4	—	1	5
Cooking Accommodation	1	—	—	1
Dampness	25	—	—	25
Dustbins	8	4	—	12
Drains Tested	25	—	1	26
Drains/Waste Pipes Cleared	26	5	2	33
Drains/Waste Pipes, etc. Repaired	24	2	3	29
Doors/Windows Repaired	36	—	—	36
Ditches/Streams Cleansed	5	—	—	5
Floors	32	2	—	34
Food Stores	3	3	—	6
Gutters, Spouting	42	—	—	42
Hot Water Supply	—	6	—	6
Lighting Improved	—	3	3	6
Manure Pits Emptied	—	—	—	—
Manure Pits Repaired/Improved	—	—	—	—
Piggeries Cleansed	1	—	—	1
Piggeries Repaired	—	—	—	—
Roofs	46	—	—	46
Rooms Cleansed/Redecorated	8	13	1	22
San. Accom. Prov/Rep.	28	3	2	33
San. Accom. Cleansed and Redecorated	1	6	3	10
Sinks/Wash Basins Rep/Prov.	11	3	—	14
Sites Cleared	1	—	—	1
Smoke Nuisances (Industrial)	1	—	—	1
Stables Cleansed	—	—	—	—
Ventilation Improved	6	7	2	15
Walls and Chimneys (External)	25	—	—	25
Walls and Ceilings (Internal)	54	15	2	71
Water Supply Prov/Reinstated	2	—	—	2
Water Heaters Provided	—	7	—	7
Water Supply Installed	—	1	—	1
Yards Repaired, etc.	11	1	—	12
Other Nuisances	14	9	2	25
Dairy Plant Installed	—	1	—	1
Heating Apparatus	—	1	—	1
Fireplaces Repaired	3	—	—	3
Refrigerator Supplied	—	1	—	1
Food Van Redecorated	—	1	—	1
Overcrowding Abated	1	—	—	1
Seats for Females. Shops Act	—	1	—	1
Towels. Food Handling Byelaws	—	1	—	1
Staircases Repaired	2	—	—	2
Proofing (Rats and Mice)	1	—	1	2
Totals	449	99	26	574

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

There were on the register at the end of the year 53 distributors of milk—an increase of 5 on the previous year, and 3 heat treatment plants continue to operate under the appropriate regulations. 2 of these plants are of the holder type, and the other is a high temperature short time pasteurisation installation of considerable size.

17 Shopkeepers sell only dairy bottled milk, and the local Co-operative Society continues the sale of sterilised milk in bottles.

The City is now included in a "Special Designation" area wherein only heat treated milk or tuberculin tested raw milk may be sold. The area was fixed by the Ministry to include a considerable area around the City, and operation of the restriction commenced on the 1st April, 1954. It is gratifying to know that there is now no ungraded raw milk with all its attendant risks being consumed in the area.

The National minimum standard for milk quality continues at 3% milk fat and 8.5% solids not fat, with a 4% minimum fat content in the case of Channel Islands milk. 98 samples (103) were submitted to the City Analyst during the year for analysis, and the average of the analyses showed 3.87% (3.49%) fat content and 8.68% (8.75%) non fatty solids content. The fat content shows a pleasing increase over the last three years, with the non-fatty solids average dropping slightly although still above the figure for 1953 (8.58%).

35 samples were taken for preliminary examination by the Gerber test and of these 11 proved unsatisfactory, resulting in samples being sent to the City Analyst for further examination. 92 informal and 6 formal samples were submitted for official analysis, 86 being returned as genuine and 12 non-genuine. Details of the latter are given in the paragraph devoted to Food and Drugs analysis.

178 (139) samples of raw milk (tuberculin tested) were subjected to the official Methylene Blue test for keeping quality, and 23 (6) failed this test, being 12.9% of the total. These results are somewhat disappointing when compared with the 4.3% during 1953, for the weather during the year could not be said to have been particularly unsatisfactory from the keeping point of view. 12 samples of ungraded raw milk were secured for test during the early part of the year, before the operation of the "Special Designation" restrictions, and these samples were all returned as satisfactory.

Of the pasteurised milk samples only 11 (12) or 1.49% (1.5%) of the 772 (667) samples failed the Methylene Blue test, and this shows a continued improvement over the last three years. The Phosphatase test results, however, were not so good, there being 7 (3) or 0.9% failures compared with 0.45% during the previous year. No less than 6 of these 7 were, however, from one treatment depot where some difficulty was experienced for a short period, due to failure of certain equipment. Prompt action by the Department, involving the taking of a number of samples, succeeded in tracing the fault and results have since been satisfactory. The remaining unsatisfactory sample was from a treatment depot outside the City boundary, apparently being an isolated occurrence.

On the whole, the results were satisfactory, and indicate continued efficient heat treatment and storage of the City milk supply. All samples of sterilised milk—9 (18)—satisfied the special Turbidity test, which indicated satisfactory heat treatment.

There were many less samples declared void during the poor Summer period and this was not to be wondered at, but there is still, it is understood, no alteration in the procedure which makes voiding of samples a possibility during warm weather.

	Samples Tested	Satis. (Normal Lab. Temp.)	Satis. (Abnormal Lab. Temp.)	Total Satis.	Declared Void	Failed
<i>Raw Milk</i>						
<i>(Methylene Blue Test)</i>						
T.T. (farmbottled)	71	66	—	66	—	5
T.T.	107	89	—	89	—	18
Ungraded ..	12	12	—	12	—	—
Total ..	190	167	—	167	—	23
<i>Heat Treated Milk</i>						
<i>(Methylene Blue Test)</i>						
Pasteurised ..	405	356	41	397	3	5
T.T. (Pasteurised)	317	274	35	309	2	6
Total ..	722	630	76	706	5	11
<i>Heat Treated Milk</i>						
<i>(Phosphatase Test)</i>						
Pasteurised ..	405	401	—	401	—	4
T.T. (Pasteurised)	317	313	—	313	1	3
Total ..	722	714	—	714	1	7
<i>Heat Treated Milk</i>						
<i>(Turbidity Test)</i>						
Sterilised ..	9	9	—	9	—	—
Total	9	9	—	9	—	—

Tubercle Bacilli in Milk

Considerable use continued to be made of the biological test for the presence of tubercle bacilli in milk, and 303 (286) samples of milk were submitted during the year to the Public Health Laboratory. Of these, 4 (2) were returned as positive, a percentage of 1.3% (0.7%). The herds of three producers of milk were involved in these positive returns. The offending milk supplies were in all cases subjected to heat treatment before sale, but steps were also taken in accordance with the regulations to secure eradication of the affected animals, by notifying the Animal Health Division of the Ministry of Agriculture and Fisheries, and the Medical Officers of Health of the County Councils and District Councils concerned.

Ice Cream

A still further increase was noted in connection with registrations for the handling and sale of ice cream, the number of dealers being 327 (322). 6 Manufacturers continue to operate within the City, a reduction of one on the previous year. The great majority of the ice cream sold in the City is pre-wrapped or pre-packed in containers, and the hygienic standard continues to be satisfactory. Of the 35 samples (90) examined by the Methylene Blue test, which indicates the bacteriological cleanliness of the sample, 26 were returned as satisfactory and 9 in grades 3 and 4 which are considered unsatisfactory. Of these, 5 were from a local manufacturer who had some difficulty with his processing during the summer, and the unsatisfactory results accrued from investigation by inspectors who discovered a faulty homogenizer valve. 2 other unsatisfactory samples were from a cold mix powder used by another local manufacturer, and 2 from the supply of a large firm sending milk ice cream into the City. Most of the ice cream supplied in the City continues to be from two or three large firms of national repute.

The ice cream sold in the City continued to prove a satisfactory article of food, in that it contained an average of 9.17% of fat and an average of sugar and milk solids well above the national standard.

(ii) Clean Food Campaign

Further time was spent on this important matter during the year, together with inspections of all premises wherein food is manufactured or handled. Considerable attention was given to hotel and cafe kitchens, restaurants, etc., and further improvement works were secured at a number of these premises. There continues to be, however, a very disturbing difficulty in securing staff for kitchens and restaurants, and continual changes are not in the best interests of attaining good standards of hygienic food handling. Persons in charge of food preparation and handling of food premises are, as a rule, fairly conversant with the main points of hygienic food handling, being aware of the City Clean Food Byelaws. They also receive advice from time to time from the City Sanitary Inspectors, but frequent changes of personnel make the work of managements far from easy, and the task of securing constant intelligent co-operation from kitchen workers and food handlers is almost impossible. There is still occasional failure to cover food consignments from time to time. Carelessness in food handling by some is still evident, but with constant prodding there is on the whole a greater awareness now in the industry of the need for attention to the principles of hygiene in the general handling and storage of food.

During the year, a start was made with the production of coloured photographic slides featuring food preparation premises and processes, food sampling and the like, and also other activities of the Department, as a means of assisting by illustration the talks and addresses given to

various interested bodies. Most of the pictures secured were excellent, and very suitable for use in the Department's projector, and further photographs are being taken of items in the various sections of our work, including smoke abatement, housing and general sanitation. It is hoped to build up a fairly extensive coloured film library for the purpose of providing a useful educational addition to our hygienic activities.

Inspection of Food Premises

The following is a summary of food premises in the City together with visits made during 1954.

Premises	No.	Visits
Bakehouses	22	247
Butchers	75	853
Cake Shops	24	55
Confectioners	57	93
Dairies and Milkshops	41	326
Fishmongers and Poulterers	33	310
Food Preparing Premises	78	635
Fruiterers and Greengrocers	89	221
Grocers	247	1,064
Ice Cream Manufacturers/Retailers	333	566
Miscellaneous Visits	—	600
Open Stalls, Hawkers, etc.	—	906
Restaurants, Cafes, Kitchens, Snackbars and Canteens	88	756
St. Giles' Fair Food Stalls	40	720
Visits re Sampling	—	891
Total		8,243

(iii) Meat Inspection

There was considerable activity during the year in relation to the slaughtering of animals, and the use of Slaughterhouses. The Slaughterhouses Act 1954, Slaughter of Animals (Amendment) Act 1954, and the Slaughter of Animals (Prevention of Cruelty Regulations) 1954, all became law. The Ministry of Food ceased at the end of June to control the marketing and slaughter of livestock.

With the return to private enterprise, considerable activity took place in so far as applications for the use of private premises were concerned, and regard had to be given to the capability of existing premises to cope with demand within the City. Since January 1940, only three slaughtering premises have been in use in the City, viz.:—Hernes Road, Eastwyke Farm and Henry Road (Co-operative Society premises). These three premises coped with the full demand of an area extending well beyond the City boundary, involving a population of between 150,000 and 200,000. The remaining 12 private slaughterhouses went out of use and licensing was discontinued.

On notification of the intention of the Ministry to abandon control, private traders were given the opportunity of applying for relicensing of their premises under the new law. 5 applications were received, and after considerable care and deliberation only 2 licences were issued, those being

in relation to the Co-operative Society premises and the Eastwyke Farm slaughterhouse, both of which required, nevertheless, a certain amount of improvement. 2 applications in respect of other private slaughterhouses were refused and one other was withdrawn. One of the applicants who had been refused a licence appealed to the Local Magistrates. After full consideration, the Magistrates dismissed the appeal and so confirmed the action of the City Council. Application for confirmation of a Declaration of Redundancy was made to the Ministry following a report by the Chief Sanitary Inspector on the sufficiency of the existing 2 premises at Eastwyke Farm and Henry Road (Co-operative Society), and a decision of the Ministry was still awaited at the end of the year. An application in relation to the previously used Hernes Road premises, which was later received, was deferred and eventually became the subject of an appeal to the Ministry following the declaration of redundancy by the City Council. This appeal was later withdrawn and no enquiry was necessary.

Figures relating to the annual throughput of animals at the slaughterhouses are quite interesting, and are given below. The number of animals slaughtered and inspected during the year at the Eastwyke Farm and the Co-operative Society premises was the highest for 8 years. Staff coped with the situation very well indeed, and it is pleasing to record the general co-operation afforded by the private managements of the 2 slaughterhouses involved. Certain improvements were being carried out at the end of the year at the Co-operative Society premises, and plans are to be deposited for improvements at the Eastwyke Farm premises which should make working conditions and hygienic conditions somewhat better for all concerned.

Attention must be directed to the new regulations relating to the prevention of cruelty, for they improve the circumstances relating to the lairages and slaughter halls of both slaughterhouses and knackers' yards. The regulations are timely in their application and should go far towards improving the circumstances associated with slaughter of animals.

No. of visits to slaughterhouses	..	..	..	..	..	901
<hr/>						
No. of carcasses examined:—						
Bulls	..	..	..	..	..	87
Bullocks	..	..	..	..	..	2,718
Cows	..	..	..	..	..	738
Heifers	..	..	..	..	..	1,736
Calves	..	..	..	..	..	3,703
						<hr/>
						8,982
Sheep	..	..	..	..	..	18,079
Swine	..	..	..	..	..	8,127
						<hr/>
Total	..	..	..	..	..	35,188
<hr/>						

The following figures show the extent of the work of Meat Inspection during the last twenty-one years—1934/1954—under the Public Health (Meat) Regulations.

Year	Total number of animals inspected	Total number of visits in connection with meat inspection
1934	27,012	5,996
1935	26,208	5,946
1936	29,252	5,525
1937	29,846	5,067
1938	28,201	5,157
1939	29,661	4,365
1940	81,988	952
1941	70,322	984
1942	48,529	1,095
1943	39,772	1,021
1944	38,579	911
1945	35,976	969
1946	35,301	1,015
1947	30,313	987
1948	24,761	1,001
1949	25,849	980
1950	28,732	1,096
1951	23,303	811
1952	30,700	779
1953	29,033	834
1954	35,188	901

Cysticerous Bovis

18 suspected cases of this cystic stage of tape-worm were discovered during the year, and all the animals were referred for cold storage precautions. No less than 12 of the 18 were eventually reported by the Pathological Laboratory at the Radcliffe Infirmary as being viable stages of *C. Bovis*. It is disturbing to record this increase in the number of cases discovered, for it coincides with a more detailed inspection involving rather more multiple incisions into the musculature of the animals concerned.

Following information that other Local Authorities' Inspectorate had found increasing numbers of this tape worm cyst by increasing the number of incisions made, a similar practice was adopted at the Oxford slaughterhouses, with the result—a greater number than at any time since 1951. 4 cases were discovered in animals of Irish origin. In only one case were cysts found in muscles other than those of the cheek, there being one animal affected in the heart muscle. In all cases notification was made to the Animal Health Division of the Ministry of Agriculture and to the Ministry of Health.

Tuberculosis

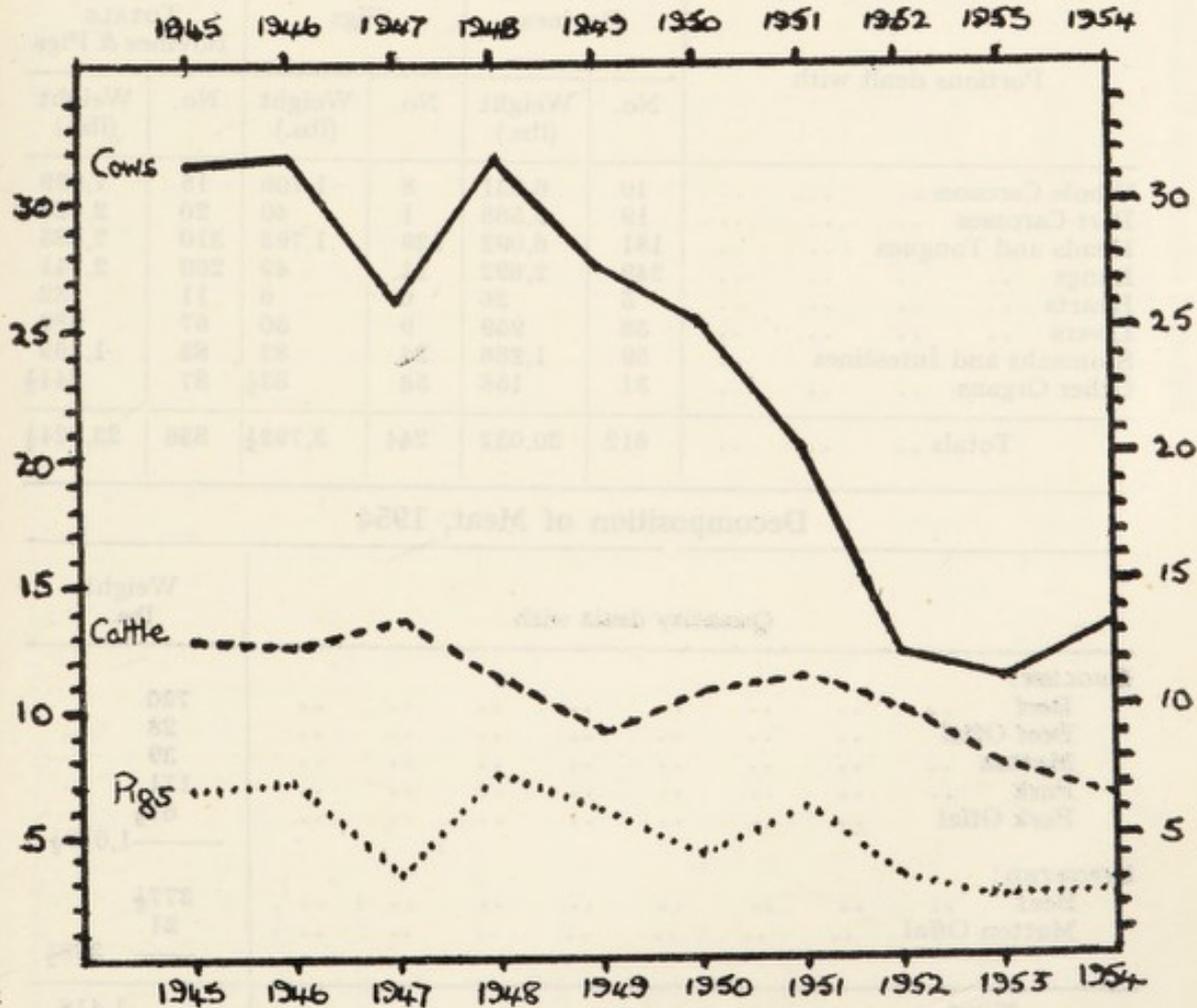
The downward trend in tuberculosis in cattle continued, the lowest figure ever recorded being achieved during the year, but the figure for cows was slightly more than the previous two years. Only 10 whole carcasses were condemned during the year, 3 steers and 7 cows. Despite

the slight rise in the figure for cow carcasses, the general picture remains most encouraging. Slightly increased incidence amongst pigs was also noted, the figure being 2.5% as against 2.2% for 1953. A graph is again given showing the trend over the past 10 years.

Percentage of Animals affected with Tuberculosis

	Cattle	Cows	Calves	Pigs
1945	12.8	31.5	0.4	7.0
1946	12.4	31.8	0.3	7.2
1947	13.3	26.2	0.4	3.2
1948	11.1	31.7	0.5	7.4
1949	9.1	27.6	0.1	5.9
1950	10.4	25.4	0.1	4.0
1951	11.0	20.3	0.1	5.9
1952	9.8	12.0	0.09	3.0
1953	7.5	11.2	0.09	2.2
1954	6.5	13.3	—	2.5

Trend over 10 years



Carcases Inspected and Condemned, 1954

	Cattle, exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4,541	738	3,703	18,079	8,127
Number inspected	4,541	738	3,703	18,079	8,127
<i>All diseases except Tuberculosis:</i>					
Whole carcasses condemned ..	6	12	16	11	19
Carcasses of which some part or organ was condemned ..	1,169	251	11	538	436
Percentage of the number inspected affected with disease other than tuberculosis ..	25.9	35.6	0.7	3.0	5.6
<i>Tuberculosis only:</i>					
Whole carcasses condemned ..	3	7	—	—	8
Carcasses of which some part or organ was condemned ..	293	91	—	—	198
Percentage of the number inspected affected with tuberculosis	6.5	13.3	—	—	2.5

Tuberculosis in Food Animals, 1954

Portions dealt with	Bovines		Pigs		TOTALS Bovines & Pigs	
	No.	Weight (lbs.)	No.	Weight (lbs.)	No.	Weight (lbs.)
Whole Carcasses	10	6,231	8	1,708	18	7,939
Part Carcasses	19	2,588	1	40	20	2,628
Heads and Tongues	181	6,092	129	1,793	310	7,885
Lungs	249	2,692	11	49	260	2,741
Hearts	5	26	6	6	11	32
Livers	58	959	9	30	67	989
Stomachs and Intestines ..	59	1,286	24	83	83	1,369
Other Organs	31	158	56	83½	87	241½
Totals	612	20,032	244	3,792½	856	23,824½

Decomposition of Meat, 1954

Quantity dealt with	Weight lbs.
ENGLISH:	
Beef	720
Beef Offal	28
Mutton	39
Pork	171
Pork Offal	61½
	1,019½
IMPORTED:	
Beef	377½
Mutton Offal	21
	398½
Total	1,418

Total Condemnation of Meat, 1954

English Meat .. .. .	..	..	..	..	..	lbs.	59,638
Imported Meat .. .. .	..	..	..	..	..	lbs.	398½
							—————
							60,036½

Condition

1. Tuberculosis .. .. .	..	..	..	..	..	lbs.	23,824½
2. Other Diseases .. .. .	..	..	..	..	..	lbs.	34,794
3. Decomposition .. .. .	..	..	..	..	..	lbs.	1,418
							—————
							60,036½

There was a considerable decrease in the amount of meat condemned and in the total condemnations on account of tuberculosis. The figure for decomposition of meat was little more than 25% of that for 1953. This is most encouraging, and it is hoped that the position may be maintained during the coming year. No formal seizures were made, nor legal proceedings taken during the year.

Printed and Published by the Government Printer, Ottawa, Ontario, Canada.

Diseases other than Tuberculosis in Food Animals, 1954

CONDITION	WHOLE CARCASSES & ALL ORGANS						PART CARCASSES			HEADS & TONGUES			LUNGS			HEARTS			LIVERS			STOMACHS & INTESTINES			OTHER ORGANS			TOTAL WEIGHT						
	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine				
Abscesses ..				5	11	4	4	5	3	4	12	18	8	8	11	8	262	25	8	9	1	29	9	1	9	2	4,769	288	125					
Mycosis ..																																		
Actino Bacillosis ..						1		32			2						47									847		4						
Angioma ..																	142	3									759							
Cirrhosis ..												1															1,249½	12	359					
Cysticercus Bovis ..								17																			595							
Cysts ..											13	5			2		12	96	6								311	221	27½					
Distomatosis ..											4						734	254									6,544½	624½						
Emaciation ..	14	2	1																								2,638	84	42					
Erysipelas ..			2																															
Fatty Degeneration ..																																		
Fevered Condition ..	4	2															5	6	1								84	16½	10					
Immaturity ..	5																1	2									2,753	48	17					
Inflammatory Condition ..	1	1	3	3	2	1					13	2	24	2			7		12	19	8	14					1,275	107	673½					
Injury ..				16	6	18							4				1		3	51	1	1					569½	30	340					
Johne's Disease ..																																		
Melanosis ..																																		
Moribund Condition ..	1	2	4																									20	16	22				
Necrosis ..																												70	186	695				
Oedema ..	3	2	5	1	1						1						6	6	23								81	12	79					
Parasitic Condition ..																												1821	66½	288½				
Pericarditis ..	2		1			1						28							62	28								182½	3½	84½				
Pneumonia ..	1	2									7	2	10	82	4	65			1	3	1	1					1501	182½	411					
Pyæmia ..	1																										172	151	203					
Toxaemia ..	1																										101							
Tumours ..	1		2								2						3	2									526							
	34	11	19	25	21	29	6	56	3	6	54	58	128	10	19	89	1225	459	201	92	11	48	12	45	28,732½	2,052½	4,009½							

(iv) Sampling of Food and Drugs

Of the 263 samples submitted for examination by the Public Analyst 35 were returned as non-genuine, of which 12 were samples of milk (1 formal and 11 informal). 7 of the 12 samples were found below the legal minimum standard in fat content, but in no case was it possible to prove the abstraction of fat from the milk as produced. In the majority of cases, there seemed probable defects in breeding, feeding, or management. Producers were advised in all cases, and the Milk Advisory Officer of the Ministry of Agriculture asked to assist. One only formal unsatisfactory sample proved slightly deficient in fat and non-fatty solids, but the average for the full milking was in fact above standard. No proceedings were therefore taken in connection with this formal milk sample. The general average of samples taken has, as already stated, been better than for several years, particularly in so far as fat standard is concerned, 3.87%, and the non-fatty solids have averaged 8.68%.

The minimum standard for quality of ice cream remains at 5% fat, 10% sugar and 7½% milk solids other than fat, and all the 23 samples examined by the City Analyst proved satisfactory. 8 samples reached 10% or over of fat content, the general average being 9.17%—the highest yet achieved. 4 samples of ice lollies were taken and returned as satisfactory and free from metallic contamination.

3 cases of incorrect labelling were discovered, all involving samples of cough mixtures. The manufacturers were advised and labels amended.

7 butter products were sampled and found deficient in butter fat content, involving one of butter toffees which were slightly deficient. The manufacturer on being warned arranged for alteration in order to comply with the standard. 3 samples of butter oat cake did not in fact contain butter, but margarine, and the manufacturer in each case was advised to withdraw his description or include butter in the article. 3 samples of bread and butter were taken. In 2 cases they proved to be mixtures of butter and margarine, and in the third case margarine only. Statutory proceedings were instituted in each case and resulted in two fines of £5 (with £3 3s. 0d. costs in one case) and a fine of £3 in the other.

21 samples of pork sausages were taken, of which 11 were below the generally accepted minimum of 65% meat content, 8 being officially declared non-genuine. 3 of these were formal samples, and in 2 cases the manufacturers were warned as the percentage of meat was over 60%, but in the third case there was a deficiency of over 20% and proceedings were instituted leading to a fine of £5. The highest percentage of meat content found in the samples of pork sausages was 77%, and the lowest 51%. The average of all samples was 64.4%, or 0.6% below the accepted minimum. The average price per lb. paid was approximately 2/8, and it is interesting to note that the highest priced sample was 3/2 for a meat content of 65%; the lowest priced sample being 2/4 per lb. for a meat content of 68% ! In the case of beef sausages and sausage meat 8 samples were taken during the year and all were returned as genuine, the average

meat content being no less than 60.6% and the average price per lb. 1/10½. Again the differential between price and meat content was interesting; the highest meat content was 80% priced at 1/9 per lb., and the lowest 50% meat content at 2/1 per lb. There seemed little correlation between price and quality, although butchers generally contend that price is always closely related to quality. The Health Committee gave careful consideration to circumstances at the end of the year, and decided to fix the minimum meat content in the case of pork sausages and sausage meat at 65%, and at 50% in the case of beef. All butchers were later circularised and requested to comply generally with the requirement of the Health Committee.

The quantity of foodstuffs surrendered for destruction by tradesmen throughout the City, although slightly less than that during 1953, continued to reach a high figure, there being almost 11 tons of material destroyed. An unusually large quantity (1½ tons) of bacon was surrendered—being unfit for human consumption—arising principally from defects in transport and storage associated with the strike of dockworkers. Nearly ½ ton of cheese also proved to be unfit and had to be condemned, and unsound canned goods—principally meat, fruit and vegetables—reached a figure of 6½ tons. There would appear to be considerable room for improvement in methods adopted by dealers in so far as stocks are concerned. There appears to be a lack of method in warehousing, whereby insufficient attention is given to the general rule that material first in should be first out, and proper rotation should be maintained according to the delivery timetable. While unsatisfactory processing may be the original cause of many faults developing in canned foodstuffs, lengthy and unsatisfactory storage does not improve quality. There can be no excuse for failure to adopt a proper system of regular stock turnover, so that unnecessary waste is avoided and canned foodstuffs reach the consumer in a reasonable time and in good condition.

FOOD AND DRUGS ACT, 1938 and 1950
Samples taken for Analysis during the year 1954

Article	No. of Samples obtained			Results of Analysis	
	Formal	Informal	Total	Genuine	Non-Genuine
Baking Powder ..	—	1	1	1	—
Biscuits	—	1	1	1	—
Bread	—	1	1	—	1
Bread and Butter ..	4	—	4	1	3
Butter	—	1	1	1	—
Butter Oat Cake ..	1	2	3	—	3
Cake	—	1	1	1	—
Cake Mixture	—	4	4	4	—
Cheese	—	1	1	1	—
Chicken, Curried ..	—	1	1	1	—
Chicken Cutlets ..	—	1	1	1	—
Coffee and Chicory					
Essence	—	2	2	2	—
Confectionery	1	18	19	18	1
Cream, Sterilized ..	—	1	1	1	—
Custard Powder	—	1	1	1	—
Dripping	—	1	1	1	—
Fish Cakes	—	1	1	1	—
Fruit	—	6	6	6	—
Fruit, Canned	—	2	2	1	1
Fruit, Dried	—	5	5	5	—
Fruit Juice, Cordial ..	—	7	7	7	—
Gelatine	—	1	1	1	—
Glucose	—	1	1	1	—
Ice Cream	—	23	23	23	—
Ice Lollies	—	4	4	4	—
Margarine	—	3	3	3	—
Marzipan	—	4	4	4	—
Meat, Canned	—	1	1	1	—
Milk	6	92	98	86	12
Pastry, Uncooked ..	—	2	2	2	—
Pepper	—	2	2	2	—
Pickle	—	1	1	1	—
Pie, Pork	—	1	1	1	—
Preserves	—	6	6	6	—
Salad Dressing	—	1	1	1	—
Sauces	—	5	5	5	—
Sausages, Beef	1	5	6	6	—
Sausage Meat, Beef ..	—	2	2	2	—
Sausages, Pork	3	18	21	13	8
Sausage Rolls	—	1	1	1	—
Soup	—	1	1	1	—
Spice, Mixed	—	1	1	1	—
Spread, Fish	—	2	2	2	—
Drugs:—					
Aspirins	—	1	1	1	—
Bi-carbonate of Soda ..	—	1	1	1	—
Cough Mixture	—	3	3	—	3
Eye Lotion	—	1	1	—	1
Flowers of Sulphur ..	—	1	1	1	—
Liquid Paraffin	—	1	1	—	1
Liquorice Powder	—	1	1	—	1
Teething Powders	—	2	2	2	—
Toothpaste	—	1	1	1	—
Totals	16	247	263	228	35

Table of Adulterations

No. of Sample		Article	Result of Analysis	Action taken
Informal	Formal			
2		Pork sausages	Meat content 64%	} Manufacturer advised and asked to maintain 65% minimum. Follow up satisfactory.
4		Pork sausages	6% deficient in meat	
6		Pork sausages	6% deficient in meat	
7		Pineapple slices	Inferior quality	Retailer advised and importer communicated with.
38		Lung tonic	Incorrectly labelled	Manufacturer advised re labelling defects.
52		Milk	20% deficient in fat 0.9% deficient in solids not fat	Follow up sample No. 57
57		Milk	1.2% deficient in solids not fat	Further follow up sample to be taken later.
62		Butters	Deficient in butter-fat	Manufacturer informed. Label altered to suit circumstances.
70		Milk	2.4% deficient in solids not fat	} All from bulk supply which was of satisfactory quality. Producer advised.
74		Milk	13.3% deficient in fat	
75		Milk	4.1% deficient in solids not fat	
81		Linctus	Incorrectly labelled	Manufacturer interviewed. Labels to be altered.
91		Milk	2.3% deficient in solids not fat	} Inferior quality production. Referred to Milk Advisory Officer.
92		Milk	2.3% deficient in solids not fat	
93		Milk	6.7% deficient in fat 3.5% deficient in solids not fat	} Poor quality milk. Referred to Milk Advisory Officer. Further samples show improvement.
94		Milk	15.0% deficient in fat	
96		Milk	6.7% deficient in fat	
97		Milk	16.7% deficient in fat 2.3% deficient in solids not fat	
98		Pork Sausages	21.5% deficient in meat	See Formal Sample No. 109.
	109	Pork sausages	Contained 63% meat	Manufacturer advised.
	116	Milk	3.3% deficient in fat 0.9% deficient in solids not fat	Average for herd above standard.
	131	Chipolata Pork sausages	Contained 62% meat	Manufacturer warned.
145		Cough Mixture	Incorrectly labelled	Manufacturer advised. Label now amended.
147		Eye lotion	Contained mould	Open sample. No further action found necessary.
180		Bread	Contained tobacco	Prosecution instigated by Health Committee—pending.
185		Butter Oat Cake	Misdescription. Contained no butter	Formal follow up.
196		Liquid paraffin	Failed to comply with the British Pharmacopoeia	Manufacturer informed. Old stock now finished.

No. of Sample		Article	Result of Analysis	Action taken
Infor- mal	For- mal			
204	199	Bread and butter	Mixture of butter/margarine	Prosecution. Fine £5 with £3/3/- costs Warning issued. Manufacturer informed and asked to amend formula.
	201	Butter Oat Cake Liquorice Powder Compound	Contained no butter 10% excess sugar	
218		Butter Oat Cake	Deficient in butter	Manufacturer informed and advised to withdraw description.
	219	Bread and butter	Margarine/butter mixture	Prosecution. Fine £3.
	220	Bread and butter	Contained no butter	Prosecution. Fine £5.
239		Pork sausages	21.5% deficient in meat	Formal being sought. Proceedings pending.
	262	Pork sausages	21.5% deficient in meat	

Foodstuffs Surrendered for Destruction

Commodity	Weight in lbs.
Bacon	3,965½
Beverages	44¼
Biscuits	102½
Bisto	36
Butter	22½
Cake	61
Cake Mixture	46
Cereals	162½
Cheese	1,038¼
Confectionery	47½
Cream	¼
Custard Powder.. .. .	31½
Fish	612¼
Flour	225
Frozen Egg	1,232
Fruit	775¼
Honey	7
Jam	45¾
Jellies	40¼
Margarine	151
Meat Manufactured	47¾
Nuts	11½
Pickles	16
Peanut Butter	1¾
Poultry	96¾
Salt	180
Sauces	13¼
Sausage	240½
Spreads	11½
Salad Dressings	1½
Suet	6
Sugar	32
Syrup	3
Vegetables	262¼
Miscellaneous Foods	30¾
	<hr/> 9,600¾

Commodity.								Weight in lbs.
Canned—								
Fish	..	..	..	..	..	..	..	348
Fruit	..	..	..	..	..	..	..	5,846½
Jam	..	..	..	..	..	..	..	658
Meat	..	..	..	..	..	..	..	3,796½
Milk	..	..	..	..	..	..	..	1,224½
Soup	..	..	..	..	..	..	..	236½
Vegetables	..	..	..	..	..	..	..	2,318
Miscellaneous	..	..	..	..	..	..	..	127½
								— 14,555½
Total	..	..	..	..	..	..	..	24,156½

Merchandise Marks Act, 1953

199 visits were made to shops and retailers' premises in the City in connection with the marking and description of certain commodities under the provisions of this Act. There were the usual isolated instances where it was necessary to draw the attention of retailers to the need for proper notices, the commonest case being that of tomatoes. No statutory action was found necessary.

(v) Markets

There are two markets in Oxford, a large covered permanent market situated behind the junction of the High and Cornmarket Street, this being a popular shopping rendezvous, while an open market continues to be held weekly on Wednesdays at the Oxpens adjoining the local cattle market.

The number of food shops and stalls at the two markets are as follows:—

Covered Market

Butchers and Bacon Dealers	..	..	..	..	..	..	..	11
Fishmongers and Poulterers	..	..	..	..	..	..	..	9
Fruiterers and Greengrocers	16
Confectioners	3
Grocers	2
Restaurants	3

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Open Market

Fruiterers and Greengrocers	11
Confectioners	3
Ice Cream Dealers	2
Fishmongers	2
Grocers	2
Biscuit Stall	1
Cake Stall	1
Frankfurter Stall	1
	—
	23
	—

(vi) Fertilisers and Feeding Stuffs

6 formal samples, consisting of 3 feeding stuffs and 3 fertilisers, were taken for analysis by the Official Agricultural Analyst. Sample No. 43, being one of layers' meal, was found satisfactory except for a somewhat excessive amount of lime salts, otherwise all samples were completely satisfactory. A number of visits were made to the various shops and premises supplying fertilisers and feeding stuffs, and there appeared to be a general compliance with the requirements of the Act.

Open Market	Number	Category
11	11	Fruiters and Greenkeepers
3	3	Collectors
2	2	Ice Cream Dealers
2	2	Fishmongers
2	2	Butchers
1	1	Meat Stall
1	1	Cake Stall
1	1	Confectionery Stall
	20	Total

(vi) Fertilisers and Feeding Stuffs

6 formal samples, consisting of 3 feeding stuffs and 3 fertilisers, were taken for analysis by the Official Agricultural Analyst, Sample No. 23, being one of the samples analysed in the laboratory except for a somewhat excessive amount of lime which otherwise all samples were completely satisfactory. A number of visits were made to the various shops and premises supplying fertilisers and feeding stuffs and there appeared to be a general compliance with the requirements of the Act. It is noted that a general complaint was made by the farmers that the cost of fertilisers and feeding stuffs was high.

(v) Markets

There are two markets in Oxford, a large covered permanent market known as the Oxford Market, and a smaller open market known as the High Street Market. The Oxford Market is situated at the junction of the High and Cornmarket Streets, and the High Street Market is situated in High Street. The Oxford Market is a permanent market and the High Street Market is an open market. The Oxford Market is a permanent market and the High Street Market is an open market. The Oxford Market is a permanent market and the High Street Market is an open market.

The number of food shops and stalls at the two markets are as follows:-

Category	Number
Butchers and Bacon Dealers	11
Fishmongers and Poultry	8
Fruiters and Greenkeepers	11
Cake Stall	1
Greengrocers	2
Restaurants	2
Total	25