

[Report 1963] / Medical Officer of Health, Oxford City.

Contributors

Oxford (England). City Council. no2012034102

Publication/Creation

1963

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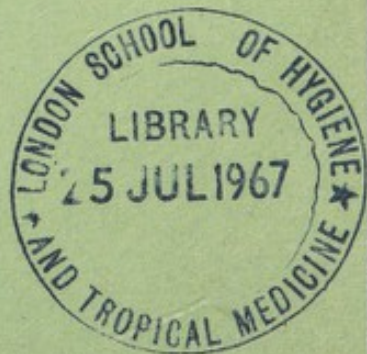


CITY OF OXFORD

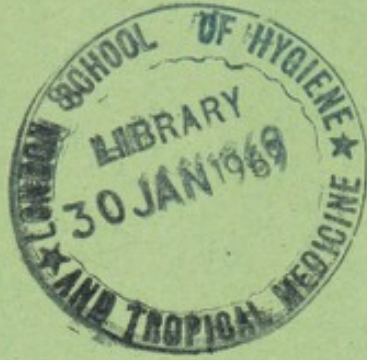
ANNUAL REPORT
of the
MEDICAL OFFICER
OF HEALTH

for the year

1963



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CITY OF OXFORD

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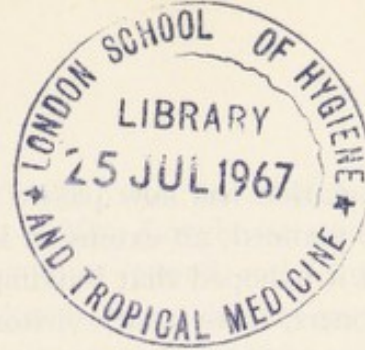
1963

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is my sixteenth Annual Report and is compiled in accordance with Ministry of Health Circular 1/64.

The revised ten year plan, submitted in accordance with Ministry of Health Circular 21/63, is included in this report. Senior Officers in several Departments had to give a great deal of time in order to complete the very detailed tables requested by the Ministry of Health and I am increasingly doubtful as to the justification for this degree of effort each year. Looking so far ahead in such detail means that many of the figures can only be hypothetical and in any case experience soon shows that the whole programme is rapidly overtaken by subsequent events. A five year plan containing only capital building proposals costing more than, say £10,000, would be comparatively easy to prepare, and to revise each year, and would certainly be more realistic and helpful.

With regard to the annual vital statistics, the birth rate showed a big increase and reached the highest level for the last 50 years, apart from 1920, 1944, 1946 and 1947. An interesting feature was the sex ratio in the 1,842 births to Oxford residents; there were 114 more girls than boys. The national pattern is, that for every 100 female births there are, on average, about 106 male births, which means that in Oxford a yearly average of about 50 more boys than girls can be expected. This average figure has varied during the last 20 years from 15 extra females in 1945 to 111 more boys in 1947. Taking the last three years in total, girl births in Oxford have exceeded boys by as many as 108, whereas, in the six preceding three yearly periods, there has been the normal pattern of an excess of 100 to 200 boys over girls. This recent marked excess of girls in Oxford is almost certainly only a short term natural variation, nevertheless it merits special mention. There was a welcome slight fall in the illegitimate birth rate.

The stillbirth rate (9.68) is easily the lowest recorded, as is the infant mortality rate (14.66). The perinatal mortality rate, which combines stillbirths with deaths taking place in the first week of life, reached the unbelievably low record figure of 18.28; (England and Wales 30.8 in 1962). This series of record low rates reflects the greatest possible credit on all concerned with the health of mothers and babies in this City. There was again no maternal mortality.

The death rate (10.58) was about average, with the main increase in deaths from diseases of the heart and circulatory system. Total deaths from cancer were slightly fewer than the previous year and this was also the position with regard to deaths from lung cancer.

The Blackbird Leys Health Centre, which opened in 1960 has served the rapidly developing Blackbird Leys Estate extremely well, but, as the

population has now passed the 5,000 level for which the Health Centre was planned, an extension is urgently required. This has been designed and it is hoped that building can start in the current year. Seven practitioners, three health visitors, a district nurse, midwife and social worker are now all practising as a team based on the Health Centre. Two general practice antenatal clinics and four child welfare clinics, of which three are general practitioner clinics, are held each week.

The Ambulance Service carried nearly 75,000 patients, which is more than in any previous year and double the number carried only twelve years ago. In contrast, the total mileage decreased and is less than it was twelve years ago. The recent increase in patients is almost entirely attributable to the developing outpatient and day hospital facilities at Cowley Road, Rivermead, Littlemore, and The Warneford hospitals. The frequency modulation radio control system installed last year has worked smoothly, and the Radcliffe Infirmary radio link has again proved most helpful. All ambulances now carry oxygen equipment, and fire precautions were overhauled during the year. The O. and M. investigation continues, an interim report having been submitted in the autumn.

The number of cases assisted and the total number of visits made by the District Nursing Service increased slightly, thus reversing the declining trend of recent years. Nearly half the total visits were made for the giving of injections; of these, there was a reduction in visits for the administration of insulin because more patients are now taught self-administration. There was, however, an increase in streptomycin injections as a result of several new cases of pulmonary tuberculosis found amongst immigrants.

More and more use is being made of disposable equipment such as syringes, catheters, dressings, gloves and paper towels. Such equipment is more efficient and also time-saving and so helps to combat the continuing staff shortage, there being only the equivalent of 14 full-time nurses out of an establishment of 20. In order to make the best possible use of the depleted staff, motorised transport is available for all who are able to make use of it. Liaison with Cowley Road Hospital has been strengthened by the regular attendance of a domiciliary nurse at the hospital in order to make personal contact with ward sisters and almoners, a practice which is mutually advantageous.

In May, a district nurse was attached to a general practitioner partnership of two and this system of working has been greatly appreciated by the patients, as well as by the doctors and the nurse. A close, professional day to day working relationship has been most beneficial, with a resultant economy in visiting on the part of both doctor and nurse. The number of practice cases referred to the district nurse increased sharply but there was no proportionate increase in the total number of visits, indicating a more purposeful and efficient form of service.

Miss Longhurst, Superintendent District Nurse, who has been responsible for the District Nursing Service in this City since it was taken

over as a direct local authority responsibility nine years ago, has left, to take up a similar appointment at Norwich. Miss Longhurst was a tower of strength throughout a difficult change-over period and leaves behind an efficient service. We were sorry to lose her but wish her every happiness and success in her new appointment. It was decided to appoint Miss Atkinson, Superintendent Health Visitor, to a newly created post of Superintendent Nursing Officer carrying responsibility for both the Health Visiting and District Nursing Services.

The Home Help Service is slowly expanding to meet an ever-increasing need, particularly in the field of the elderly and chronic sick. More home helps were recruited, but the present equivalent of 48 full-time home helps is still appreciably below establishment. More cases have required continuous help throughout the year and of these, nine required daily help. Amendments were made to the assessment scale as a result of the increase in the National Insurance rates.

In the field of health education, the American public health report on smoking and health was yet one more factual and comprehensive report, by a most influential body, endorsing the dangers of smoking and particularly of cigarette smoking. How many more such reports, and how many more deaths from lung cancer and bronchitis must occur, before John Bull, Mary Bull and all the little Bulls will accept the seriousness of the present situation? One ray of hope is, that the medical profession, and particularly its younger members, have accepted the evidence that cigarette smoking is dangerous to health and, as a result, very few young doctors now smoke cigarettes. How long will it take for this good example to spread? Nurses and professions supplementary to medicine are supporting the lead given by their medical colleagues. What an incalculable impression it would make on school children if all teachers were non-smokers! School children are much more likely to be persuaded to "do as I do" rather than to "do as I say". A team from the Central Council for Health Education paid a one-day visit to the schools in this City and undoubtedly their visit was beneficial, but no real and lasting effect will be made on our school children whilst they are surrounded by smoking adults.

The Conduct of Nursing Homes Regulations 1963 came into effect in August and laid down the general standards for the facilities and services to be provided. The new regulations necessitate the registration of Hurdis House. The Nuffield Nursing Homes Trust are undertaking extensive remodelling of the Acland Home.

The number of patients helped by the Domiciliary Occupational Therapy Service again increased, about half coming under the category of the young chronic sick. Several patients were provided with, or given advice about aids to daily living.

The Domiciliary Chiropody Service continued to do most valuable work, particularly amongst the elderly and infirm, but extension of the service is restricted by the shortage of chiropodists.

The Aid-in-Sickness Charities continued to provide a most useful domiciliary physiotherapy service which is catering to an increasing extent for such acute conditions as pneumonia, hemiplegia and fibrositis.

The infectious diseases did not present any particular problem. The measles epidemic, which commenced in November the previous year, continued until midsummer. A few more cases of whooping cough occurred, but the annual average for the last five years has been 43, compared with more than ten times this number during the period 1943-52, an effective vaccine having been produced in the latter year. There was no case of diphtheria or poliomyelitis. There were two isolated cases of paratyphoid fever with no clear evidence as to the source of infection. The single case of typhoid fever occurred in a West Indian boy, whose grandmother was found to be a persistent carrier, resulting from an attack of typhoid fever contracted in the West Indies during childhood. A slightly greater number of cases of mild dysentery occurred, and there were six small outbreaks of food poisoning, three of which occurred around Christmas, each being associated with infected poultry.

It is remarkable how often urgent matters concerning infectious disease seem to present themselves on Saturday mornings and this fully justifies the presence of a skeleton staff on duty for this and other emergency purposes. Such instances of infectious disease during the year included a smallpox contact on Whit Saturday; a possible case of diphtheria, having many important contacts associated with the University, and requiring urgent action on the last day of term; and finally, the one case of typhoid fever which occurred during the year first came to notice on the Saturday morning of Christmas week.

During the year, a re-organisation of beds available for infectious diseases at the Slade Hospital took place; these beds are now situated in two wards which between them provide 23 single and one double cubicle. This is very suitable accommodation and should be generally adequate to cater for the 400 to 500 annual admissions coming from the City and its environs and serving a total population of about 300,000.

The number of cases of pulmonary tuberculosis was the same as for last year, but there was a large increase in non-pulmonary tuberculosis, this almost certainly being due to better notification. The overall incidence of tuberculosis, therefore, appears to be stationary, and it is clear that there must be no complacency about this preventable disease. There was, in fact, a substantial decrease in native-born cases but a corresponding increase contributed by Pakistanis, who comprised as much as one-third of the notified cases of pulmonary tuberculosis. The discovery of these infected Pakistanis was the result of a deliberate case-finding policy, by which it was hoped that the condition could be diagnosed and treated before it was passed on to others. The Miniature Radiography Unit paid two special visits to Oxford, one in May, and again in November, and as a result of a combined effort by the Chest Clinic, general practitioners, health visitors, public health inspectors, and firms employing Pakistanis,

about 500 were persuaded to have a chest X-ray and nearly all the 21 cases of tuberculosis amongst immigrants were found in this way. Most of these cases were in relatively early stages of the disease, all have done well, and have co-operated fully in treatment. It is obviously sensible to try to obtain a chest X-ray in the case of all immigrants, and particularly of Pakistanis, as soon as possible after their arrival in this country; in the absence of the necessary facilities at the ports of entry, all general practitioners are encouraged to arrange for a chest X-ray as soon as possible after accepting immigrants on to their lists.

The two health visitors attached to the Chest Clinic will, in future, share this responsibility with that of an attachment to a single-handed practitioner. Grateful thanks are extended to the Disablement Re-settlement Officer for his enthusiasm in finding suitable work for respiratory cripples.

There is a small total increase in cases of venereal disease mainly caused by a doubling in the number of cases of gonorrhoea in females. This does not necessarily mean an increase in incidence, but could be due to better contact tracing and to improved publicity in encouraging potentially infected women to attend a clinic. There was no increase in cases of early syphilis and no evidence of any increase in venereal disease in those under the age of 18.

In conformity with a change in national policy infant vaccination against smallpox is now advocated at the age of about ten months instead of ten weeks; this means that it has been transferred from the beginning to the end of the series of prophylactic procedures undertaken during the first year of life. This change was made with some reluctance as it is feared that the result may be some reduction in the infant vaccination rate. As a result of this change, there has, of course, been a substantial drop in the current numbers of infants vaccinated and no comparison can be made with previous years. A satisfactory immunisation rate against diphtheria, whooping cough and tetanus (triple vaccine) has been maintained, and the Sabin oral poliomyelitis vaccine, which has almost entirely replaced Salk vaccine given by injection, has continued to be popular with both parents and children alike. All these important prophylactic procedures must be continued if the return of these serious infectious diseases is to be prevented. Oxford is a yellow fever vaccination centre and each year an increasing number of people are protected against this disease. Help is also given to protect travellers against other diseases, and in this context it cannot be repeated too strongly or too often that travellers should be adequately protected against typhoid fever, particularly if they are intending to visit the Mediterranean or Eastern areas.

With regard to the Maternity Service, there were 580 domiciliary confinements (55 less than in the previous year) with no maternal deaths; there were two stillbirths (one unavoidable and one probably avoidable, if the mother, who was an unbooked emergency case, had received ade-

quate antenatal care), and there was no neonatal death; this is a truly fine record. Hospital confinements of City patients increased from 63% to 68% and there was a good deal of overcrowding, particularly at the Nuffield Maternity Home. To relieve the situation there were 477 early discharges, compared with 344, 246 and 107 respectively, in the last three years. Practically all antenatal work for domiciliary patients is now undertaken by general practitioners, who between them, hold ten regular weekly antenatal sessions with a midwife in attendance at each. As a result, the three remaining City antenatal clinics are used almost entirely for the taking of blood tests and for poliomyelitis vaccination; these clinics could probably be reduced still further. Antenatal care should start very early in pregnancy and although there has been some improvement over the figures given last year, nearly one-quarter of expectant mothers are still not booking a midwife until after the 24th week of pregnancy.

The Family Planning Association opened a branch clinic in the Health Department clinic premises at Cowley in March. The routine taking of cervical smears to exclude malignancy commenced at all birth control clinics during the year.

Health visitors made a record number of effective visits, and these included a substantial increase in visits to persons over 65.

The scheme of attachment of health visitors to general practitioners, which commenced in 1956, was completed towards the end of the year. Each practice now has a health visitor attached, either full-time or part-time, according to need, and the entire health visiting force is deployed in this sensible way which has been brought about without any increase in establishment. The advantages to patients, doctors and health visitors are numerous, and nobody wishes to return to the old way of working. The Department continues to receive an embarrassing number of visitors from various parts of this country and from abroad in connection with this pioneer venture. The increasing birth rate has necessitated more child welfare clinic sessions and a total of 31 are now held regularly each week, of which ten (32%) are conducted by general practitioners and these are restricted to the patients of the partnership concerned. An analysis of medical work undertaken at all child welfare clinics shows that 50% of the visits are for prophylactic inoculations, 28% for consultation in connection with some problem, and 22% for a routine medical examination. The work of prophylactic inoculation has been facilitated by the use of pre-sterilised syringes. The training of all clinic doctors and health visitors in the methods used for the early diagnosis of deafness was completed during the year and all children are now screened for possible impairment of hearing between the ages of 7 and 12 months. It is pleasing to report an increased uptake of welfare foods, particularly cod liver oil and orange juice.

Of the 27 infant deaths, 8 were due to bronchiolitis and this unusually high number is being investigated.

There was an increasing demand for places at the two day nurseries and both have been working to capacity for the greater part of the year. The assessment scale and charges were varied at the end of the year when 39 out of 67 attending were paying the minimum charge of 2/- per day and five the maximum charge of 15/- per day.

Oxford now has a fully co-ordinated psychiatric hospital and community mental health service, with the scope of community care increasing steadily. There was a substantial increase in the total number of admissions to psychiatric hospitals (667 compared with 533 and 496 respectively in the past two years); the proportion of compulsory admissions remaining steady at just below 25%. There were fewer re-admissions and, therefore, this was not the explanation for the increase in total admissions. The relatively high level of admission of elderly persons noted last year has been maintained.

The Training Centre has been particularly overcrowded with 70 attending at the end of the year. It will be a great relief when the new purpose-built Senior Training Centre is available (the contract has now been let), as there are as many as 27 adults now attending the Junior Training Centre. The hostel for subnormal children (St. Nicholas House) on the Minchery Farm Estate is now finished and staff are being appointed preparatory to its opening. A site has been selected for a hostel for adult subnormal males near to the site for the Senior Training Centre at Bracnose Driftway, and a similar hostel for adult subnormal females is planned, not very far away, at the junction of the Wood Farm and Slade Park Estates. A site for a hostel catering mainly for long-term mentally-sick patients has also been selected at Rose Hill.

Oseney Court, the fifth purpose-built Old People's Home, was opened in May, to give the City a total of 368 beds, of which no less than 322 provide equivalent ground floor accommodation and only 76 are situated in other than single or double rooms. The very severe cold spell in January and February produced a most welcome emergency squad of first-aiders to provide water, food and warmth to old people living at home. Welfare Officers and voluntary workers worked all hours of the day and night, often under impossible conditions, to ensure the comfort and well-being of the aged. A bathing service was introduced during the year which provides a bathing attendant to give assistance in the patient's own home where facilities allow, or, alternatively, transports the patient to the nearest Old People's Home. Once again, the enormous value of available beds for short-stay admissions to cover emergencies or much needed holidays for relatives has been demonstrated. Increasing co-operation between City Council and various voluntary bodies has emphasised very strongly the value and importance of domiciliary care; there is now a regular visiting service for over 2,000 aged and infirm persons.

The disastrous shortage of available staffed beds at Cowley Road Hospital continues to throw a very heavy burden on the various domi-

ciliary services and also on the Old People's Homes. The number of geriatric beds at Cowley Road Hospital is well below the national average, whereas it ought to be substantially above because of the greater proportion of elderly people in this area. This inadequate number of geriatric beds would in itself have been disturbing during the vital winter months, but matters were rendered extremely serious because, owing to the shortage of nursing staff, a proportion of those beds which were available could not be utilised. Fortunately, this last winter was relatively mild, but the situation with regard to geriatric beds must be remedied before next winter.

The average age of all residents at the Old People's Homes remains at the very high level of 85. The need for more beds seems to be as great as ever, the urgent waiting list remaining at over 200. Of the 140 new admissions of permanent residents to Old People's Homes, 60 were taken directly from hospitals (27 from geriatric beds, 23 from acute hospital beds, and ten from psychiatric beds). The bed shortage in Old People's Homes means that not every patient can be taken from hospital immediately on request, but a great deal of priority is given to these cases. It cannot be stated too strongly that the admission of patients from Old People's Homes to geriatric or psychiatric hospitals should not depend on any form of exchange system. At the time of writing this Report, Iffley House is nearing completion and plans are well under way for the next Home at Blackbird Leys. It is considered that in all probability, three further Homes will be needed and it is hoped that sites for these can eventually be found in South Oxford, St. Barnabas and East Oxford districts. All the Homes are functioning more and more as neighbourhood centres providing amenities and essential services for the aged and handicapped living in the area.

The difficult problem of temporary accommodation has been investigated and discussed throughout the year particularly by the Joint Committee of representatives of Health, Housing and Children's Committees, who have had consultations with representatives of the Ministry of Health and Home Office. The Housing Committee have been most helpful and, as a result, undue overcrowding at the Homeless Families Unit has been avoided for the greater part of the year. Of the 124 applications received, 73 came from persons with no children, the remaining 51 families having from one to five children each. Of the 34 applicants who accepted accommodation in the Homeless Families Unit, 22 stayed for under one month and only two for more than six months, which is a considerable improvement on the past year. There were very few "problem cases" and at all times there has been full co-operation with the Children's Department.

The welfare arrangements for blind, partially-sighted, deaf, partially-hearing and generally handicapped persons continued on familiar lines. The problem of the blind is increasingly that of the elderly, as will be realised from the fact that out of 209 blind persons, only ten were under

the age of 40. Preliminary discussion took place with regard to the provision of a Handicapped Centre in the St. Clement's area. The existing Workshop for the Handicapped continued its good work, whilst the Shop for the sale of goods made by handicapped persons has been busier than ever.

The need for local authority medical services in connection with the problems of aged and handicapped persons has become even more evident this year and a separate report, prepared by Dr. Tilley, has therefore been included. This report refers to such matters as the increasing need for skilled medical assessment as to the suitability of some patients for Part III accommodation; the importance of medical advice in the provision of domiciliary medical and nursing equipment; the need for medical assessment in the case of the handicapped workers in the Sheltered Workshop; and the advantage of regular routine medical assistance to the Matrons of Old People's Homes in connection with such problems as infectious disease control and the total medical and nursing case-load.

With regard to housing, multi-occupation by immigrants, particularly Pakistanis, gave rise to some concern. Improvement grant measures have not been as much used as had been hoped and steps are being taken to encourage this method of improving hygienic facilities in the older types of housing. A revised points scheme introduced by Council in April set aside a number of permanent and temporary dwellings to be allocated, on grounds of health, after assessment by the Medical Officer of Health and report to the Housing Committee. This is a welcome extension of the long-standing scheme for housing priority in connection with pulmonary tuberculosis and blindness. Out of 77 applicants so far assessed, 47 were recommended for rehousing on grounds of health and, of these, 36 have been accepted by the Housing Committee.

The Animal Boarding Establishments Act became operative on the 1st January, 1964, but there are only three known premises in the City. Increased attention was given to the hygiene of stables and piggeries during the year. The Offices, Shops and Railway Premises Act comes into operation in various stages during 1964 and steps have already been taken to increase the staff to deal with what is expected to be a heavy additional responsibility.

Amongst pest nuisances during the year, there was evidence of an increase in rodent infestation in the sewers, and wasps' nests were unusually troublesome.

With regard to atmospheric pollution, Circular 69/1963, states that there will be a decreasing amount of gas coke, and this will obviously make smoke control more expensive and more difficult to achieve. Nevertheless, preparation for the fourth smoke control area covering about 1,100 premises to the west of the City centre and including the railway station is well in hand. There has been some complaint concerning the selling of bituminous coal within the Blackbird Leys smoke control area. Off-peak electric storage heaters have been strongly advocated and

undoubtedly they provide good background heating, but they lack flexibility in meeting hour to hour demands, particularly in the presence of rapidly changing weather conditions. Oil-heating is certainly not free from the possibility of contributing towards atmospheric pollution; to avoid this there is need for careful and regular maintenance of the plant. Chimney heights, in the case of new buildings, has presented something of a problem, with occasional conflict between health requirements in the avoidance of pollution on the one hand and planning consideration in connection with Oxford's skyline on the other. In this connection, there has been excellent co-operation between Public Health and Building Inspectors and Planning Department Officers. The Oxford University Biochemistry Department has kindly undertaken to carry out investigations to discover whether any helpful advice can be given with regard to the problem of paint odour at the B.M.C. car factory at Cowley. It is a pleasure to record that Mr. Combey has been elected Chairman of the South-East Division of the National Society for Clean Air.

There is an increasing public interest in noise nuisance and this has resulted in a greater number of complaints. Several of these have related to the B.M.C. car factory, and Southampton University, Aeronautics Department are kindly undertaking a special investigation with the object of trying to find ways and means of reducing noise from this source.

Samples of water from the rapidly increasing number of bathing pools in the City were satisfactory with the exception of the Blackbird Leys paddling pool where there was evidence of substantial bacterial contamination. This pool requires constant supervision and a change of water at appropriate intervals if the risk of transmission of infection is to be avoided.

The misuse of milk bottles remains a serious problem with regard to subsequent cleanliness. An increasing number of milk samples showed a low non-fatty solid content, a trend which one would like to see reversed. A good deal of attention continues to be given to food preparation premises and particularly to the education of staff in matters of food hygiene. The Oxford Consumer Group has stimulated interest into conditions under which food is sold and handled, and there has been good co-operation between this active group and the Health Department. Hospital hygiene has continued to receive attention, particularly in relation to pest control, kitchen hygiene and refuse disposal. With regard to the latter, the new gas-fired incinerator is now working satisfactorily at the Churchill Hospital and the old Radcliffe incinerator, which has been the cause of considerable nuisance in the past, has now been demolished.

At long last the modernisation of the Eastwyke slaughterhouse has been completed and the City now has two hygienic and well-constructed slaughterhouses. The new Meat Regulations came into effect and it was decided to make no charge to local butchers for the inspection of meat, provided that this was undertaken during ordinary office hours. On the other hand, the maximum charge is made if the services of Public Health

Inspectors are required after 6 p.m. on weekdays or at weekends. This is a sensible and helpful agreement which has been approved by all concerned.

With regard to complaints concerning foodstuffs, foreign bodies are found too frequently. There are also too many cases of mouldy or unsound food resulting from an inadequate system of turnover of stock. Cream samples have continued to give a high proportion of unsatisfactory bacterial results. It is of some interest to note that two out of 115 pigeons sent to the Public Health Laboratory were found to be infected with a food poisoning organism namely *Salmonella typhi-murium*, Type V/40.

Problems in connection with Civil Defence continued to occupy the time of some members of the staff of the Health Department.

Your Medical Officer of Health has continued to be one of the three County Borough advisers to the A.M.C. Health Committee, a position which he has occupied since September, 1954, having previously been a member of this Committee in the years 1948 to 1950. He has also continued to be a member of the Joint Committee on Vaccination and Immunisation set up by the Central Health Services Council and Scottish Health Services Council in 1962 to advise the Health Ministers on all the medical aspects of vaccination and immunisation.

Dr. E. M. Wallis, a most hard working and successful Senior Assistant Medical Officer of Health for the last three years, left the Department at the end of September to take up her new appointment of Deputy Divisional Medical Officer and Deputy Medical Officer of Health for Gosport. Dr. A. I. Blenkinsop, Assistant Medical Officer of Health, was promoted to fill the vacancy.

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 efficient support I have received from all my staff throughout the year.

Finally, I should like to thank, most sincerely, the Chairman and all Members of the Health Committee for their kindly consideration and encouragement at all times.

Yours faithfully,

J. F. WARIN,
Medical Officer of Health.

SECTION I

COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Councillor MEADOWS, A.I.S.T., M.R.S.H.

Vice-Chairman: Alderman Mrs. HARRISON-HALL, J.P., M.B., Ch.B.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	Miss GOOD, M.A.			
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"	Mrs. GIBBS	"	SIMPSON, M.B.E.			
"	Mrs. PRICHARD, O.B.E., J.P., M.A.	"	Miss SPOKES, M.A.			
"	ROBERTS (Deputy Lord Mayor)	"	Mrs. TRIBE			
Councillor	CONSTABLE, B.Sc., M.A.	"	WHITE			
"	DICKENS	"	WILLIAMSON, M.A.			
"	GLAZER, M.B., B.S., F.F.A., D.A.	"	Mrs. YOUNG, M.A.			
Mrs. M. HOUGHTON	}					
Mrs. O. PHIPPS				representing the Oxford County and City Executive Council.		
Mr. A. W. DENT, J.P., representing the United Oxford Hospitals.						

MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

Chairman: Councillor Mrs. YOUNG, M.A.

Vice-Chairman: Councillor DICKENS.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	MEADOWS, A.I.S.T.
"	Mrs. HARRISON-HALL, J.P., M.B., Ch.B.	"	M.R.S.H.
"	Mrs. PRICHARD, O.B.E., J.P., M.A.	"	Miss SPOKES, M.A.
		"	Mrs. TRIBE
		"	WILLIAMSON, M.A.
	Mrs. H. C. BROWN, J.P.	}	
	Mrs. A. CAMPBELL		
	Mrs. E. COATE		
	Mrs. M. DEAN		

MATERNITY FINANCE SECTION

Chairman: Councillor Mrs. YOUNG, M.A.

Vice-Chairman: Councillor DICKENS.

Alderman	Mrs. HARRISON-HALL, J.P., M.B., Ch.B.	Councillor	MEADOWS, A.I.S.T., M.R.S.H.
"	Mrs. PRICHARD, O.B.E., J.P., M.A.	"	Mrs. TRIBE
			Mrs. M. DEAN

MOTHER AND BABY HOSTEL HOUSE SECTION

Chairman: Mrs. M. DEAN

Vice-Chairman: Councillor Mrs. YOUNG, M.A.

Alderman	Mrs. PRICHARD, O.B.E., J.P., M.A.	Councillor	Mrs. TRIBE
Councillor	DICKENS		Mrs. A. CAMPBELL
"	MEADOWS, A.I.S.T., M.R.S.H.		Mrs. E. COATE

MENTAL HEALTH SUB-COMMITTEE*Chairman:* Councillor MEADOWS, A.I.S.T., M.R.S.H.*Vice-Chairman:* Alderman Mrs. PRICHARD, O.B.E., J.P. M.A.

Alderman	Mrs. HARRISON-HALL, J.P., M.B., Ch.B.	Councillor	WILLIAMSON, M.A. Mrs. YOUNG, M.A.
"	ROBERTS (Deputy Lord Mayor)	"	Mrs. M. HOUGHTON
Councillor	CONSTABLE, B.Sc., M.A.	"	Mrs. O. PHIPPS
"	Miss SPOKES, M.A.		
	Mrs. H. C. BROWN, J.P., co-opted.		

WELFARE SERVICES SUB-COMMITTEE*Chairman:* Alderman ROBERTS (Deputy Lord Mayor)*Vice-Chairman:* Councillor GLAZER, M.B., B.S., F.F.A., D.A.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	LOUGHRAN
"	BROMLEY	"	MEADOWS, A.I.S.T., M.R.S.H.
"	Mrs. GIBBS	"	Miss SPOKES, M.A.
"	Mrs. HARRISON-HALL, J.P., M.B., Ch.B.	"	Mrs. TRIBE
Councillor	CONSTABLE, B.Sc., M.A.	"	WHITE
"	Miss GOOD, M.A.	"	WILLIAMSON, M.A.
	Mr. J. G. ROBINSON, M.B.E., co-opted. (resigned December, 1963)		

WELFARE SERVICES HOUSE SECTION

(dissolved October, 1963)

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, Child Welfare and Home Services; Mental Health; and Welfare Services Sub-Committees, *ex-officio*; together with Councillor Miss SPOKES, M.A.

Representatives of Health Committee on Joint Ambulance Committee:

Alderman	Mrs. HARRISON-HALL, J.P., M.B., Ch.B.	Councillor	GLAZER, M.B., B.S., F.F.A., D.A.
"		"	MEADOWS, A.I.S.T., M.R.S.H.

Representatives of Health Committee on Oxford Voluntary Care Committee for Tuberculosis and Chest Diseases:

Councillor	CONSTABLE, B.Sc., M.A.	Councillor	MEADOWS, A.I.S.T. M.R.S.H.
"	Miss GOOD, M.A.	"	Mrs. TRIBE

HOUSING COMMITTEE*Chairman:* Councillor KEITH-LUCAS, M.A.*Vice-Chairman:* Councillor WILLIAMSON, M.A.

Councillor	BUTLER	Councillor	FOWLER, M.A.
"	Mrs. CARR, B.A.	"	Mrs. HART, M.A.
"	CONSTABLE, B.Sc., M.A.	"	PARKER
"	DICKINS	"	Mrs. TRIBE

HEALTH DEPARTMENT STAFF

Medical Officer of Health:

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

Deputy Medical Officer of Health:

G. F. WILLSON, M.D., D.P.H.

Senior Assistant Medical Officers of Health:

- A. I. BLENKINSOP, M.B., B.S., D.P.H., D.R.C.O.G. (General Purposes). (Transferred from Assistant Medical Officer of Health 1.10.63).
 H. H. JOHN, M.B., B.Ch., D.P.H., D.C.H., D.R.C.O.G. (Maternity and Child Welfare). (Transferred from Assistant Medical Officer of Health 8.3.63).
 J. H. TILLEY, M.B., B.Ch., D.P.H. (Welfare).
 E. M. WALLIS, M.B., Ch.B., D.P.H., D.R.C.O.G. (General Purposes). (Ceased 30.9.63).

Assistant Medical Officers of Health:

- A. I. BLENKINSOP, M.B., B.S., D.P.H., D.R.C.O.G. (Commenced 14.1.63). (Transferred to Senior Assistant Medical Officer of Health 1.10.63).
 H. H. JOHN, M.B., B.Ch., D.P.H., D.C.H., D.R.C.O.G. (Transferred to Senior Assistant Medical Officer of Health 8.3.63).
 E. M. LOVE, M.B., Ch.B., D.P.H., D.R.C.O.G. (Ceased 31.1.63).
 M. J. O'SULLIVAN, M.R.C.S., L.R.C.P., D.P.H. (Commenced 6.5.63).
 R. G. PLEDGER, M.B., B.S., D.P.H. (Commenced 21.10.63).

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.

Chief Public Health Inspector:

W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (a) (b) (c) (d).

Deputy Chief Public Health Inspector:

S. J. GARROD, (a) (b) (c) (d).

Senior Public Health Inspectors:

- K. ENGLAND, (a) (b).
 J. P. MULLARD, (a) (b).
 J. G. SCOTT, (a) (b) (e).
 D. WATSON, (a) (b) (d).

District Public Health Inspectors:

- J. BURR (f). (Ceased 17.2.63).
 A. W. FLOCKHART (a) (b). (Scotland).
 K. O. KEIGHLEY (a) (b).
 I. F. KING (a).
 N. M. NEWTON (a). (Commenced 19.8.63).

Pupil Public Health Inspectors: 3

- (a) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.
 (b) Meat and Food Inspector's Certificate, Royal Society of Health.
 (c) Sanitary Science Certificate, Royal Society of Health.
 (d) Smoke Inspector's Certificate, Royal Society of Health.
 (e) Testamur of Institute Public Cleansing.
 (f) Public Health Inspector's Certificate, Public Health Inspector's Joint Board.

Van Driver: 1. Outside Public Health Assistants: 3.

Superintendent Nursing Officer:

Miss M. G. ATKINSON, D.N. (a) (c) (d) (e). (From 1.2.64). (Previously Superintendent Health Visitor).

Deputy Superintendent Health Visitor:

Miss G. DAVIES, D.N. (a) (c) (d). (From 1.2.64). (Previously Senior Health Visitor).

Health Visitors:

Miss J. BARNETT (a) (c) (d).
 Miss E. J. BLACKLER (a) (c) (d).
 Miss D. BREE (a) (c) (d).
 Miss M. BROWN (a) (c) (d) (e).
 Miss N. CROOKALL (a) (d).
 Miss E. DUDSON (a) (c) (d). (Commenced 3.9.63).
 Mrs. I. EAGLE (a) (c) (d).
 Miss J. M. FAIRS (a) (c) (d). (Commenced 3.9.63).
 Miss B. A. GOODEY (a) (c) (d). (Ceased 23.6.63).
 Miss K. J. HAYES (a) (c) (d).
 Mrs. B. M. HOPKINS, nee GUY (a) (c) (d). (Ceased 30.4.63).
 Miss G. M. LAWRENCE (a) (c) (d).
 Miss M. T. MOWAN (a) (c) (d). (Commenced 3.9.63).
 Miss D. PYLE (c) (d). (Retired 31.12.63).
 Miss H. RANKIN (a) (c) (d).
 Miss H. L. ROBINSON (a) (c) (d).
 Miss M. SALMON (a) (d). (Ceased 31.8.63).
 Miss D. R. TATTERSALL (a) (c) (d).
 Mrs. P. M. TREBILCOCK (a) (c) (d). (Commenced 3.9.63). (Ceased 22.9.63).
 Miss M. WILLIS (a) (c) (d).
 Miss M. WITTEN-HANNAH (a) (d).

Student Health Visitors:

4 1st year, 5 2nd year.

Non-Medical Supervisor of Midwives:

Miss P. MILLAR (a) (c).

Midwives:

Miss M. C. R. FISHER (a) (c).
 Miss D. INNESS (a) (c).
 Mrs. F. O. MACKENZIE, nee PHILLIPS (a) (c). (Commenced 1.4.63).
 Miss D. R. PADWICK (a) (c). (Commenced 1.4.63).
 Miss M. R. POWELL (a) (c).
 Miss J. M. PROBERT (a) (c). (Commenced 4.11.63).
 Miss D. E. REEVE (a) (c).
 Mrs. E. M. THOMPSON, nee THOMAS (a) (c).
 Miss M. J. THOMPSON (a) (c). (Ceased 31.3.63).
 Miss M. E. VINER (a) (c).

Superintendent, District Nurses:

Miss H. LONGHURST (a) (c) (d) (e). (Ceased 29.2.64).

Deputy Superintendent, District Nurses:

Miss D. M. KING (a) (c) (e). (From 1.2.64). (Previously Assistant Superintendent).

Senior District Nurses:

Miss W. DUNLOP (a) (c) (e).
 Miss G. PUGH (a) (e).

District Nurses:

- Mrs. M. ANGELL (a) (e).
 Miss D. M. BISHOP (a) (c) (e). (Ceased 13.9.63).
 Mrs. A. M. BRANCH (a) (c). (Part-time). (Ceased 14.9.63).
 Mrs. W. B. BRICKNALL, nee JACKSON (a) (e). (Commenced 14.10.63).
 Miss A. M. CARPENTER (a) (e). (Ceased 15.9.63).
 Miss M. R. CARPENTER (a) (c) (e).
 Mrs. V. N. CARTER (a) (c) (d) (e). (Part-time). (Commenced 1.7.63).
 Miss N. G. DREWE (a) (c) (e). (Part-time). (Ceased 31.5.63).
 Mrs. L. F. HIGGINSON (a) (c) (e). (Part-time).
 Miss H. M. MASSEY (a) (e). (Part-time).
 Mrs. E. MOBEY (a) (c) (e).
 Miss B. MOSS (a) (e).
 Miss J. PHIPPEN (a) (c) (e). (Temporary). (Commenced 8.10.63). (Ceased 27.12.63).
 Miss H. M. PICTON (a) (c) (e). (Ceased 26.7.63).
 Mrs. R. QUIGLEY (a).
 Mrs. H. ROBERTSON (a) (c) (e).
 Mrs. P. J. SECCULL (a) (e). (Ceased 17.9.63).
 Miss W. WILSON (a) (c) (e).
 Mrs. C. BARKER, Nursing Orderly.

Student District Nurses. Nil.*Mother and Baby Hostel:*

- Mrs. B. HUMPHRIES (a) (c). Matron.
 Miss F. BOLTON (f). Deputy Matron.
 Miss F. A. GODDARD, C.C.R. Nurse. (Part-time).

*Nurseries:**Botley Road Day Nursery*

- Miss G. M. Nixey (f). Matron.
 Miss G. M. Thomas (f). Deputy Matron.
 2 Nursery Nurses.

Florence Park Day Nursery

- Mrs. E. Pearce (a) (c). Matron.
 Miss G. M. HARRIS (f). Deputy Matron.
 2 Nursery Nurses.

Home Help Service:

- Miss P. E. URBAN-SMITH, Organiser.
 Miss K. THICKE, Assistant Organiser.

Occupational Therapists:

- Miss J. A. GOULD, Dip.O.T. (Rand, S.A.), Head Occupational Therapist.
 Miss P. BURNS, M.A.O.T. Assistant Occupational Therapist.
 Miss J. S. WILLIAMSON, M.A.O.T. Assistant Occupational Therapist.

Almoners:

- Mrs. D. HICKS (Tuberculosis). (Part-time).
 Miss A. DEACON (Venereal Diseases). (Part-time).

Mental Welfare:

- D. A. PURRETT, Senior Mental Welfare Officer.
 Miss E. GILBERTSON (a) (c) (d). Senior Assistant Mental Welfare Officer.
 L. A. CLINKARD, Mental Welfare Officer.
 F. F. VIPOND, Mental Welfare Officer.

Training Centre:

Miss O. WARBURTON, Supervisor.

6 Assistant Supervisors:—

Mrs. E. ALLEN (Temporary).

Mrs. M. CORRIGAN.

Mrs. M. FAWCETT.

J. A. HOPE.

Miss R. F. STAVELEY.

Mrs. J. WEBBERLEY.

Welfare Services:

J. C. DAVENPORT, Chief Welfare Services Officer.

J. HADFIELD, Deputy Chief Welfare Services Officer.

J. CLARKE, Senior Assistant Welfare Services Officer.

R. J. CRANE, Senior Assistant Welfare Services Officer.

Miss A. C. HERBERT (a), Assistant Welfare Services Officer.

Mrs. E. GODFREY, Welfare Assistant.

Miss J. BARON, Home Teacher to the Blind.

Mrs. E. E. DEAN, Home Teacher to the Blind.

N. BOWLEY, Superintendent of Handicapped Workshop.

M. TRAFFORD, Foreman of Handicapped Workshop.

Mrs. L. ROADS, Assistant, Handicapped Retail Shop. (Ceased 26.10.63).

Mrs. V. M. EALEY, Assistant, Handicapped Retail Shop. (Commenced 25.11.63).

Miss B. SINGLETON, M.Ch.S., Chiropodist. (Part-time).

*Old People's Homes:**Barton End*

Mrs. N. K. DIXIE (a), Matron.

Mrs. B. E. HICKEY (b), Assistant Matron. (Commenced 1.6.63).

Cutteslowe Court

Miss Y. M. HARRIS (a), Matron.

Miss E. E. CHAMPION, Assistant Matron. (Ceased 10.5.63).

Miss G. L. COX (a), Assistant Matron. (Commenced 7.6.63).

Frilford House:

J. CHERRY, M.B., B.S., Medical Officer. (Part-time).

Mrs. A. E. BUTLER (a), Matron. (Ceased 30.9.63).

Mrs. E. G. FIDLER (b), Assistant Matron. (Commenced 4.11.63).

Mrs. L. Watford (b), Assistant Matron. (Commenced 22.9.63).

Marston Court:

Mrs. M. E. SWAIN (a), Matron.

Mrs. H. FLEWITT, Assistant Matron. (Ceased 19.8.63).

Mrs. H. SPARKES, Assistant Matron. (Commenced 14.10.63).

Oseney Court:

Mrs. A. E. COULTER-SMITH (b), Matron. (Commenced 1.3.63).

Mrs. E. COX (a), Assistant Matron. (Commenced 17.6.63).

Shotover View:

Miss M. A. BULBECK (b), Matron.

Mrs. A. E. COULTER-SMITH (b), Assistant Matron. (Transferred to Matron, Oseney Court 1.3.63).

Mrs. E. PRATT (a), Assistant Matron. (Commenced 10.11.63).

Mrs. A. J. TITHER, Assistant Matron. (Commenced 1.3.63). (Ceased 3.11.63).

Townsend House

Mrs. L. TEMPLETON (a), Matron.

Miss M. GILLESPIE (b), Assistant Matron.

Administrative:

- H. G. ANNELY, Chief Administrative Assistant.
 T. D. THOMSON, Senior Administrative Assistant.
 R. J. CRANE, Senior Clerical Assistant, Welfare Services Section. (Transferred to Senior Assistant Welfare Services Officer).
 B. EALEY, Senior Clerical Assistant, Welfare Services Section.
 M. L. FRENCH, Senior Clerical Assistant, Public Health Inspector's Section.
 Miss M. V. CRABB, Medical Officer of Health's Secretary.
 Miss J. A. CHARLES, Chief Public Health Inspector's Secretary.
 W. J. GIBBS, Clerical Assistant, General Purposes.
 Miss S. M. MARSHALL, Clerical Assistant, District Nurses.
 Miss H. M. MITCHELL, Clerical Assistant, Maternity, Child Welfare and Infectious Diseases.
 J. E. STIMSON, Clerical Assistant, Welfare.
 Miss I. STONE, Clerical Assistant, Vaccination and Immunisation.
 Mrs. P. M. WHITING, Clerical Assistant, Mental Welfare.
 Miss M. E. WOOD, Clerk/Receptionist, Blackbird Leys Health Centre.
 Mrs. E. THOMSON, Clerk/Receptionist, Blackbird Leys Health Centre. (Part-time).
 2 Shorthand Typists:—
 Miss V. ALLEN (Public Health Inspector's Section).
 Miss D. I. SKINNER (Welfare Services Section).
 17 Clerks, General Division.

Civil Defence:

- D. E. BRADBERRY, Instructor and Organiser, Welfare Services Section.

- (a) State Registered Nurse.
 (b) State Enrolled Assistant Nurse.
 (c) State Certified Midwife.
 (d) Health Visitor's Certificate, Royal Society of Health.
 (e) Queen's Nurse.
 (f) Certified Nursery Nurse.

OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		<i>Telephone No.</i>
Main Office (Health and Welfare)	Greyfriars, Paradise Street	Oxford 47212
Mental Welfare	14 Castle Street	" "
Immunisation and Vaccination	} 24 Church Street, St. Ebbe's	" "
Welfare Foods		" "
Health Visitors	3 Castle Terrace, St. Ebbe's	" "
District Nurses, Main Home	39/41 Banbury Road	" 57721
Branch Homes	23 Hollow Way, Cowley	" 77382
	79 St. Leonard's Road, Headington	" 62321
Midwives Hostel	82/84 Abingdon Road	" 47985
Home Help Organiser	29/31 George Street	" 47977
Public Health Inspector's Office	36 Pembroke Street, St. Aldate's	" 49671
Health Centre	Blackbird Leys Estate, Cowley	" 78244
Botley Road Day Nursery	Botley Road	" 43492
Florence Park Day Nursery	Florence Park	" 77286
Mother and Baby Hostel	Clark's Row, St. Aldate's	" 43072
Handicapped Workshop	} 12 Woodstock Road	" 57602
Retail Shop		" 57602
Domiciliary Occupational Therapy		" 57602
Barton End Old People's Home	Barton Road, Headington	" 62829
Cuttleslowe Court Old People's Home	Wyatt Road, Summertown	" 54446
Frilford House Old People's Home	Frilford Heath, Nr. Abingdon, Berkshire	Frilford Heath 238
Marston Court Old People's Home	Marston Road	Oxford 41526
Oseney Court Old People's Home	Botley Road	" 44592
Shotover View Old People's Home	Horspath Road, Cowley	" 78468
Townsend House Old People's Home	Bayswater Road, Headington	" 62232
Homeless Family Unit	Slade Park, Headington	" 78711
St. Nicholas House	St. Nicholas Road, Littlemore	" 77855
Training Centre	St. Nicholas Road, Littlemore	" 77878
Ambulance Headquarters	Churchill Drive, Old Road, Headington	" 61336

CLINICS

1. *Antenatal*

Bury Knowle House, Old High Street, Headington	Friday	9.30 a.m.— 10.30 a.m.
East Oxford Centre, 151a Cowley Road	Tuesday	9.30 a.m.— 10.30 a.m.
60 St. Aldate's	Thursday	9.30 a.m.— 10.30 a.m.

2 *Child Welfare*

Blackbird Leys Health Centre, Cowley	*Tuesday 2.30—3.30 p.m. Wednesday 2—4 p.m. *Thursday 2—4 p.m.
British Legion Hall, Hadow Road, New Marston	Wednesday 2—4 p.m.
Bury Knowle House, Old High Street, Headington	*Tuesday 2—4 p.m. Thursday 2—4 p.m.
Church Room, Canning Crescent	Tuesday 2—4 p.m.
Clinic Premises, Albert Street, St. Barnabas	Monday 2—4 p.m. Wednesday 2—4 p.m.
Clinic Premises, 14 Church Street, St. Ebbe's	Monday 2—4 p.m. Friday 2—4 p.m.
Clinic Premises, South Parade, Summertown	Tuesday 2—4 p.m. *Wednesday 2—4 p.m. Thursday 10.0 a.m.— 12 noon
Clinic Premises, Temple Road, Cowley	Monday 2—4 p.m. *Wednesday 9—10 a.m. Friday 2—4 p.m.
Community Centre, Underhill Circus, Barton Estate, Headington	Wednesday 2—4 p.m.
Community Centre, The Oval, Rose Hill	Thursday 2—4 p.m.
Donnington School Clinic, Henley Avenue	Tuesday 2—4 p.m. Wednesday 2—4 p.m. *Friday 2—4 p.m.
East Oxford Centre, 151a Cowley Road	Monday 2—4 p.m. Friday 2—4 p.m.
Northway Clinic, Maltfield Road	Thursday 2—4 p.m.
Slade Park Clinic, 2nd Avenue, Slade Park	Tuesday 2—4 p.m. Wednesday 2—4 p.m.
Village Hall, Wolvercote	Thursday 2—4 p.m.

*General Practice Clinic

3. *Immunisation and Vaccination*

60 St. Aldate's (also at all Child Welfare Clinics)	Wednesday 5—5.30 p.m.
Yellow Fever, 24 Church Street, St. Ebbe's	Tuesday 2.0 p.m. (by appointment)

4. *Dental*

60 St. Aldate's	By appointment
Donnington Clinic, Henley Avenue	" "

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE,

The revision of the ten year plan for the health and welfare services of Oxford has been prepared in consultation with the City Treasurer, City Architect and Planning Officer and City Estates Surveyor, and is presented as requested in the form outlined in Ministry of Health Circular 21/63.

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

Medical Officer of Health

Health Department,
Greyfriars,
Paradise Street,
OXFORD.

27th January, 1964.

Part I: Health and Welfare Services Capital Works Programme, 1963-64

Name of Authority: OXFORD C.B.C.

PROJECT	Whether project included in Ministers' lists for 1963/64. (The appropriate code should be ringed)	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in that year; and (iii) Effect in a full year	REMARKS
				Details	Amount of loan sanction required	Figures in £ Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Adult Training Centre	(1)	Brasenose Driftway, Cowley, Oxford. (60 places)	New Provision	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	£5,000 £42,000 £3,500 £50,500		(i) 1965/66 Apl. (ii) + £13,750 (iii) + £13,750	

Part II (A): Health and Welfare Services Capital Works Programme, 1964/65 to 1973/74

Financial Year 1964/5

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in that year; and (iii) Effect in a full year	REMARKS
				Details	Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Nurses and Midwives' Hostel	16	Cowley Road, Oxford	Replacement	Cost of site	£9,000		(i) 1966/67 Apl.	Closure of: (a) District Nurses' Home, 39/41 Banbury Road (b) Midwives' Hostel, 82/84 Abingdon Rd. (c) Clinic Premises 151a Cowley Road
	01			Cost of accommodation incl. cost of external works and any other costs of works	£130,000		(ii) + £9,200	
	02			Cost of furniture and loose equipment	£9,000		(iii) + £9,200	
				Total cost of project	£148,000			
Old People's Home, Blackbird Leys	19	Blackbird Leys, Cowley, Oxford. (60 places)	New Provision	Cost of site	£6,000		(i) 1967/68	
				Cost of accommodation incl. cost of external works and any other costs of works	£92,000		(ii) + £19,000	
				Cost of furniture and loose equipment	£8,000		(iii) + £19,000	
				Total cost of project	£106,000			
					£254,000			

OXFORD C.B.C.

Part II (A): Health and Welfare Services Capital Works Programme, 1964/65 to 1973/74
 Financial Year 1964/5

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in that year; and (iii) Effect in a full year	REMARKS
				Details	Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Health Centre Extension	01	Blackbird Leys, Cowley Oxford	To serve increased population Blackbird Leys Estate. Total population to be served 10,000	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	£254,000 £10,000 £10,000		(i) 1965/66 Apl (ii) + £800 (iii) + £800	
Hostel for Older Sub-Normal Males	10	Brasenose Driftway, Cowley, Oxford. (18 places)	New Provision	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	£5,000 £28,000 £3,000 £36,000		(i) 1966/67 Apl. (ii) + £10,750 (iii) + £10,750	
				Total	£300,000			

Part II (A): Health and Welfare Services Capital Works Programme, 1964/65 to 1973/74

Financial Year 1965/66

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in that year; and (iii) Effect in a full year	REMARKS
				Details	Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Extension of Health Department and provision of Central Health Centre	01	Health Dept., Greyfriars, Paradise St., Oxford.	Replacement	B/F Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	£101,500 £25,000 £53,000 £3,000 £81,000		(i) 1968/69 Apl. (ii) + £5,000 (iii) + £5,000	Closure of Health Dept. premises at: (a) 3 Castle Terr. (b) 24 Church St. (c) 36 Pembroke St. (d) 29/31 George St. (e) Clinic Premises 60 St. Aldate's, Church St. (rented)
				Total	£182,500			

Part II: (A): Health and Welfare Services Capital Works Programme, 1964/65 to 1973/74
Financial Year 1966/67

Name of Authority: OXFORD C.B.C.

PROJECTS (A)	Type of Project Code No. as per Coding List (B)	LOCATION (C)	NEED (D)	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in that year; and (iii) Effect in a full year (H)	REMARKS (J)
				Details (E)	Amount of loan sanction required (F)	Figures in £ Other capital expenditure (G)		
Old People's Home, South Oxford	19	South Oxford (site not yet available) (60 places)	New Provision	Cost of site	£8,000		(i) 1968/69 Apl.	
				Cost of accommodation incl. cost of external works and any other costs of works	£90,000		(ii) + £19,000	
				Cost of furniture and loose equipment	£8,000		(ii) + £19,000	
				Total cost of project	£104,000			

Part II (A): Health and Welfare Services Capital Works Programme, 1964/65 to 1973/74

Financial Year 1967/68

Name of Authority: OXFORD C.B.C.

PROJECTS (A)	Type of Project Code No. as per Coding List (B)	LOCATION (C)	NEED (D)	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in that year; and (iii) Effect in a full year (H)	REMARKS (J)
				Details (E)	Amount of loan sanction required (F)	Figures in £ Other capital expenditure (G)		
Old People's Home, St. Barnabas	19	North West Oxford (site not yet available) (60 places)	New Provision	Cost of site	£6,000		(i) 1969/70	
				Cost of accommodation incl. cost of external works and any other costs of works	£90,000		(ii) + £19,000	
				Cost of furniture and loose equip- ment	£8,000		(iii) + £19,000	
				Total cost of project	£104,000			

Part II (A): Health and Welfare Services Capital Works Programme, 1964/65 to 1973/74
 Financial Year 1968/69

Name of Authority: OXFORD C.B.C.

PROJECT	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in that year; and (iii) Effect in a full year	REMARKS
				Details	Amount of loan sanction required	Figures in £ Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Old People's Home, East Oxford	19	East of Oxford (site not yet available) (60 places)	New Provision	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	£6,000 £90,000 £8,000 £104,000		(i) 1970/71 (ii) + £19,000 (iii) + £19,000	

Part II (A): Health and Welfare Services Capital Works Programme, 1964/65 to 1973/74

Financial Years 1969/74

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in that year; and (iii) Effect in a full year	REMARKS
				Details	Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Centre for Handicapped Persons	21	East of Oxford (site not yet available)	New Provision	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	£20,000		(i) (ii) (iii) + £2,500	
Day Nursery Cowley	03	Cowley, Oxford (30 places) (site not yet available)	Replacement	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	£10,000 C/F £30 000		(i) (ii) (iii) + £800	Closure of present unsuitable building Florence Park

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in that year; and (iii) Effect in a full year	REMARKS
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Day Nursery	03	West of Oxford (30 places) (site not yet available)	Replacement	<i>B/F</i> Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equip- ment Total cost of project	£30,000 £10,000		(i) (ii) (iii) + £800	Closure of present unsuitable building Botley Road
Child Welfare Clinic	02	Wolvercote, Oxford (site not yet available)	Replacement	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equip- ment Total cost of project	£10,000 £50,000		(i) (ii) (iii) + £1,000	Closure of present unsuitable rented premises

Part II (A): Health and Welfare Services Capital Works Programme, 1964/65 to 1973/74

Financial Years 1969/74

Name of Authority: OXFORD C.B.C.

PROJECTS (A)	Type of Project Code No. as per Coding List (B)	LOCATION (C)	NEED (D)	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in that year; and (iii) Effect in a full year (H)	REMARKS (I)
				Details (E)	Amount of loan sanction required (F)	Figures in £ Other capital expenditure (G)		
Child Welfare Clinic	02	Marston, Oxford (site not yet available)	Replacement	Cost of site	£50,000		(i)	Closure of present unsuitable rented premises
				Cost of accommodation incl. cost of external works and any other costs of works			(ii)	
				Cost of furniture and loose equipment			(iii) + £1,000	
			Total cost of project	£10,000				
			Total	£60,000				

Part IV: Staff

Name of Authority: OXFORD C.B.C.

Code No.	Category of Staff	Actual W.T.E. at 31.12.1963	ESTIMATED REQUIREMENTS IN W.T.E.				
			31.12.1964	31.12.1965	31.12.1966	31.12.1967	31.12.1968	31.12.1973
1	Doctors { Clinical M.O.H. and Deputy	3.6	3.6	3.6	3.6	3.6	3.6
2		.9	.9	.9	.9	.9	.9
3	Dentists .. .. .	.25	.25	.25	.25	.25	.25
4	Administrative and supervisory nursing staff	4	4	4	4	4	4
5	Domiciliary midwives employed by the Council, its agent(s), H.M.C. or B.G.s	10	11	11	11	11	12
6	Health visitors and T.B. visitors (excluding tutors)	13	14	15	16	17	18
7	Home nurses	15	21	22	23	24	25
8	Day nursery staff	8	8	8	8	8	8
9	Other health services nursing staff	3	3	3	3	3	3
10	Home help organisers	2	2	2	2	2	2
11	Home helps	45	60	63	66	69	75
12	Ambulance Staff { Senior operational staff Other operational staff	6	6	6	6	6	6
13		26	31	31	31	33	33
14	Staff of training centres for the mentally subnormal	7	12	14	14	14	14
15	Home teachers for the mentally subnormal	—	—	—	—	—	—
16	Staff in mental health residential accommodation	—	4	8	8	12	18

Code No.	Category of Staff	Actual W.T.E. at 31.12.1963	ESTIMATED REQUIREMENTS IN W.T.E.				
			31.12.1964	13.12.1965	31.12.1966	31.12.1967	31.12.1968	31.12.1973
17	Social workers { With relevant university or equivalent professional training With the C.S.W. of the C.T.S.W. Other social workers .. .. .	.5	.5	.5	.5	.5	.5
18		1	1	2	4	5	7
19		10	10	10	10	10	10
20	Welfare assistants and trainees	2	7	8	10	9	7
21	Staff in homes for the elderly (including homes for the elderly mentally infirm provided under either Act)	103	115	115	115	127	163
22	Staff in homes for the physically handicapped	—	—	—	—	—	—
23	Occupational therapists	3	3	3	3	3	3
24	Craft instructors for the physically handicapped	—	—	—	—	—	—
25	Chiropodists .. .. .	.5	1	1	1	1	1
26	Staff of temporary accommodation	2	2	2	2	2	2
27	Other health and welfare services staff { Administrative and clerical n.o.a. Manual and domestic Others	33	35	35	35	35	37
28		79	85	87	93	103	123
29		—	—	—	—	—	—

W.T.E. = Whole Time Equivalent

Part V: Ambulance Service Vehicles (including sitting-case cars and dual-purpose vehicles)

Name of Authority: OXFORD C.B.C.

	Actual number of vehicles at 31.3.1963	Estimated requirements of vehicles at							
		31.3.1964	31.3.1965	31.3.1966	31.3.1967	31.3.1968	31.3.1969	31.3.1974	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	
Ambulance service vehicles	21	21	22	23	23	23	24	25	

Part VI: Health and Welfare Services
Net Revenue Expenditure (including loan charges, expenses of debt management and capital expenditure met out of revenue)

Name of Authority: OXFORD C.B.C.

Item No.	Service	1962/63 Actual expenditure	1963/64 Estimate	1964/65 Estimate	1965/66 Estimate	1966/67 Estimate	1967/68 Estimate	1968/69 Estimate	1973/74 Estimate	Item No.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	
1	Health centres	2,790	2,840	3,710	4,140	4,560	4,560	4,560	4,560	1
2	Care of mothers and young children	27,033	27,190	27,610	27,690	28,110	28,110	28,110	31,710	2
3	Midwifery (including expenditure as local supervising authority)	16,136	19,410	19,890	22,210	23,890	23,890	23,890	24,690	3
4	Health visiting	20,456	22,000	22,000	22,800	23,600	24,400	25,200	26,000	4
5	Home nursing	23,199	25,060	29,570	31,840	34,270	35,020	35,770	36,520	5
6	Vaccination and immunisation	2,828	1,800	1,800	1,800	1,800	1,800	1,800	1,800	6
7	Ambulance (including expenditure under the 1957 Act)	43,814	50,020	50,020	50,020	50,020	50,020	51,620	51,620	7
8	Prevention of illness, care and after-care (excluding mental health)	7,783	9,110	9,110	9,110	9,110	9,110	9,110	9,110	8
9	Domestic help	18,820	21,200	21,200	22,700	24,200	25,700	27,200	27,200	9
10	Mental health	15,027	22,040	30,240	43,690	56,140	80,340	80,340	80,340	10
11	Under other enactments	491	360	360	360	360	360	360	360	11
12	General administration	29,291	30,250	30,250	30,250	30,250	35,250	35,250	35,250	12
13	*Expenditure on local health services not reckonable for general grant	3,261	Cr. 600	400	400	400	400	400	400	13
14	Total for local authority health services	210,929	230,710	246,160	267,010	286,710	318,960	323,610	329,560	14
15	Residential accommodation (other than temporary accommodation) under ss. 21 and 26 of the National Assistance Act, 1948	122,306	130,000	141,000	142,700	148,100	167,100	187,800	218,700	15
16	Temporary accommodation under s. 21 (1) (b) of the National Assistance Act, 1948	798	1,340	1,340	1,100	1,100	1,100	1,100	1,000	16
17	Welfare services for the handicapped under ss. 29 and 30 (1) of the National Assistance Act, 1948	9,642	13,230	16,030	18,030	19,030	20,030	20,030	22,580	17
18	*Other welfare services provided under the National Assistance Act, 1948	496	600	1,920	1,920	1,920	1,920	1,920	1,920	18
	Grand Total of expenditure	344,171	375,880	406,450	430,760	456,860	509,110	534,460	573,810	

Part VII: Special housing for the elderly

Name of Authority: OXFORD C.B.C.

Date		31.3.1963	31.3.1964	31.3.1965	31.3.1966	31.3.1967	31.3.1968	31.3.1969
Provided by housing authorities	No. of units in use or expected to be in use	25	25	91	131	131	131	131
	No. of persons accommodated	28	28	108	156	156	156	156
Provided by housing societies	No. of units in use or expected to be in use	96	96	194	194	194	194	194
	No. of persons accommodated	96	96	194	194	194	194	194

SECTION II

STATISTICS

Report prepared by H. G. ANNELY
Chief Administrative Assistant

SUMMARY

Area of City	8,785 acres
Population (estimated mid-year 1963)	107,110
Number of inhabited houses at 31.3.63	29,494
Estimated value of City at 31.3.63	£2,283,570*
Product of a penny rate for 1962/63	£8,959

Total cost of all health services 1962/63:—

	<i>Gross</i>	<i>Net</i>
	£	£
Public Health Services	29,685	28,351
Local Health Services	245,527	197,613
Welfare Services	203,678	138,036
	<u>£478,890</u>	<u>£364,000</u>

* As from 1st April, 1963, this became £6,306,234 when the revaluation of City property came into effect.

	<i>City of Oxford</i>		<i>England</i>
	<i>Average</i>		<i>and Wales</i>
	1963	1953-62	1963
Live births:—			
Number	1,842		856,276
Rate per 1000 population (Recorded)	17.20	14.44	
Rate per 1000 population (as adjusted by comparability factor 0.93)	16.00		18.2
Legitimate live births per cent of total live births	8.96	8.14	
Stillbirths:—			
Number	18		15,074
Rate per 1000 total live and stillbirths	9.68	16.66	17.3
Total live and stillbirths	1,860		871,350
Infant deaths (deaths under 1 year) ..	27		17,870

	<i>City of Oxford</i>		<i>England</i>
	<i>Average</i>	<i>and Wales</i>	
Infant mortality rates:—	1963	1953-62	1963
Total infant deaths per 1000 live births	14.66	19.33	20.9
Legitimate infant deaths per 1000 legitimate live births	13.12	19.03	
Illegitimate infant deaths per 1000 illegitimate live births	30.3	20.00	
Neonatal mortality rate (deaths under 4 weeks per 1000 total live births)	8.69	13.09	
Early neonatal mortality rate (deaths under 1 week per 1000 total live births)	8.69	11.76	
Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths)	18.28	28.00	
Maternal mortality (including abortion)—			
Number of deaths	—		
Rate per 1000 total live and stillbirths	—	0.13	
Death rate per 1000 population (Recorded)	10.58	10.12	
Death rate per 1000 population (as adjusted by comparability factor 1.04)	11.00		12.1
Death rate per 1000 population from:—			
(a) Diseases of the heart and circulatory system	3.96	3.53	
(b) Cancer (all forms)	1.90	1.87	
(c) Pneumonia, bronchitis and other diseases of the respiratory system ..	1.59	1.20	
(d) Tuberculosis (all forms)	0.08	0.08	
(e) Violence (including suicides) ..	0.47	0.48	

BIRTHS

Total registered live births:—

Male	..	..	..	2,160
Female	..	..	..	2,122
Indeterminate	..	..	..	1
				4,283
(Illegitimate	..	..	..	321)

Of the 4,283 births registered 1,811 were Oxford residents and 31 births to Oxford residents occurred outside the City, making a total of 1,842 births allocated to the City. Of these 1,677 were legitimate (785 male 892 female) and 165 were illegitimate (79 male, 86 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	573	2	9	—
Notified by Nuffield Maternity Home	669	9	1768	54
Notified by Churchill Hospital	545	7	713	6
Notified by Radcliffe Infirmary	—	—	1	—
Notified by Acland Home	—	—	1	—
	1787	18	2492	60

(b) According to Place of Birth (registered births)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	672	8	1741	54
Born in Churchill Hospital	552	8	720	5
Born in Acland Home	—	—	1	—
Born in private houses	587	2	10	—
	1811	18	2472	59

BIRTHS AND DEATHS IN THE CITY, 1919—1963

Year	Popula- tion estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging the District			
		Uncor- rected No.	Net		No.	Rate	of Non- residents registered in the District	of Resi- dents not registered in the District	Under 1 year		At all a	
			No.	Rate					No.	Rate per 1000 Net Births	No.	R
1	2	3	4	5	6	7	8	9	10	11	12	13
1919	*60,071 } 57,666 }		796	13.25	714	12.38	117	89	47	59.0	686	11
1920	59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10
1921	56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10
1922	56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10
1929	*70,730 } 70,590 }	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13
1930	*74,000 } 73,810 }	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10
1931	*80,810 } 80,530 }	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10
1933	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10
1942	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10
1954	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9
1955	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9
1956	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10
1957	104,400 } † 104,230 }	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9
1958	104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10
1959	104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	10
1960	104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	10
1961	106,410	3828	1695	15.93	1781	16.74	760	44	30	17.70	1065	10
1962	106,560	3966	1695	15.91	1893	17.76	788	57	28	16.52	1162	10
1963	107,110	4283	1842	17.20	1971	18.40	897	59	27	14.66	1133	10

* Population birth rate.

City Extended 1st April, 1929.

† Population birth and death rates. City Extended 1st April 1957.

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 1963

(Table of Registrar General)

CAUSES OF DEATH	All ages	Under 4 weeks	4 wks. under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	1133	16	11	9	7	9	7	31	55	188	250	550
1. Tuberculosis, respiratory	7	—	—	—	—	—	—	1	1	1	1	3
2. Tuberculosis, other	2	—	—	—	—	—	—	—	—	1	—	1
3. Syphilitic disease	3	—	—	—	—	—	—	—	—	1	—	2
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	2	—	—	—	—	—	—	—	1	—	—	1
10. Malignant neoplasm, stomach	35	—	—	—	—	—	—	—	1	9	15	10
1. Malignant neoplasm, lung, bronchus	45	—	—	—	—	—	1	—	7	16	16	5
2. Malignant neoplasm, breast	22	—	—	—	—	—	—	2	5	4	7	4
3. Malignant neoplasm, uterus	8	—	—	—	—	—	—	2	1	3	1	1
4. Other malignant and lymphatic neoplasms	94	—	—	—	2	1	—	3	8	19	28	33
5. Leukaemia, aleukaemia	4	—	—	—	—	1	—	—	—	1	1	1
6. Diabetes	11	—	—	—	—	—	—	1	1	1	4	4
7. Vascular lesions of nervous system	124	—	—	—	—	—	—	1	6	17	24	76
8. Coronary disease, angina	246	—	—	—	—	—	—	3	9	49	57	128
9. Hypertension with heart disease	19	—	—	—	—	—	—	—	—	4	6	9
10. Other heart disease	95	—	—	—	—	—	—	2	2	13	14	64
1. Other circulatory disease	64	—	—	—	—	—	1	1	4	8	13	37
2. Influenza	4	—	—	—	—	—	—	—	—	1	1	2
3. Pneumonia	102	—	8	1	—	—	—	3	—	11	18	61
4. Bronchitis	58	—	—	1	—	—	—	—	—	10	14	33
5. Other diseases of respiratory system	10	1	—	1	—	—	—	—	1	2	2	3
6. Ulcer of stomach and duodenum	5	—	—	—	—	—	—	—	—	1	2	2
7. Gastritis, enteritis and diarrhoea	6	—	—	—	1	—	—	—	—	—	1	4
8. Nephritis and nephrosis	6	—	—	—	—	—	—	1	—	1	—	4
9. Hyperplasia of prostate	2	—	—	—	—	—	—	—	—	—	—	2
10. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—
1. Congenital malformations	9	2	3	2	1	—	—	—	—	—	—	1
2. Other defined and ill-defined diseases	89	13	—	2	3	—	1	2	4	10	21	33
3. Motor vehicle accidents	11	—	—	—	—	5	1	1	1	1	1	1
4. All other accidents	39	—	—	2	—	2	—	4	1	2	2	26
5. Suicide	10	—	—	—	—	—	—	2	4	2	2	—
6. Homicide and operations of war	1	—	—	—	—	—	—	1	—	—	—	—

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 1,133 deaths (1,162 in 1962) 555 were male and 578 female.

The table has been slightly amended to that of previous years. Deaths of infants under 1 year have been sub-divided into under 4 weeks and over 4 weeks. The former is to show the number of neonatal deaths.

Deaths from tuberculosis (all forms) show an increase over 1962, being 9 as against 4 but of the 9 deaths 5 were over 65 years of age.

The number of deaths from cancer (all forms) show a decrease over 1962, being 204 as against 224. Although cancer of the lung and bronchus decreased by 26%, there was an increase in cancer of the stomach by 25%.

No maternal death occurred in 1963, and there were no deaths from measles, poliomyelitis, scarlet fever or whooping cough.

RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD						1963
United Oxford Hospitals Group	..	..	..	..	..	538
Oxford Regional Hospital Board Group	..	..	..	..	..	9
Nursing Homes	..	..	..	..	..	12
Old People's Homes (Local Health Authority)	..	..	..	..	..	27
Old People's Homes (Private)	..	..	..	..	..	18
						*604
						=

* = 30.64% of total deaths

RESIDENTS WHO DIED AWAY FROM OXFORD						1963
Regional Hospital Board Groups	..	..	..	..	..	22
Institutions and Nursing Homes	..	..	..	..	..	17
Private Houses	..	..	..	..	..	14
Accidents, etc.	..	..	..	..	..	6
						59
						=

NON-RESIDENTS WHO DIED IN OXFORD						1963
United Oxford Hospitals Group	..	..	..	..	..	800
Oxford Regional Hospital Board Group	..	..	..	..	..	8
Other Institutions and Nursing Homes	..	..	..	..	..	19
Private Houses	..	..	..	..	..	14
Accidents, etc.	..	..	..	..	..	56
						897
						=

DEATHS FROM TUBERCULOSIS
YEARS 1944—1963

	PULMONARY							NON-PULMONARY						
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65-	Total
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
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1
1958	—	—	—	—	2	4	6	—	—	—	—	—	—	—
1959	—	—	—	3	3	3	9	—	—	1	—	1	—	2
1960	—	—	—	3	1	3	7	—	—	—	1	—	1	2
1961	—	—	—	—	3	2	5	—	—	—	—	—	—	—
1962	—	—	—	—	—	3	3	—	—	—	1	—	—	1
1963	—	—	—	1	2	4	7	—	—	—	—	1	1	2

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

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Uterus	7	9	6	5	11	5	6	8	8	4	5	8
Stomach—												
Male ..	19	22	11	14	15	18	13	13	17	21	13	17
Female ..	9	8	15	15	17	2	9	7	16	12	15	18
Lung, bronchus—												
Male ..	36	29	33	28	31	38	35	43	40	44	53	37
Female ..	3	5	1	5	8	11	2	7	6	11	9	8
Breast ..	21	23	16	9	18	17	17	27	17	27	21	22
All other sites—												
Male ..	42	46	47	62	48	53	49	43	56	48	60	52
Female ..	48	49	43	56	49	46	45	54	48	47	48	42
Totals ..	185	191	172	194	197	190	176	202	208	214	224	204

Age and sex distribution of Cancer deaths

	All ages	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Male	106	—	—	—	2	1	1	1	10	32	41	18
Female	98	—	—	—	—	—	—	6	12	19	26	35
Total	204	—	—	—	2	1	1	7	22	51	67	53

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

	MALE										
	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Stomach ..	—	—	—	—	—	—	—	1	7	6	3
Lung, bronchus	—	—	—	—	—	1	—	4	14	16	2
Breast	—	—	—	—	—	—	—	—	—	—	—
Uterus	—	—	—	—	—	—	—	—	—	—	—
All other sites ..	—	—	—	2	1	—	1	5	11	19	13
Total ..	—	—	—	2	1	1	1	10	32	41	18

	FEMALE										
	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45 -	55-	65-	75-
Stomach ..	—	—	—	—	—	—	—	—	2	9	7
Lung, bronchus	—	—	—	—	—	—	—	3	2	—	3
Breast	—	—	—	—	—	—	2	5	4	7	4
Uterus	—	—	—	—	—	—	2	1	3	1	1
All other sites ..	—	—	—	—	—	—	2	3	8	9	20
Total ..	—	—	—	—	—	—	6	12	19	26	35

SECTION III

GENERAL HEALTH SERVICES

(a) FLUORIDATION

My full report was included last year and unfortunately there is nothing further to add, as in April the City Council rejected the recommendation of the Health Committee in favour of the fluoridation of Oxford water.

(b) HEALTH CENTRES AND G.P. SURGERY PREMISES

BLACKBIRD LEYS HEALTH CENTRE

This has been the third complete year's working of the Health Centre and with the continuing steady growth of the estate the Centre has become increasingly busy, and in fact has just about reached saturation point. Accordingly, a good deal of thought has been given towards planning an extension which it is hoped can be built during the next financial year.

Throughout the year, two general practitioners in partnership have practised wholly from the Health Centre and five other doctors have held between them a total of twelve surgery sessions each week. Two practices each hold their own weekly antenatal clinic, and, of the four child welfare clinics held at the Centre each week, three are taken by general practitioners, each being restricted to the patients of the particular practice concerned.

Because of the relatively large number of babies and young children on the estate, three health visitors have their headquarters at the Health Centre. A district nurse continues to visit daily, and arrangements are being made for a social worker from the Children's Department to attend

the Health Centre regularly. The increasing work of the Centre has necessitated the appointment of two full-time office staff.

There is no doubt that the Health Centre continues to fulfil the purposes for which it was constructed and is a great asset to this rapidly developing, outlying estate. All those working at the Health Centre are doing so as a team, local authority and general practitioner services being interwoven to provide a single comprehensive service.

The offer by the Housing Committee of housing accommodation on the estate for doctors practising from the Health Centre was taken up by one doctor during the year.

MINCHERY FARM ESTATE GENERAL PRACTITIONER SURGERY PREMISES

These rather unique premises built as a branch surgery by the Housing Committee to serve the Minchery Farm Estate (population 2,000 approx.) have now been in use for six years. They have continued to give satisfaction to the general practitioners using the premises as well as to the residents of the estate. The present position is that four general practitioners (from three partnerships) undertake between them five sessions per week. In addition, since October the Oxfordshire Probation Service have been using the premises on one evening per week.

(c) AMBULANCE SERVICE**1. Administration**

There was no change in the establishment of the Headquarters staff. The number of patients carried during the year shows an increase, 74,473 as against 70,598 in 1962. There was a small decrease in mileage. The increase in the number of patients is again accounted for by out-patient attendances and in this connection the increased use of clinics at the Warneford, Littlemore and Rivermead Hospitals has been a major factor.

Table 1 shows the work carried out during the year whilst Table 2 shows the number of patients carried and mileage covered since 1950.

2. Vehicles

Four vehicles which were considered uneconomical for further service were replaced during the year.

3. Radio Control of Ambulances

The new equipment installed in July, 1962, has been working smoothly and experience has confirmed that F. M. (Frequency Modulation) was the correct choice.

(a) Radcliffe Infirmary Link (Landline to Radio).

The total number of calls made during the year (direct and indirect) was 127. These calls covered a considerable number of very serious injuries and served a very useful purpose in giving the medical staff warning of casualties prior to admission.

4. Emergency Calls

The number of emergency journeys shows a further decrease, being 2,239 as against 2,373 in 1962, 3,156 in 1961, and 2,531 in 1960.

The distribution within the City was as follows:—

	1963	1962
(a) Central (within the area Magdalen Bridge, Folly Bridge, the Station and St. Giles) ..	429	475
(b) North of St. Giles	262	244
(c) South of Folly Bridge	87	122
(d) West of Station	115	102
(e) East of Magdalen Bridge	1,346	1,430

These figures reveal that 60% of the calls were received from East of Magdalen Bridge.

5. General

The service has continued to run smoothly during the year. The demands made upon it particularly with regard to the transport of patients to out-patient clinics stretched the service to capacity at times.

It was not necessary to increase mileage charges to other Local Health Authorities during the year.

During the latter part of the year all ambulances were equipped with oxygen apparatus.

The present system of fire precautions in ambulance vehicles was overhauled during the latter part of the year. On the recommendation of both the City and County Chief Fire Officers it was agreed that in future two types of extinguishers should be carried on each vehicle—a water expelled extinguisher to deal with a fire within a vehicle and a chlorobromomethane extinguisher for engine and other external fires. These will replace the C.T.C. fire extinguishers now carried, which, due to the possibility of a toxic effect within an enclosed space, might conceivably have a harmful effect on some patients. The water expelled extinguishers have been fitted to the present vehicles and the chlorobromomethane extinguishers will be fitted when the C.T.C. extinguishers need replacement. All new vehicles will be equipped with both fire extinguishers.

The emergency oxygen service has continued to be of great assistance to local medical practitioners and their patients.

The O. and M. Team, who commenced their assignment in October, 1962, submitted an interim report during the latter part of the year which is still under discussion.

6. Civil Defence

The Ambulance and First Aid Section of the Civil Defence Corps has continued its training activities during the year. In common with other sections of the Corps, it is very much undermanned. The required strength is 334 and there are now 46 active members, mostly females, many of whom are married. Training takes place on one evening a week at the Kidlington Centre.

The Section has three Central Trained Instructors, Mr. C. R. Lawrence (Civil Ambulance Controller), Mr. C. H. Groves (Deputy Civil Ambulance Controller) and Mr. J. H. Hol, M.A., (Company First Aid Officer). The syllabus on "Advanced First Aid" has now been received and courses have been arranged for those volunteers who have already passed the standard test.

The Section has 4 vehicles, 3 provided on loan by the Ministry of Health and one, a redundant vehicle transferred from the Local Authority Ambulance Service. Apart from being available for training personnel, they are used in connection with Civil Defence Exercises which are arranged throughout the year with other Civil Defence Sections.

TABLE 1

1963	AMBULANCES		SITTING-CASE VEHICLES		TOTALS		TRAIN JOURNEYS	
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage
January—March	5,895	27,769	10,717	40,092	16,612	67,861	49	
April—June	6,216	30,209	12,708	43,892	18,924	74,101	59	
July—September	5,281	29,395	13,306	48,022	18,587	77,417	45	
October—December	5,749	30,280	14,601	50,954	20,350	81,234	35	
	23,141	117,653	51,332	182,960	74,473	300,613	188	

TABLE 2

Year	Patients		Train Journeys	
	No. of cases removed	Mileage	No. of cases removed	Mileage
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	
1955	49,238	292,838	229	
1956	52,900	301,497	234	
1957	53,955	293,362	202	
1958	57,769	275,918	193	
1959	56,893	269,923	197	
1960	62,868	281,553	186	
1961	70,928	311,303	160	
1962	70,598	302,852	176	
1963	74,473	300,613	188	

(rail strike in June)

Report by Dr. H. H. JOHN,
 M.B., B.Ch., D.P.H., D.C.H., D.R.C.O.G.,
 Senior Assistant Medical Officer of Health.

(d) DISTRICT NURSING

1. Administration of the Service

The policy of decentralization has continued, with the Headington and Cowley areas served by the branch homes at 79 St. Leonards Road and 23 Hollow Way respectively. The remainder of the City is served by nurses from the Central Home at 39/41 Banbury Road.

A domiciliary nurse was attached to a two-man partnership practice on 13th May, 1963. Review after a period of three months revealed that this system of working was greatly appreciated by patients, doctors and nurses. The close professional working relationship proved to be most beneficial. There was resultant economy of visiting on the part of doctor and nurse, and both gained from a greater interchange of information relating to the circumstances of the patients. The number of cases referred from the practice for nursing attention increased sharply, but there was not a proportionate increase in the number of visits. Consequently, it appears that a more efficient form of service resulted from the attachment. Unfortunately, some increase in travelling is almost inevitable in this manner of working and was confirmed.

Provision is made for motorized transport. Four Corporation cars are available and, alternatively, car and moped allowances are available for members of staff. In fact 9 nurses were given car allowances and 2 provided with moped allowances. Only two part-time nurses used bicycles for their rounds.

Liaison with Cowley Road Hospital is now achieved by the regular attendance of a domiciliary nurse at the Unit. The personal contact with ward sisters and almoners has proved to be mutually advantageous.

2. Staff

On December 31st, 1963, the position was as follows:—

Administrative:—

Superintendent, resident	1
Assistant Superintendent, non-resident	1

District Nurses:—

Queen's nurses:—

Resident, full time	1	} Equivalent to 14 full-time nurses
Non-resident, full time	9	
Non-resident, part time	3	
State registered nurses:—		
Non-resident, full time	2	
Non-resident, part time	2	

Bath orderly:—

Non-resident, full time	1
---------------------------------	---

(The establishment is for 20 and 2 administrators).

Difficulty in staffing the domiciliary nursing service has continued and the staff remains well below establishment despite repeated advertisements and the advantage of training facilities. It is likely that in future, increasing use will have to be made of married nurses on either a full-time or part-time basis.

The Superintendent, Miss H. Longhurst, resigned at the end of the year to take up a similar appointment in a larger County Borough after almost nine years' service in the post. She will be succeeded by Miss M. G. Atkinson who has been appointed Superintendent Nursing Officer, with charge of the domiciliary nursing and health visiting services.

It was also decided to give responsibility for all three nursing services to a single Senior Medical Officer. This policy was implemented on the departure of Dr. M. Wallis to a senior post in Hampshire. Numerous advantages stem from the new administrative structure.

3. Equipment

Disposable syringes were introduced in the course of the year and have proved a great success. Other disposable equipment brought into use includes pre-sterilized catheters and dressings, paper towels and protective polythene gloves. The use of such equipment is time-saving and consequently helps to combat staff shortage. In addition, pre-sterilization by gamma radiation is more satisfactory than the domiciliary methods usually employed.

4. Cases nursed during the year

The following table shows the source of new patients during the year and includes figures for the three previous years for comparison:—

	1960	1961	1962	1963
General practitioners	1,740	1,610	1,542	1,653
Hospitals	54	54	42	72
Direct application	67	70	65	67
Other sources	4	14	11	7
Totals	1,865	1,748	1,660	1,799

Classification of patients nursed during year

	Number of cases attended			Number of visits		
	Under 5	5—64	Over 65	Under 5	5—64	Over 65
Medical	118	678	972	669	9,450	24,584
Surgical	17	154	140	87	2,310	4,650
Infectious diseases	—	—	—	—	—	—
Tuberculosis	—	62	6	—	3,348	286
Maternal complications	—	12	—	—	74	—
Others	1	—	—	2	—	—
	136	906	1,118	758	15,182	29,520
			2,160			45,460
			Total cases			Total visits
			1,768			34,703
			311			7,047
			—			—
			68			3,634
			12			74
			1			2

Patients (included in the above table) who have received more than 24 visits during the year:—

<i>Patients</i>	<i>Visits</i>
387	24,972

Also included in the above table were 82 visits paid in the late evening, 70 of which were for giving sedatives and 12 for other purposes.

During the year 434 visits were made by patients to the central and branch homes for a variety of treatments.

New cases nursed during the year show an increase of 139 compared with 1962, and the total visits paid increased by 680. There was thus a reversal of the declining trend of recent years. Referrals from hospitals increased, as did those from general practitioners.

There was a proportionate increase in the number of cases attended in each of the age groups. Visits to the elderly accounted for 65% of the total. There was again little call for attendance on children under the age of 5 years, and in fact only 2% of all visits were to patients in this category.

Although the number of patients requiring more than 24 visits during the year rose by 25 (from 362 in 1962 to 387 in 1963) the total number of visits required by these patients fell by 7221 (from 32,193 to 24,972).

5. Types of treatment given

The following table shows the treatments given during 1961, 1962 and 1963:—

	1961	1962	1963
Injections—			
(1) Insulin	5,953	6,290	4,948
(2) Streptomycin	3,725	3,681	4,058
(3) Penicillin	5,504	5,302	5,355
(4) Any other injections	6,409	6,911	8,212
Baths	5,513	5,198	5,768
Dressings	7,719	6,926	7,082
Enemas and bowel washouts	} 1,156	830	661
Genito-urinary treatments		435	344
General nursing care	11,988	10,113	10,708
Any other treatments	1,437	697	291
Totals	49,404	46,383	47,427

There was an increase in the total number of treatments given in 1963. The administration of injections accounted for a large proportion (48%) of these. It is the policy to encourage the self administration of insulin by patients whenever this is practicable. A reduction in the number of insulin injections was achieved during the year, and in December it was reported that administration by the nurse was only required for 12 patients. Self administration was contra-indicated by impaired vision in 9 of these, and by a psychiatric disturbance in the remaining three.

A radiographic survey of immigrants in the course of 1963 disclosed several fresh cases of tuberculosis and their treatment accounts for the increase in Streptomycin injections. There was little change in the number of penicillin injections given. The other drugs administered by injection were largely diuretics and haematinics.

More baths were undertaken by the nursing service despite the introduction of a bathing service by the Welfare section. Appropriate cases

are referred to this service, but it must be accepted that bathing of the sick remains a responsibility of the nursing service.

An increase in the number of dressings applied and in the visits for general nursing care were recorded. There was on the other hand a fall in the number of enemas and of genito-urinary and other miscellaneous treatments given.

6. Training School

Three courses of training for the Queen's Roll were held during the year. The examination was taken by 13 students and 12 passed at the first attempt. The unlucky thirteenth student was successful at a second attempt.

The students were classified as follows:—

Staff students (under contract to work for the City for a year after the examination)	1
* Students sent by other Local Health Authorities	12
	—
	13
	—

* Students came from Oxfordshire, Buckinghamshire and Hampshire.

7. Loan of nursing equipment: co-operation with the British Red Cross Society

We are once again indebted to the British Red Cross Society for their ready co-operation in supplying nursing equipment to patients. A list of loans is set out below.

In the financial year 1963/64 the City Council paid the Society a grant of £250.

Air beds	9	Hospital beds	5
Air pillows	9	Karrimodes	1
Air rings	82	Mackintosh sheets	144
Bed blocks	6	Pillow wedge	1
Bed cradles	47	St. Ann's cushion	1
Bed hoists	6	Sand bags	1
Bed pans	151	Scales	1
Bed pans (rubber)	9	Sorbo rings	6
Bed rests	108	Stair chairs	1
Bed tables	13	Steam kettle	1
Book rest	1	Urinals	56
Chair commodes	73	Walking aids	6
Commodes	34	Walking sticks	10
Crutches	23	Wheelchairs	132
Electric bell	3		—
Feeding cups	9		957
Fracture boards	8		—

(e) HOME HELP SERVICE

1. Cases helped

(a) Classification of cases helped in the last 5 years:—

Cases	1959	1960	1961	1962	1963
Home Confinements	91	70	59	68	Maternity .. 102
Other Maternity cases	35	30	52	44	
Acute Illness ..	246	215	152	160	Acute Illness 88
Chronic Sick ..	86	114	176	148	Chronic Sick .. 60
Tuberculosis ..	8	9	8	2	Mental .. 1
Aged (over 75 years)	187	204	256	324	Other .. 8
					All patients over 65 years .. 498
Totals ..	653	642	703	746	757

The Ministry of Health return varied the categories as from 1963. All patients in the category of Aged, previously "over 75" and confined to the infirm now includes all patients over 65 who receive Home Help Service for whatever reason.

(b) Patients receiving continuous help throughout the year during the past 5 years:—

1959	205	1962	292
1960	290	1963	318
1961	258		

These figures chiefly represent the large group of aged and chronic sick who can carry on at home with the aid of regular Home Help Service.

(c) Continuous daily help throughout the year was provided for 9 cases as compared with 7 last year and 8 in 1961.

These 9 cases represent those who are very incapacitated and quite unable to carry out any domestic duties themselves.

2. Finance

(a) Classification for payment during the last 3 years has been as follows:—

	1961	1962	1963
Full payment	181	177	158
Assessed for part payment	216	204	228
Free	306	365	371
Total cases helped	703	746	757

At the end of the year 2 cases carried forward from previous years were receiving help at a reduced rate by Committee decision. One other case was granted a reduced assessment from April 1st to June 1st, 1963.

(b) *Assessment Scale.* The present scale, amended in November, 1961, has operated smoothly. There has been no appreciative change in the proportion of those paying the full rate of 4/- per hour and those paying a part of the cost.

Further amendments were made to the scale during the year as follows:—

May, 1963.

Due to the increase in National Insurance rates the personal allowances were altered:

Householder	from	£2 17 6	to	£3 7 6
Dependent Adult	„	£1 15 0	„	£2 1 6
Each child	„	£1 5 0	„	£1 10 0

November, 1963.

Rent, rates and mortgage:

(a) Rent and rates, unfurnished	from	£2 0 0	to	£3 0 0
(b) Rent and rates, furnished				
remains at				£3 10 0
(c) Mortgage and rates	from	£3 0 0	to	£4 0 0

This amendment brought the allowance in line with those operating for the Day Nurseries.

3. Staff

The following table shows the Home Help staff employed at the end of each of the last 5 years:—

Establishment: equivalent of 57 full time, of which up to 12 may be employed full time

	1959	1960	1961	1962	1963
Full time—42 hours	8	6	5	6	5
Part-time—27, 24, and 20 hours..	54	48	64	61	67
Part-time—less than 20 hours ..	12	14	11	24	32
Totals	74	68	80	91	104
Equivalent to full time				44	48

Recruiting continued throughout the year as replacements for those leaving the Service for various reasons such as pregnancy, ill health, domestic troubles and unsuitability have to be found.

Advertisements were inserted in the Press at least four times during the year, following which an intensive “drive” was made to recover losses and increase the total strength. Nearly half the applicants interviewed by the Organiser are considered unsuitable and some change their minds

about applying when they realise the extent of the work. Applicants must be capable of working without close supervision and must, whatever their age, be mature and sensible in their outlook. Many "doubtful starters" become excellent Home Helps after they have gained confidence and experience on the job. Weekly discussions about their work is invaluable and does much to ensure the mutual respect and confidence which is needed between the Home Help and the Organiser. Although still difficult, the situation is improving and, both in the North Oxford and Hinksey areas, a very much better service is now being given.

	On Register 1st Jan. 1963	No. of Resignations	Applicants Interviewed	Applicants Recruited	On Register 31st Dec. 1963
Full time	6	1	—	—	5
Part-time	85	55	116	69	99

(f) HEALTH EDUCATION

Smoking and Health

The relationship between cigarette smoking and lung cancer affords preventive medicine one of its greatest challenges. Just as in the past cholera, smallpox and diphtheria have in turn been prevented so lung cancer must also be prevented. Unfortunately, many people still do not or will not, appreciate the dangers of cigarettes and continue to damage their lungs by smoking them. That cigarette smoking is a cause of lung cancer has been convincingly demonstrated by the report of the Royal College of Physicians, and more recently, by the American Public Health Report, but still many smokers maintain that "there is no proof", or that the risk of cigarette smokers contracting cancer of the lung "is not high", while their last refuge when cornered is to take the attitude that "whether I smoke or not is no business of yours anyway". There are none so blind as those who will not see, but this serves to illustrate the difficulties which confront the health educator in this field. Furthermore, there are rich commercial interests who spend enormous sums of money on advertising and promoting sales of tobacco and cigarettes. Perhaps the only thing in their favour is that recently they have increased their efforts to sell cigars and pipe tobacco, which at least are not so dangerous as cigarettes. Whether this will result in a decrease in cigarette consumption remains to be seen.

The task of making the public aware of the dangers to health by smoking, and then persuading them to stop, or modify their habit is no easy one. Posters and leaflets are made available to clinics, schools, and elsewhere, and in this connection it is encouraging to see the greatly increased numbers and improved design of posters issued by the Ministry of Health and the Central Council for Health Education.

Children are individually advised about smoking when they are seen at the school medical examination. Discussions on the subject are held at Child Welfare Clinics where mothers are particularly advised not to smoke in front of their children. The question of the example set by adults is extremely important. On television, the cinema, and on the stage, cigarette smoking is portrayed as a pleasant and acceptable habit. Until this way of thinking and behaviour can be changed, persuading young people not to copy their elders is going to be extremely difficult. Certainly we should urge parents, school teachers and anyone who comes into contact with children not to set a bad example.

During the year a team from the Central Council for Health Education paid a visit to the City and showed the film "Smoking and You" at a number of schools. In the discussions which followed the film, it was interesting to see that a large proportion of children of all ages admitted to having smoked cigarettes. As they must have obtained these either by purchasing them themselves or being given them by adults, there would seem to be room for stricter enforcement of the law in regard to selling

cigarettes to young people, and for a much greater sense of responsibility by parents and other adults. The film "Smoking and You" was well received and it has now been purchased by the Education Department and is available from the Visual Aids Library where, in addition, there are a number of film-strips on the subject also available. The long-playing record "No Smoking" is available from the Health Department and has been used by schools and youth groups. Posters have been distributed at the City Libraries, and a large number of book markers with anti-smoking propaganda have been distributed with books borrowed from the libraries. Leaflets have been made available at Parentcraft and Young Wives' meetings. Posters and leaflets have also been available for general practitioners to use in their surgeries.

Making the public aware of the seriousness of cigarette smoking and getting them to give up the habit will be long and difficult. Only prolonged and unceasing efforts will results be obtained; that they can be obtained is demonstrated by the substantial decrease in cigarette smoking achieved by doctors in recent years.

Parentcraft

In addition to the Parentcraft Classes conducted by members of the Health Department, Parentcraft Classes involving expectant parents of two partnerships of general practitioners were held at Donnington Clinic. This was an innovation in several ways, as all were evening classes and fathers were invited to three out of each course of six. The family doctors concerned were present and helped with teaching and subsequent discussion, in addition to the midwives for the area and the practice health visitors. Three films were shown in each course and all concerned found the evenings enjoyable and worthwhile. There were 47 individual mothers and 285 total attendances of mothers and fathers.

Attendances at other Local Authority classes was as follows, (figures in brackets are for 1962):—

	Number Registered	Total Attendances
Donnington	67 (68)	280 (348)
Bury Knowle	50 (57)	206 (251)
Summertown	14 —	56 —
60 St. Aldate's	9 (8)	24 (23)
Total.. .. .	140 (133)	566 (622)

In addition to the talks to expectant mothers in courses of six classes, one evening session was held at Cowley Clinic to show the film on child-birth "To Janet a Son" to invited mothers and fathers.

General Health Education

Health education has traditionally been an important part of the work of every member of the Health Department and it is by giving advice on health matters during day to day contact with members of the public that much important work is done. Supplies of posters, pamphlets, and other equipment provided by national organisations are available on numerous subjects and among the important topics covered by displays at clinics and elsewhere have been Accidents in the Home, Care of the Teeth, Vaccination and Immunisation, and Burns and Scalds. Films on various aspects of health were hired or borrowed, and they proved particularly useful in child welfare clinics and schools. The projector was found to be of great value and was used on 46 occasions. On a number of occasions talks were given to outside groups on health subjects. Courses in hygiene, mothercraft, and personal relationships were held for groups such as the St. John Ambulance Brigade Cadets, Duke of Edinburgh's Award (Girls), and secondary school leavers. In addition, one health visitor was invited to address the Central Council for Health Education Conference on General Practitioner and Health Visitor Liaison, and the Royal College of Nursing Conference on Co-operation and Co-ordination within the Health Services.

As in the previous year, a campaign to prevent accidents with fireworks was conducted during the weeks before Guy Fawkes' night. Posters warning of the dangers of fireworks were exhibited at clinics, libraries, police stations and at paediatric and casualty departments of local hospitals. Slides indicating the dangers and urging adults to supervise their children when igniting fireworks were shown to audiences at a number of cinemas in Oxford during the week prior to 5th November. In this connection, our thanks are once again due to the cinema managers who agreed to display the slides free of charge.

It was thought that many students coming to Oxford, especially those from overseas, might be insufficiently informed about the National Health Service. Accordingly, on the advice of the Acting Advisor of Overseas Students, copies of a leaflet giving information on the National Health Service issued by the Ministry of Health, together with a copy of a booklet "The Social Services in the City of Oxford" were sent to the Senior Tutor at each college and to various associations for overseas students. The response was most gratifying in that the leaflets were found useful, and in many cases, requests were made for additional copies.

The rise in the incidence of venereal disease has continued to present a considerable problem. The Advisor in Health Education appointed by the Education Committee, has spent much time and effort in helping parents and children to achieve a mature understanding of sex matters, and it is hoped that this will lead to higher standards of conduct among young people. The School Medical Officers undertake guidance of children when seen at medical examinations and have been of assistance to parents

during the course of Parent/Teacher Association meetings. Talks and discussions on Sex Education by Health Department staff, stressing the need for responsible behaviour and high moral standards, have proved valuable. Pamphlets on Venereal Disease, including one translated into Urdu, have been distributed where it was thought they would be useful. Notices have been displayed in all public conveniences, indicating the situation and time of local V.D. Clinics.

(g) RECUPERATIVE HOLIDAYS

During 1963 recuperative holidays were arranged for 18 persons, 3 of whom were over 65 years of age. This total is slightly less than in the previous year but there does not appear to be any general falling off in the need for this type of help.

As in previous years the majority of cases were women, where there was no other prospect of obtaining relief from housework after a period of ill-health. All the cases expressed their appreciation of the holiday provided and appeared to have benefited from the rest and change.

The sources of recommendation for holidays were as follows:—

(a) General practitioners	17
(b) Hospitals	1

Applicants were assessed for payment as follows:—

Persons making payment in full	2
Persons making part payment	5
Persons making no payment	11

Travelling expenses for 12 persons was paid by the Council.

The total cost to the Council was £115 1s. 0d.

Applicants were received at the following Homes.

	<i>Male</i>	<i>Female</i>	<i>Children</i>
Bell Memorial Home, Lancing-on-Sea ..	—	5	—
Broadstairs Nursing Home	—	1	—
Church Army Homes, Weston-super-Mare ..	—	2	3
St. John's Home, Weston Favell	1	5	—
Surrey Convalescent Home, Seaford ..	1	—	—
	2	13	3
	—	—	—

(h) NURSING HOMES**The Register**

At 31st December, 1963, the homes on the register were as follows:—

TABLE I

<i>Home</i>	<i>Number of beds</i>	<i>General Purpose</i>	<i>Year of Registration</i>
Acland, 23/25 Banbury Road	44 (34 in regular use)	Acute medical and surgical	1949. Re-registered in November, 1962, under the management of the Nuffield Nursing Homes Trust.
St. John's, St. Mary's Road	68	Elderly, frail and chronic sick women	1950
St. Luke's, Linton Road	33	Patients for pre-con- valescence and rehab- ilitation. Period of stay normally not greater than 8 weeks. There is a contractual arrangement with the Regional Hospital Board.	1957

All three homes are non-profit making.

Nursing Homes Act, 1963

The Conduct of Nursing Homes Regulations, 1963, came into operation on the 27th August, and laid down general standards for the facilities and services to be provided. Interpretation of these standards in the light of local conditions is left to the Local Authority who may prosecute for any offence against the regulations.

Nursing Staff

The regulations require that the nursing home shall "provide for each patient efficient nursing care". The staffing of hospital wards has received much attention recently, as a result of changes in medical treatment, particularly in the direction of intensive patient care and early ambulation, and also owing to progress in hospital design. However, the studies have usually related to nursing staff in hospitals having nurse training schools and modern wards. In nursing homes, staff time-sheets should be more revealing than lists of names, and this type of scrutiny will be made in future. Staffing is not easy as nursing homes are competing with hospitals and old people's homes (among other services) for a share of an inadequate supply of nurses and other staff.

Premises and Equipment

The regulations specify other facilities and services. Here useful guidance is provided by the Ministry of Health Building Notes for hospital ward units and Local Authority Part III accommodation respectively. Table II, sets out this information along with the standards laid down for Nursing Homes by one large Local Authority.

It will be seen that hospital rooms are larger to allow space for bulky equipment and staff; nursing homes and residential accommodation should have adequate day-rooms for the ambulant patients.

(a) *The Acland*. The Nuffield Nursing Homes Trust intends to carry out extensive remodelling in 1964. Deficiencies in the old premises had been brought to the notice of the Trust and will be remedied. In particular, sundry kitchen fittings will be replaced, and certain recommendations by the City Fire Prevention Officer will be implemented. Two ward units of modern design are planned.

(b) *St. John's Home*. The premises are old, but improvements carried out 1961-62 satisfy the new regulations. Fire precautions were approved by the Fire Prevention Officer in 1963.

(c) *St. Luke's Home*. This is an adapted house with some extensions. The premises have been modernised and are well equipped.

Hurdis House

The National Corporation for the Care of Old People has agreed that Hurdis House should be registered as a Nursing Home on the 15th May, 1964.

TABLE II

STANDARD LAID DOWN			
<i>Standard laid down for</i>	<i>Report of Medical Officer of Health of large local authority— Nursing Homes</i>	<i>Ministry of Health Hospital Building Note No. 4—ward units</i>	<i>Ministry of Health Local Authority Building Note No. 2 Residential Accommodation for Elderly People</i>
Bed space	80 square feet in multi-bedded rooms	80 square feet	80—85 square feet
Bedrooms	80 square feet upwards in single bedded rooms	120 square feet	96—110 square feet
Heating	Not less than 65F at all times		Sitting-rooms 70F; other residential areas 65F
Sanitary accommodation	1 w.c. reserved for patients for every 5 beds on any floor	1 w.c. per 6 beds exclusive of w.c.s in connection with single bedded rooms	1 w.c. for 6 residents. Separate for men and women
Sluices	Minimum of 1		1 (plus dirty linen room)
Bathrooms	1 per 10 patients	1 per 10 patients	1 per 15 residents
Wash-hand basins	1 per room	1 per 6 beds	1 per room
Kitchens	Comply with Food Hygiene Regulations; adequate for number		15—18 square feet per resident, including food stores and servery
Incinerator	For soiled dressings		For female staff
Fire precautions	As recommended by County Fire Officer and implemented		
Day-rooms	Say 25 square feet per ambulant patient	15 square feet/bed	25 square feet/resident sitting-room 15 square feet/resident dining-room

(i) THE DOMICILIARY OCCUPATIONAL THERAPY SERVICE

There were no changes of staff during 1963.

The number of patients on the list at the 31st December, 1963, was 134:—

				<i>31st December,</i> 1962
Age under 60 (young chronic sick)	..	..	50	46
Age 60—70 (retirement group)	..	..	50	42
Age over 70 (old persons group)	..	..	34	29
			134	117

During the year 50 new patients were referred to the service, and 33 were withdrawn from the list, for reasons as follows:—

Returned to work	6	(3 of these were over 55 years old)
Treatment completed	6	(mainly persons requiring aids to daily living)
Admitted to hospital	2	
Died or removed from area	14	
Patient unco-operative	5	

Sales of articles through the Blind and Handicapped Shop reached a record figure of £1,250 (£1,029 in 1962) which included a sum of £236 for 150 special orders. Over £600 was returned to patients in payment for their work.

A less tangible but not less real product was the benefit to handicapped persons provided with aids to daily living. There were 16 such people who were assisted with aids to bathing (seats, rails, etc.—6), aids to dressing (5), structural alterations to home (4) and raised toilet seat (1).

The patients' Annual Craft Competition and Exhibition was held in June. This is a combined event for City and County domiciliary patients, together with in-patients at the Osler Hospital. Dr. Heald, an expert on gardening for the disabled, gave a most stimulating talk during the afternoon, which renewed the interest in gardening of many disabled people. He showed a number of useful adaptations of gardening tools, some of which were simple and inexpensive. For the ladies, there was a demonstration on beauty culture. The side-shows were well attended.

St. Andrews Parish Hall, Headington, provided a convenient site for this event. There are no steps, and wide doors, so that wheel-chairs were not impeded. It is important that these, and similar features should have their place in public buildings in the new City Plan, if many handicapped persons are to benefit from it.

Many of our patients attended the Annual Service for the Disabled arranged by the British Red Cross Society. The same Society also accepted several persons recommended by the Domiciliary Occupational Service for a holiday at Westward Ho!

Among visitors to the Service was a trainee general practitioner, who showed a great interest in work at the Sheltered Workshop and in patients' homes.

(j) CHIROPODY

The Council's scheme provides treatment for the elderly or physically handicapped. Many of these are able to attend clinics held at ten Old People's Clubs under the auspices of the Oxford Council of Social Service. There the Local Authority has accepted responsibility for finance and medical supervision, on condition that non-members of the Clubs are not excluded. Those unable to walk to the nearest Club are offered transport to a special clinic at Marston Court Old People's Home where the chiropodist is directly employed by the Local Authority. Domiciliary visits are made to a few housebound persons. There is a nominal charge of 2/6 per treatment wherever this is carried out.

Many very old people now live in the City's Old People's Homes (366 beds) and receive free chiropody from the Local Authority.

TABLE

<i>Place of treatment</i>	<i>12 months to 31st Dec. 1962</i>			<i>12 months to 31st Dec. 1963</i>		
	<i>Patients</i>	<i>Treatments</i>	<i>Sessions</i>	<i>Patients</i>	<i>Treatments</i>	<i>Sessions</i>
Old People's Clubs ..	369	1,278	247	358	1,247	208
Marston Court (Transport Session)	69	234	44	79	247	46
Patient's Residence ..	20	75	15*	28	95	19*
Old People's Home ..	179	1,039	173	305	1,390	203
Totals	637	2,626	479	770	2,979	476

*A nominal figure based on 5 domiciliary treatments per 3 hour "session".

It will be seen that in 1963 the work at Old People's Clubs was maintained in spite of a sub-arctic winter. Chiropodists, club leaders and voluntary chiropody organisers and helpers all contributed to this good result.

Rather more patients were taken to Marston Court. This part of the service needs relief by a second part-time chiropodist, working at a second centre, so that ambulance journeys are simplified.

Home treatments have again increased. Some people already known to the service have become too feeble for ambulance journeys, and other very elderly folk have applied for the first time. All requests for domiciliary or transport clinic care are scrutinised by the Senior Assistant Medical Officer of Health (Welfare Services).

The work at the Old People's Homes has necessarily increased with the opening of Cutteslowe Court (first full year) and Oseney Court. Probably increased longevity in the shelter of modern Part III accommodation is also playing a part. Exceptionally, a person who would normally be treated at a Club, but needs treatment once a month or more often, is allowed to attend at an Old Persons' Home. In one case bathing service at a Home was followed by lunch and chiropody.

The overall figure of 4 treatments per person per year is imposed by shortage of chiropodists in Oxford. Efforts to employ directly a second part-time chiropodist have not succeeded.

Registration of chiropodists approaches completion under the Professions Supplementary to Medicine Act, 1960.

Service	<i>*Number of part-time chiropodists in Oxford City Services</i>			
	<i>Type of Employment</i>	<i>State Registered</i>	<i>Registration under consideration</i>	<i>Registration refused</i>
Old People's Clubs	<i>Indirect</i> National Health Service Act 1946 Agency: Oxford Council of Social Service	3	3	1
Transport Session	<i>Direct</i> National Health Service Act 1946	1	—	—
Domiciliary Cases	<i>Direct</i> National Health Service Act 1946	4	—	—
Old People's Homes Residents	<i>Direct</i> National Assistance Act 1948	1	—	—

* The total number of chiropodists employed, directly or indirectly, is 7, some of whom appear under more than one heading in this table.

**(k) OXFORD AID-IN-SICKNESS CHARITIES, INCLUDING THE
MOBILE PHYSIOTHERAPY SERVICE**

The Medical Officer of Health is represented on the Committee of this Charity, which provides aid under three main headings:—

1. Domiciliary Physiotherapy Service

One full-time and one part-time Physiotherapist travel by car and van to give home treatment to patients who are unable by reason of health to make regular visits to hospital and whose means do not allow them to engage a private physiotherapist. Introduction is through the family doctor by application form to the Senior Physiotherapist (Miss I. M. Gray, Domiciliary Physiotherapy Service, c/o Department of Physical Medicine, The Radcliffe Infirmary), who can also be reached by telephone in urgent cases. The patient is asked to make a voluntary contribution towards the cost of treatment, unless this is met by the National Health Service for patients referred from the Department of Physical Medicine, or by the British United Hospitals Provident Association for patients covered by this scheme.

Priority in treatment is given to acute conditions such as non-tuberculous chest disease, recent hemiplegia and low back strain. Early care should secure rapid return to work of wage-earners or housewives, and prevent residual disability. Records are now kept in a form that shows up the proportion of acute cases treated, and health visitors as well as general practitioners have been circularised, so that this useful auxiliary service is not overlooked in the urgencies of medical care of acute illness.

In the twelve months ending 31st December, 1963, treatments numbered 1,513, (247 of them free), and were given to 333 patients (64 of them treated free).

2. The Lying-in Charity.

Two grants were made in the year in the form of food, fuel and baby napkins. Urgent applications via the Non-Medical Supervisor of Midwives are approved by the Medical Officer of Health, who then informs the Charity.

3. Other Charitable Grants from the general fund

These were made to four families. Since the implementation of the National Health Service Act, 1946, and of the National Assistance Act, 1948, these grants, like those made under the Lying-in Charity, are infrequent but extremely welcome where, owing to urgency, the embarrassing nature of the disease, or other personal factors, relief by statutory bodies is slow or uncertain. In emergencies, grants are made subject to the approval of the Chairman and Secretary, and brought to the notice

of Committee later. One grant in aid of heating for a paralysed man was followed by representations to the National Assistance Board, which was able to give further relief. A second grant paid for the services of an attendant to a very disabled man living with a handicapped daughter, until financial responsibility was accepted by the Local Authority as a special case of its duties under Section 28 of the National Health Service Act, 1946. Two further applications were approved rather appropriately on Christmas Eve. These were both for payment of night attendants for sick old people.

(1) HOUSING ALLOCATION ON MEDICAL GROUNDS

The revised points scheme approved by Council in April, 1963, introduced a new housing category of "cases where special considerations arise" due to:

- (a) an emergency arising out of family circumstances, including financial hardship.
- (b) health of applicant, or his family.

Up to 25 permanent dwellings and as many of the available temporary dwellings as may be necessary can be allocated each year in this way. The decision in health cases is taken by the Housing Committee on the advice of the Medical Officer of Health.

The new scheme continues to award points as previously to families in which there are persons on the Blind or Partially Sighted Registers, or suffering from open tuberculosis and recommended by the Consultant Chest Physician.

In fairness to all the many applicants on the Housing Register the conditions for recommending medical priority must be stringent. The aim of medical assessment is to give low, intermediate or high priority to families where present accommodation in relation to ill-health or physical handicap results in severe hardship, danger to health or risk to life. However, the eventual classification must also be influenced by social considerations. For example, one family may be better able than another, for financial or other reasons, to find alternative accommodation. In a few cases the attitude of the family towards its health problems makes rehousing a doubtful remedy for these.

After some experiment, an assessment form was devised to cover most relevant factors, especially present accommodation, nature of illness or handicap, and adequacy of parental care. The family doctor and health visitor are well placed to initiate applications and carry out assessments, and as a result of the Oxford scheme for the attachment of health visitors of general practices there is easy communication between the family

doctor and practice health visitor, and the Senior Assistant Medical Officer of Health responsible for this scheme. Sometimes further information must be obtained from other workers such as Public Health Inspectors, Mental Health, Welfare, and Child Care Officers. In addition eight families were visited by the Senior Assistant Medical Officer, as a check on the system of assessment and to deal with special difficulties. The Medical Officers of Health of several County Boroughs and County Councils, especially those of Berkshire and Oxfordshire, have kindly co-operated by arranging for home visits by Health Visitors to residences outside of the City.

By the end of the year, the scheme had been in operation for 6 months and a considerable accumulation of applications had been considered as follows:—

Number of applications referred to Health Department	77	(12 from outside of the City)
Number of applications assessed by the Medical Officer of Health	74	
Number of applications recommended for rehousing	47	

By January, 1964, the Special Allocation Sub-Committee of the Housing Committee had reached the following decisions:—

Allocated permanent housing	24	} (6 from outside of the City)
Allocated temporary housing	12	
Decision deferred	11	

Those recommended for rehousing on medical grounds comprised 21 over retirement age (65 for men, 60 for women), 22 under retirement age and 4 children. They can be classified by illness or handicap as follows:—

Diseases of heart and lungs	17
Diseases of locomotor system, including the myopathies	13
Mental illness	8
Other visceral disease	5
Diseases of central nervous system, including cerebral vascular accidents	4
	—
	47
	—

SECTION IV

INFECTIOUS DISEASES

Report by G. F. WILLSON, M.D., D.P.H.,
Deputy Medical Officer of Health.

(a) EPIDEMIOLOGY

Scarlet Fever

37 cases were notified during the year compared with 70 cases in 1962. They were evenly spread throughout the year, cases occurring in every month. The greatest concentration of cases (nearly two-thirds of the total) was in Cowley and Iffley ward which also produced 6 of the 12 cases of the other notifiable streptococcal disease, erysipelas.

Diphtheria

For the fourteenth successive year, no case of diphtheria occurred. Early in December, however, an Oxford medical student called in his general practitioner on account of a sore throat. He was found to have pyrexia and the clinical appearance of his throat suggested follicular tonsillitis. A throat swab was taken and *Corynebacterium diphtheriae* (Gravis type) was isolated. It transpired that the student had recently been handling diphtheria bacilli in the Dunn School of Pathology and had presumably infected himself from this source. About two weeks previously, he had had a negative Schick test and this, associated with the mild illness from which he had recovered in a few days, suggested that he was a diphtheria carrier rather than a case of the disease. He was given a course of erythromycin and all subsequent swabs were negative. All the swabs taken from fellow students and other contacts also proved negative.

Typhoid and Paratyphoid Fevers

Early in December, a West Indian boy was admitted to hospital for investigation of unexplained pyrexia. Repeated blood examination disclosed a rising titre of agglutinins to *Salmonella typhi* although the organism itself was not recovered. Two courses of treatment with chloramphenicol were required before clinical recovery was complete. Examination of close contacts disclosed the presence in the household of a woman who was a persistent excretor of *Salmonella typhi* and who had presumably been a carrier since a known attack of typhoid fever in the West Indies about 40 years previously. A course of treatment in hospital having failed to affect her carrier state, she was allowed home still on

treatment, other members of the household having meanwhile been protected with a course of T.A.B. vaccine.

Of the 2 cases of infection with *Salmonella paratyphi B*, one was a young man taken ill in April who appeared to have contracted the infection while eating out in London. In spite of treatment, he continued to excrete the organism for over two and a half months. The other case was a woman who developed symptoms while in the Churchill Hospital for some other disorder. No possible source of infection could be determined.

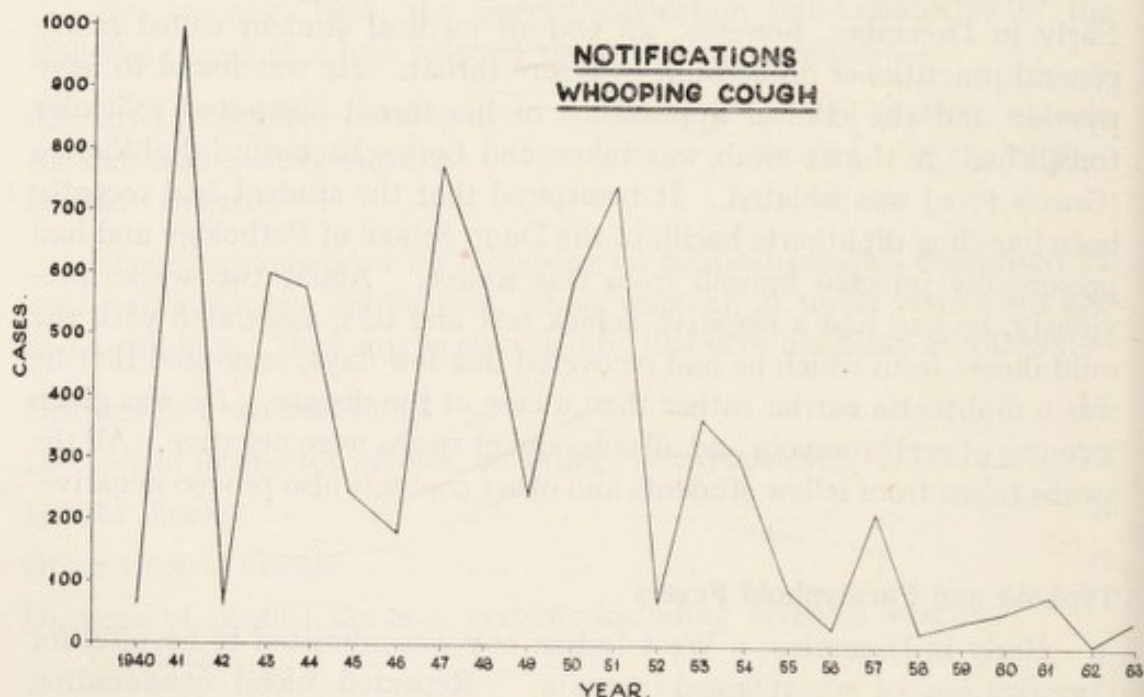
Measles

The epidemic which commenced in November, 1962, continued until the following spring with the result that 1,365 cases were notified in the first four months of 1963. A total of 1,593 cases occurred before the end of September, after which no further cases were reported.

Whooping Cough

41 cases were notified during the year.

The following graph shows the annual whooping cough notifications since 1940 (whooping cough became notifiable in November, 1939).



Oxford took part in most of the whooping cough vaccine trials commencing in 1944-47 when American vaccine was used. A further trial commenced 1948-49 but it is probably true to say that none of the vaccines at this time were of any great value. In 1951 a further trial was started on a bigger scale and this might have had something to do with the first really dramatic fall of whooping cough notifications which appeared in 1952. In October of that year, the routine use was started at all our

clinics of a proved reliable Medical Research Council vaccine and a good response to this has been observed over the past 11 years. In April, 1956, a changeover was made from simple antigens to triple antigen, the use of which has since been maintained in spite of the one-time scare of provocation poliomyelitis. The degree to which this immunisation programme has been successful is indicated by the average number of annual notifications for the past five years which is 43, compared with the five-year averages of the previous decade which were 474 (1943-47) and 443 (1948-52).

Of the 1963 notifications, 24 out of 41 were children who had not been immunised, and in those who had been immunised the disease tended to be very mild.

Poliomyelitis

No case of poliomyelitis was notified, which means that during the past five years there has been only one case.

Bacillary Dysentery

68 cases were notified compared with 20 cases the previous year. Exactly half the cases were detected during October and November, the majority in Cowley and Iffley. About one-third of the cases were in persons over school age. No concentration of cases occurred in any particular school.

Food Poisoning

The number of food poisoning notifications was 100.

The following organisms were isolated from notified cases:—

Salmonella typhi-murium	..	..	..	23
„ rubislaw	..	..	..	2
„ seftenberg	..	..	..	3
„ blockley	..	..	..	1
„ newport	..	..	..	1
„ drypool	..	..	..	1

In addition, there were found single symptomless excretors of *Salmonella typhi-murium*, *Salmonella rubislaw* and *Salmonella bovis-morbificans*.

Scattered cases of infection with *Salmonella typhi-murium* (13 in all) which began to appear in the second week of June and continued until the end of the month, were all found to be persons who had eaten cakes manufactured by the same bakery. Investigation of employees here

showed one of them to be a symptomless excretor of the organism so that he could be considered either as responsible for the outbreak or alternatively to have been infected by eating the products of the bakery. He was suspended from work until bacteriologically clear and no further cases occurred.

The 3 persons found to be excreting *Salmonella seftenberg* were hospital patients, one in the Radcliffe Infirmary, one at Cowley Road Hospital, and one at the Churchill Hospital. They all occurred in the last quarter of the year but no connection could be found between them and investigation of contacts disclosed no further cases.

Three persons infected with *Salmonella rubislaw* were members of one family. An eight month old infant was presumably infected from the mother who had become ill a few days previously and an older sibling was a symptomless excretor. There was no guide to any likely source of infection.

At the end of the year, three outbreaks of food poisoning were thought to be due to poultry infected with *Clostridium welchii*. Two of the outbreaks concerned staff at the Warneford Hospital who were taken ill a few hours after eating braised chicken, i.e. chicken which had been cooked one day, then sliced and reheated in gravy the following day. On the first occasion, 32 out of 42 persons eating the chicken were taken ill and on the second occasion, 23 out of 30. Of those who did not eat chicken, none had symptoms. Culture of remains of the chicken after the second outbreak produced a heavy growth of *Cl. welchii* and it may reasonably be presumed that this was also the cause of the outbreak which followed the consumption of a similar meal a week earlier.

Between 12 and 16 hours after eating their Christmas dinner, 12 out of 15 members of the staff of the Midwives' Hostel were taken ill with symptoms of food poisoning. No pathogens were isolated from those affected, but of the food examined a heavy growth of *Clostridium welchii* was obtained from the remaining turkey meat and forcemeat stuffing. Enquiry disclosed that the turkey had been cooked on Christmas Eve and reheated on Christmas Day, a further reminder of the danger from heat-resistant organisms which exists when this method of cooking is practised.

Annual return of food poisoning

The following information is compiled on a prescribed form at the request of the Ministry of Health:

1. Number of food poisoning notifications received	100
Number of cases otherwise ascertained	—
Number of symptomless excretors	4
Fatal cases	—

2. Particulars of outbreaks

AGENT	Family outbreaks			Other outbreaks			Total number of cases
	No.	No. of cases		No.	No. of cases		
		Notified	Otherwise ascertained		Notified	Otherwise ascertained	
Agent identified:							
(a) Chemical poisons	—	—	—	—	—	—	—
(b) Salmonella							
rubislaw ..	1	2	—	—	—	—	2
typhi-murium	1	2	—	1	13	—	15
(c) Staphylococci (including toxin)	—	—	—	—	—	—	—
(d) Cl. botulinum ..	—	—	—	—	—	—	—
(e) Cl. welchii ..	—	—	—	2	35	—	35
(f) Other bacteria	—	—	—	—	—	—	—
Causative agent not identified ..	—	—	—	1	32	—	32
Totals ..	2	4	—	4	80	—	84

3. Single cases

Agent	No. of cases		Total No. of cases
	Notified	Otherwise ascertained	
Agent identified:			
(a) Chemical poisons	—	—	—
(b) Salmonella			
blockley	1	—	—
drypool	1	—	—
newport	1	—	—
seftenberg	3	—	—
typhi-murium	9	—	—
(c) Staphylococci (including toxin)	—	—	—
(d) Cl. botulinum	—	—	—
(e) Cl. welchii	—	—	—
(f) Other bacteria	—	—	—
Causative agent not identified ..	1	—	—
Totals	16	—	—

4. Salmonella infections, not food-borne

Salmonella (type)	Outbreaks		No. of cases (outbreaks)	Single cases	Total No. of cases (outbreaks and single cases)
	Family	Other			
	—	—	—	—	—
Totals	—	—	—	—	—

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital
Scarlet Fever	—	—	1
Erysipelas	—	—	4
Puerperal pyrexia	23	14	—
Ophthalmia neonatorum ..	1	—	—
Measles	—	—	6
Whooping Cough	—	—	2
Pneumonia	1	—	9
Acute Encephalitis—post in- fectious ..	—	—	1
Typhoid Fever	—	—	1
Paratyphoid Fever	—	1	1
Bacillary Dysentery	2	—	5
Food Poisoning	1	—	5
	28	15	35

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1963

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'ver- cote	North	West	South	East	Head ington & M'ston	Cowley & Ifley
	Scarlet Fever ..	37	—	3	2	3	1	22	5	—	1	—	—	—	2	2	1	3	2	4	23
Erysipelas ..	12	—	—	—	—	1	—	—	2	1	1	3	—	—	2	1	1	2	—	6
Puerperal pyrexia ..	41	—	—	—	—	—	—	—	5	31	5	—	—	1	—	—	—	—	14	2
Ophthalmia neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	1593	52	173	216	248	267	541	65	15	15	—	1	—	294	143	73	131	88	451	413
Whooping Cough ..	41	6	3	6	5	4	11	5	1	—	—	—	—	5	3	4	1	2	17	9
Pneumonia ..	38	2	1	—	—	1	1	1	3	6	3	8	12	2	9	11	1	3	9	3
Acute encephalitis— post infectious ..	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Typhoid Fever ..	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid ..	2	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1
Bacillary Dysentery ..	68	5	4	5	7	8	10	3	5	17	1	3	—	14	3	—	4	2	7	38
Food Poisoning ..	100	4	1	—	1	1	3	2	14	37	14	21	2	3	—	—	12	4	74	7
	1935	70	185	229	264	284	589	81	46	109	24	37	17	321	187	91	153	103	576	504

(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 patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. A. G. Ironside, M.B., Ch.B., M.R.C.P., continued as Resident Medical Officer throughout the year, and the following report prepared by him is included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department.

"There were 500 admissions to the 25 infectious diseases cubicles in 1963. This is an average figure for admissions over the last ten years.

The year saw the final reorganisation of the hospital, to allow the greatest possible use of the beds. The Infectious Disease Department now consists of two wards, almost entirely in single rooms. There is an arrangement whereby further beds can be taken over in the pre-convalescent block to house further infectious cases as needed. So far this has not been necessary, although when admissions are heavy, cases in a non-infectious state are frequently transferred to the pre-convalescent block. There have been no unusual outbreaks of disease during the year. For the second year running, no cases of poliomyelitis were admitted, and this is a considerable tribute to the continuing success of the vaccination programme.

A single case of diphtheria was admitted; a young woman living in a country district. The organism causing the disease was not one of the usual human varieties, but one rarely transmitted from farm animals to man; a type called C. Ulcerans. The patient made a complete recovery.

Another disease largely controlled by vaccination is whooping cough. There still remains the problem of the severe case in the young infant, usually contracted from an immunised older brother or sister who is having a mild attack. The pneumonia which so often complicated whooping cough in babies is now controlled by antibiotics, and the remaining problems are the frequent and worrying attacks of cyanosis which can accompany the paroxysms. Rapid treatment by nursing staff can often prevent these blue attacks by sucking mucus from the baby's throat and supplying oxygen. In an attempt to speed up this treatment, an "early warning system" has been installed in several of the cubicles. This is a microphone and loud-speaker system which broadcasts the first coughs of the baby to the centre of the ward, and so allows immediate nursing help. Three of the 8 cases admitted were of this type and benefited from this equipment.

The largest group of admissions were caused by pneumonia, with 44 cases. Increasing numbers of cases of pneumonia are being admitted to this department which is well staffed and equipped to deal with them. Although pneumonia was traditionally considered not to be an infectious

disease, in fact in any series of cases several infectious varieties will be found. This is another sound reason for treating these cases in isolation. In the present series, two of the cases were found to be due to ornithosis and three to the Eaton agent. The infectiousness of the latter was proved when one of the staff nursing a case of Eaton agent pneumonia caught the infection herself. Eleven of the cases of pneumonia were in infants and one of these died, an infant of three months who failed to respond to a wide range of antibiotics, cortisone and oxygen. Twenty of the cases were of lobar pneumonia in adults, and these included the cases of ornithosis and Eaton agent pneumonia. All recovered. Thirteen of the cases were bronchopneumonia either in elderly people or in chronic bronchitics, and all recovered. As usual, several cases sent into hospital as cases of pneumonia proved to have a different final diagnosis, and these included cases of tuberculous pleurisy, cancer of the lung, heart failure, status asthmaticus, asthmatic bronchitis and cor pulmonale.

The beginning of the year saw the middle of a measles epidemic and 39 admissions were due to this. Eight of the cases were complicated by bronchopneumonia, several by croup and one by encephalitis. All the cases recovered completely. During the last ten years, there have been over five hundred admissions due to measles. This has caused one death and one child left with permanent disability. Both these cases were due to encephalitis. These figures are perhaps not typical of the country as a whole, but are not strong evidence of the need for universal vaccination against measles. The live measles vaccine itself has not yet been proved in a large scale trial to be free from causing encephalitis.

Non-specific gastro-enteritis of infancy caused 36 admissions, and gastro-enteritis in adults 35 admissions. Among the infant cases a high incidence of respiratory complications were seen. Nine cases had either bronchopneumonia or an upper respiratory tract infection. This is in keeping with the idea that this illness is due to one or more unidentified viruses, which may equally affect the respiratory and the gastro-intestinal tracts. Three of the cases were complicated by convulsions. Ten of the cases were complicated by dehydration but all responded to oral saline fluids and did not require intravenous therapy. All the infant cases recovered completely, as did the adult cases except for one very old lady of 95 years who died.

Many cases sent into hospital for investigation of diarrhoea and vomiting are found not to be due to gastroenteritis; these form a difficult and varied group, often requiring considerable investigation. They included the following:—ulcerative colitis (5 cases); diverticulitis (4 cases); perforated peptic ulcer (3 cases); cancer of colon (3 cases); appendix abscess (2 cases); irritable colon (2 cases); congenital pyloric stenosis (2 cases); Crohn's disease (1 case); hiatus hernia (1 case); leiomyoma of stomach (1 case); lead poisoning (1 case); faecal impaction (1 case); intussusception (1 case); cholecystitis (1 case). Many of these cases required urgent surgical treatment.

There were 32 admissions due to glandular fever, and if hospital admissions are a guide then this infection is slowly becoming more common in Oxford as the accompanying table shows.

Glandular Fever
Hospital Admissions 1948-63

Year	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63
Cases	3	6	14	11	13	9	15	29	27	35	38	30	34	19	24	32

Many of the cases were of the severe anginose type. The poor effects of antibiotic treatment on this type were clearly seen, although in unusually severe cases cortisone treatment was found to suppress rapidly the symptoms of the disease.

There were 22 cases of mumps admitted. Five were complicated by meningitis, two by orchitis, and one by convulsions.

There were 18 admissions diagnosed as upper respiratory tract infections, presumably of viral origin. Some of these viruses can be isolated but none were in this particular series. Two of the cases were complicated by convulsions. All recovered.

There were 17 admissions due to dysentery, and all but one were of the Sonne variety, and other being a Flexner type. One case, a young man whose dysentery was complicated by severe and uncontrollable diabetes, died after a short illness. Post mortem examination also showed severe disease of the adrenal glands. This contributed a great deal to the death. Although several of the other cases were complicated, all recovered.

There were 17 admissions due to Salmonella infections. Ten of these were complicated, including three by pneumonia and three by urinary infections. One was a case of septicaemia due to Salmonella bredeney and had a clinical course identical with typhoid fever. All recovered, although it was not always possible to clear up a persistent carrier state.

Among the 9 cases of staphylococcal infections admitted, no fewer than four were complications of diabetes. Two of these were already known cases but the other two were diagnosed as a result of admission for a severe staphylococcal infection. Two others were complicating malignant disease.

The 8 admissions due to virus meningitis were found to be due to ECHO type 6 virus. All recovered.

Although only 5 cases of infective hepatitis were admitted, one of these, a teenage girl, progressed to necrosis of the liver and died after being in a coma for two weeks.

6 cases of enteric fever were admitted during the year, two being typhoid fever and four paratyphoid. Typhoid fever has received a great

deal of publicity during the last year and as a result has become the "bogey-man" of infectious disease. Although it is always a disease to be taken seriously, it should be remembered that it is not a highly infectious disease and is easily cured by modern treatment. All six cases made a complete recovery.

There were a total of 9 deaths during the year but only five of these were due to infectious disease. Four of the infectious cases have already been mentioned, and the remaining case was a child of two years who died from the Waterhouse-Friderichsen's syndrome, a severe complication of meningococcal septicaemia. The four non-infectious cases died from either heart disease or malignant disease.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1963

	<i>Admissions</i>	<i>Deaths</i>
Pneumonia	44	1
Measles	39	—
Gastro-enteritis of infancy	36	—
Gastro-enteritis of adults	35	1
Glandular Fever	32	—
Mumps	22	—
Upper respiratory infection	18	—
Dysentery	17	1
Salmonellosis	17	—
P.U.O.	17	—
Chickenpox	13	—
Rubella	12	—
Herpes zoster	10	—
Tonsillitis—quinsy	9	—
Staphylococcal infections	9	—
Virus meningitis	8	—
Pertussis	8	—
Erysipelas	7	—
Urinary infection	7	—
Typhoid and paratyphoid	6	—
Ulcerative stomatitis	6	—
Infective hepatitis	5	1
Ulcerative colitis	5	—
Pulmonary tuberculosis	4	—
Bullous impetigo infancy	4	—
Diverticulitis of colon	4	—

There were 3 cases of:—

H. influenza meningitis, scarlet fever, and pyelonephritis.

There were 2 cases of:—

meningococcal meningitis (1 died), tuberculous meningitis, status asthmaticus, rheumatic fever, otitis media, febrile convulsions, pelvic appendix abscess, pyelitis of pregnancy, and polyneuritis.

There were single cases:—

diphtheria, Crohn's disease, acute nephritis, drug eruption, epididymo-orchitis, disseminated lupus erythematosus, septicaemia, leprosy, venereal disease, liver abscess, roseola infantum, Stevens Johnston syndrome, cramp, winter vomiting disease, septic parotitis, tuberculous pleurisy, primary tuberculosis, cholecystitis, acute leukaemia, and Henoch Schonlein purpura.

There were also 54 non-infectious cases of whom four died, and 5 healthy babies accompanying sick mothers."

(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 as follows:—

	<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
Mrs. I. Eagle and Miss G. M. Lawrence, Tuberculosis Health Visitors	Half-time
1 Clerk	3/11ths

TABLE A

New Cases and Mortality during 1963

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ..	1	—	—	—	—	—	—	—
1— ..	—	—	—	—	—	—	—	—
2—4 ..	2	3	—	—	—	—	—	—
5—9 ..	1	2	—	—	—	—	—	—
10—14 ..	1	—	1	—	—	—	—	—
15—19 ..	3	1	—	—	—	—	—	—
20—24 ..	6	3	3	3	—	—	—	—
25—34 ..	10	4	2	1	—	—	—	—
35—44 ..	6	4	3	5	1	—	—	—
45—54 ..	11	4	2	2	1	—	—	—
55—64 ..	1	—	—	2	1	—	—	1
65 and over ..	4	3	—	1	2	2	—	1
Totals ..	46	24	11	14	5	2	—	2

TABLE B

Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
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
1955	110	22	132
1956	94	11	105
1957	84	8	92
1958	63	7	70
1959	66	11	77
1960	75	10	85
1961	53	7	60
1962	71	5	76
1963	70	25	95

Dr. F. Ridehalgh reports as follows:—

“There was a further substantial increase in tuberculosis notifications in Oxford during 1963, when 95 new cases were discovered, as compared with 76 in 1962 and 60 in 1961. The 1963 figure is the highest since 1956, the average for the quinquennium 1958—1962 being 73 cases a year.

Analysis of the weekly return of notifications shows that of the 95 new cases, 70 were respiratory as compared with 71 in 1962. All but one of the non-respiratory cases were in adults, 14 of them in women, and the increase probably indicates more efficient notification rather than a rise in morbidity.

Of the 70 respiratory cases, ten occurred in children with evidence of primary infection or lesions judged to need treatment. There remain 60 adult cases of respiratory tuberculosis as compared with 67 in 1962.

The following table compares the ethnic distribution of adult respiratory cases in 1962 and 1963.

					1962	1963
Native born	..	..	..	..	47	34
Indian and Pakistani	..	..	..	..	9	21
Irish	..	..	..	..	3	—
West Indian	..	..	..	..	3	—
Other	..	..	..	..	5	5
					—	—
					67	60
					==	==

In addition there were 6 non-respiratory cases in Pakistanis of which two were spinal tuberculosis, and one case associated with tuberculous meningitis. All but two of the cases in Asiatic immigrants occurred in Pakistanis, and all were in men. It will be seen that of the 51 adult notifications (all forms, 41 respiratory) there were 27 (21 respiratory) in Asiatic immigrants. Practically all these men come from East Pakistan, and I have the strong impression that a high proportion of them are in fact refugees into East Pakistan from Kashmir.

The pattern of tuberculosis morbidity in Oxford therefore follows that seen in other cities where Pakistanis congregate. The downward trend of tuberculosis morbidity, which continues steadily in the native born population, has been completely reversed by the immigrant Pakistani population.

The discovery of these Pakistani cases in Oxford was a result of a deliberate case finding policy. The Mass Radiography Unit paid two special visits to Oxford in May and November. At the suggestion of three local general practitioners, whose lists included large numbers of Pakistanis, and with their enthusiastic co-operation, a combined operation was carried out. Special leaflets in Pakistani and Urdu, kindly prepared by Mr. A. Baquer, were distributed. Firms employing Pakistanis were approached, the health visitors and public health inspectors, and the general practitioners concerned, paid special house to house visits. As a result 230 Pakistanis were X-rayed in May and 217 in November. Nearly all the cases notified were found in this way. I am most grateful to all concerned in this survey for their hard work.

The subsequent treatment of these cases has presented no insuperable problems. There are difficulties of communication, and even of identification, semi-nomadic habits can present problems. For instance, it took six weeks to locate one boy of 14 whose X-ray showed massive mediastinal tuberculosis, because he was shuttling between Oxford, Bradford and Birmingham. Most of the cases were relatively early, all have done well and in general their co-operation in treatment and willingness to obey instructions are as good or better than other patients. May I again emphasize to local doctors and also to employers, the great importance of ensuring that immigrants have a chest X-ray once a year.

Deaths

There were 14 deaths of patients on the tuberculosis register. Two of these were on death returns, both in patients of 92. There was one death from haemoptysis of a known chronic bacterially resistant case of long standing. One man of 84 was found to have miliary tuberculosis which proved fatal before treatment could become effective. The remaining patients died from unconnected causes.

Prevention and Social Welfare

These aspects of tuberculosis control have been pursued with the same vigour as in the past. B.C.G. vaccination was given to 176 contacts. Close co-operation has been maintained with the Ministry of Labour and I am most grateful to Mr. A. Smith, the Disablement Resettlement Officer, for his enthusiasm in finding suitable work for our respiratory cripples. The two tuberculosis health visitors undertook 2,237 effective visits and attended 213 sessions at the Chest Clinic including the weekly case conferences with doctors, almoners and the domiciliary occupational therapists whose help to housebound patients is so valuable.

It was unfortunately impossible to organise another Care Committee Fete at the Osler Hospital. With the decline in popularity of the Christmas Seal Sale the Care Committee may well face increased problems of finance in the future. It is of great importance that its essential work should not be restricted by lack of funds."

Mrs. D. Hicks, Almoner, reports:—

"Patients with pulmonary tuberculosis under the care of the Chest Clinic still remain the principal referrals to the Almoner's Department here; the proportion is about three cases of tuberculosis to two cases of other chest illness. The time when contact is made with new cases is usually when a patient first knows his or her diagnosis, and has been told by the doctor that this involves admission to hospital. In spite of the greatly improved outlook and shorter period of treatment, the fact that one has tuberculosis still has the power to create considerable anxiety, not by any means all related to financial stress. Sometimes, however, this diagnosis brings a reaction of relief in its train just because the much greater fear has been harboured that it would be found to be cancer. Whatever the diagnosis may be and in so far as the patient's knowledge of it goes, a chance to discuss the way in which this affects himself and those nearest to him before actually entering hospital is usually gladly grasped, and a relationship for future casework help then made.

Once in hospital with treatment established and the first tension gone from the situation, many patients are well able to plan their way through what is now a comparatively short illness without needing material aid; but there are still some new cases who need the Care Committee help to relieve immediate pressure from commitments taken on in full health, and which must still be carried in spite of a much reduced income.

Apart from this sort of financial first-aid to a small number of new patients, the Care Committee still provides steady help to the many homebound chronic tuberculosis patients who have to manage on a straitened income. It is encouraging that the Committee, in spite of their rather limited finances have started to give this sort of help to the other chronic chest cases under the care of the Chest Clinic. If money can be raised to extend these facilities it will be well worth doing.

To live as a chronic bronchitic, increasingly breathless, ageing before your time and unable to remain the breadwinner in your own house is unspectacular but singularly humiliating, and this type of patient be it man or woman needs all that doctors, health visitors, occupational therapists and the rest of us in the team can give, if isolation and the feeling of uselessness are not to predominate.

The newly diagnosed tuberculosis patient with his much improved outlook and shorter period away from work seldom now has to face the upheaval of changing his job which is a reassuring factor for the good steady worker whose employer is willing to keep his job open. Where personality difficulties or chronic disability is involved, however, things may be more complex, but with the skilled and patient help of the Disablement Resettlement Officer a solution is usually found, and on occasion more stable work has been achieved after recovery than before the onset of the illness.

The grants of extra nourishment in the form of milk financed by the Health Department for notified cases of tuberculosis who are managing on a small income is still much valued. Comparing the figures of patients receiving this in 1963 with those in 1958, five years back, the numbers are less by 25%, and in the current year only four new cases have been added, one of these for only a short period. This follows the present pattern as one would expect that few new cases are off work long enough to need this supplement, but it is a support to the long-term tuberculosis case.

The Department has as in other years had very ready co-operation from voluntary and statutory Departments outside the hospital in the work we are doing for all the chest patients."

(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 diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary for 1963 and compares this year with the three previous years. It should be noted that the figures given in this table includes patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New Patients suffering from:	1963		1962		1961		1960	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis, primary ..	—	—	—	—	1	—	—	—
Syphilis, secondary	—	—	1	—	—	—	3	—
Syphilis, cardio-vascular ..	3	1	—	—	—	—	1	—
Syphilis of the nervous system ..	4	2	—	—	1	—	1	—
Syphilis, latent ..	13	7	13	11	2	4	4	5
Syphilis, congenital..	2	1	1	1	—	—	—	—
Total ..	22	11	15	12	4	4	9	5
Gonorrhoea ..	194	73	187	37	136	28	109	24
Other Conditions ..	318	105	276	70	213	84	218	79
Undiagnosed	11	2	5	9	9	9	7	8
Total new patients	545	191	483	128	362	125	343	116
Total attendances ..	1649	800	1652	574	1246	506	1225	528

Dr. P. Mallam reports:—

“The statement prepared by the Almoner to the Special Clinic sets out the statistical facts, and explains the important part that she plays in this work from the Public Health point of view.

There has been no change in the pattern of clinical staffing in that I exercise over-all supervision of the Department and am assisted in the male clinics by two General Practitioners, or, in their absence, by one of their partners. The female clinics are run by Dr. Josephine Walley, with the help of Dr. Stephanie James.

Arrangements regarding male nurses are still somewhat tenuous as we have only one trained male nurse, and have to rely upon the help of the Hospital porters to provide necessary services. They take a little while to become trained but we have now got one who has acquired some skill and another one whom it is hoped will prove capable of being taught.

Student teaching has not been on any regular or arranged lines as they have so many commitments, but we have had a number of post-graduate

physicians who have attended one or more of the clinics, and these in fact seem to be increasing in number.

During the year Dr. Ambrose King and some of his colleagues visited Oxford and in connection with the general assessment being made of the various clinics throughout the country inquired closely into our methods, and inspected our premises but, to date, I have received no comment from them.

The general running of the clinic has been perfectly smooth and is in my opinion, wholly adequate to the demands made upon it as regards accommodation and qualified medical staffing.

I should like to take this opportunity once again to stress how important it is that any Practitioner seeing suspect cases of gonorrhoea should take slides of the discharge before administering any treatment, as it is impossible to make a firm diagnosis in patients already treated, in whom slides have not been taken for microscopy."

Dr. J. Walley reports:—

"The main impressions we have gained in this year's work in the Female Special Clinic, is the increase in the number of women and girls attending.

There has been a definite increase in the number of patients with acute gonorrhoea, taking a random sample between 12th August and 12th November, 1963, we had 25 cases, during these three months.

We are still very impressed with the result of Flagyl in the treatment of trichomonas vaginitis in the female.

There have been fewer coloured pregnant women referred from the Ante-natal Clinics on account of a positive serology. We are still of the opinion that most of these women had Yaws in childhood."

Miss M. Deacon (Almoner) reports:—

"The total number of new cases has risen from 611 in 1962 to 736 in 1963, and the total attendances have increased from 2,226 in 1962 to 2,449 in 1963. The following tables show where this increase has occurred.

TABLE 1
New Cases of Syphilis

(a)	1962			1963		
	Totals	Male	Female	Totals	Male	Female
Primary	—	—	—	—	—	—
Secondary	1	1	—	—	—	—
Latent	—	—	—	2	1	1
Cardio-vascular	—	—	—	4	3	1
Nervous	—	—	—	6	4	2
Latent stages	24	13	11	18	12	6
Congenital	1	—	1	—	—	—
Congenital over 15 years	1	1	—	3	2	1
Totals	27	15	12	33	22	11

New Cases of Gonorrhoea

(b) 1962			1963		
Totals	Male	Female	Totals	Male	Female
224	187	37	267	194	73

New Cases of Other Conditions

(c)	1962			1963		
	Totals	Male	Female	Totals	Male	Female
Non-gonococcal urethritis	86	86	—	103	103	—
Late or latent treponematoses	2	2	—	4	1	3
All other conditions requiring treatment ..	137	97	40	139	77	62
Conditions requiring no treatment ..	121	91	30	177	137	40
Undiagnosed	14	5	9	13	11	2
Totals	360	281	79	436	329	107

In 1962 there was an increase of 25% on the figures for 1961. This year however, the increase is very much less, as shown in Table 1.

This year's increase, when looked at in detail has been concentrated in 3 main groups:—

- (1) There has been an increase in the number of patients with latent syphilis referred to the clinic.
- (2) There has been an increase in the number of patients attending the clinic with conditions not requiring treatment; this seems to

be partly a result of the increased publicity given to Venereal Disease in the daily papers and on television during 1963. (A number of patients said they had attended as a result of articles they had read in the papers).

- (3) There has been a significant increase in the number of women attending who have gonorrhoea. As shown in Table 1 (*b*) only 37 cases of female gonorrhoea had treatment at the clinic in 1962 compared with 73 in 1963. This has partly closed the large gap existing between the number of men and women attending in 1962.

It is to be hoped that this increase in female figures does not necessarily show an increase in the incidence of gonorrhoea, but rather that contact tracing, and improved publicity is being effective in encouraging infected women to attend the clinic. This should help to control the incidence of male gonorrhoea and perhaps the very small increase in male figures this year (only 5 compared with an increase of 51 in 1962) is an indication of the success of this.

Attendances and Diagnosis of Contacts, 1963

<i>Contacts attending with</i>	<i>Male</i>	<i>Female</i>
Syphilis. Primary and secondary	—	—
Gonorrhoea	36	35
Other conditions	10	11
<i>Localities in which infections took place—</i>		
Primary and Secondary Syphilis	—	—
Gonorrhoea (<i>a</i>) In locality of Centre	110	58
(<i>b</i>) Elsewhere in G.B. and N. Ireland	47	7
(<i>c</i>) Outside G.B. and N. Ireland	10	—
(<i>d</i>) Not known	27	8

The above table shows the number of contacts known to be attending the clinic, but this figure does not include some patients who bring their contacts but prefer not to give the contact's name. A number of contacts are also known to be attending other clinics, an important group being those in the Forces who have treatment from their own medical officers. Tracing contacts is one of the almoner's roles in the clinic; she sees all women patients and all men who have positive tests.

Patients are encouraged to be responsible for getting their contacts to have treatment but they may prefer the almoner to write to the person concerned.

A Health Visitor for the City and one for the County visit people who do not attend the clinic in response to letters, or default in their attendances—and often their understanding and reassurance in the case of young frightened people is very helpful. Often a number of patients can give only scraps of information about their contact, but sometimes we can gather enough information from a number of patients to enable us to trace the person.

Age Groups of Patients with Gonorrhoea

	1962		1963	
	Male	Female	Male	Female
Under 16	—	1	—	1
16—17	2	1	2	1
18—19	11	8	10	18
20—24	63	16	62	30
25 +	111	9	119	23

Nationality of all New Patients

	1962		1963	
	British	Non-British	British	Non-British
Males ..	309	150	369	174
Females ..	109	20	169	22

There has been no appreciable difference in the age groups of men attending the clinic, but in each of the three age groups from 18—25 + the women's attendances have more than doubled. (This increase is almost entirely among British women, perhaps because in the past they have been reluctant to attend their local clinics).

I have included the nationality tables, not so much because I feel that nationality in itself is an important factor; but that this highlights one of the major problems which leads to an increase in the incidence of Venereal Disease. This is the problem of people not being integrated into the local community in which they find themselves. Immigrants, visitors to England, people in the Forces, and English people out of their normal environment, may all have similar difficulties in making satisfactory relationships in a strange country or town. Promiscuity often occurs when stable relationships have proved impossible to establish, or have broken down. The Almoner tries to help such people with their problems of loneliness, and also those with marital difficulties, inability to find work and so on. Many patients have deep rooted, psychological problems, and some feel excessive guilt at having to attend a clinic. Patients often benefit from the opportunity to discuss their feelings in an atmosphere of privacy. Work with a number of patients however, is very limited by the fact that

they show no desire to change their promiscuous way of life. A higher proportion of Jamaicans than of any other group attend with re-infections, and this may be due to their different cultural background and rather happy-go-lucky psychology.

It is extremely important that the present good relationships between the patients and the clinic continue to be maintained in order to help patients and encourage them to keep their appointments at the clinic and immediately to return if ever they are re-infected.

Table showing the incidence of new cases of Venereal Disease in City Residents from 1944—1963.

	MALES		FEMALES	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
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
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12
1958	7	62	7	6
1959	5	70	1	16
1960	4	77	3	14
1961	1	104	2	20
1962	7	143	9	26
1963	10	145	4	40

(e) VACCINATION AND IMMUNISATION**1. Vaccination against smallpox**

Table showing successful vaccinations performed during the year:—

Age at date of vaccination	0—3 months	3—6 months	6—9 months	9—12 months
Number vaccinated (primary) ..	17	22	19	195
Number re-vaccinated	—	—	—	—

Age at date of vaccination	1 year	2—4 years	5—14 years	15 years and over	Total
Number vaccinated primary	130	19	20	92	514
Number re-vaccinated	4	43	65	743	855

Of the vaccinations carried out during the year, 150 primary vaccinations and 670 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

During the year four attempts were made on one child, three attempts on four children and two attempts on seventeen children, without success.

In the course of the year there was a change in departmental policy regarding age of smallpox vaccination. It was decided to offer this at the end of the first year, after completion of the other prophylactic procedures, rather than at 10 weeks. This change was introduced with some reluctance to conform with the national policy; it is hoped that the vaccination rate will not fall as a result. Inevitably there has been a sharp drop in the number of primary infant vaccinations undertaken this year.

2. Immunisation against diphtheria and pertussis

The following table shows the number of primary immunisations completed and the number of re-inforcing injections given during 1963.

	Children born in years							Total
	1963	1962	1961	1960	1959	1954-1958	1949-1953	
A. Number of children who completed a full course of primary immunisation:								
(i) Triple antigen ..	662	767	30	2	4	2	—	1467
(ii) Combined diphtheria—tetanus prophylactic	1	4	4	3	3	77	5	97
Totals	663	771	34	5	7	79	5	1564
B. Number of children who were given a re-inforcing injection:								
(i) Combined diphtheria—tetanus prophylactic	—	5	8	37	172	823	6	1051

Comments

(1) General practitioners gave 102 of the 1,564 primary courses (i.e. 6.5%) and 18 of the 1,051 re-inforcing injections (i.e. 2%). All other 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. Reinforcing injections are given largely at school.

(2) Children receiving a full course of immunisation against diphtheria and tetanus numbered 1,564 compared with 1,518 in 1962. Those receiving a full course of vaccination against pertussis numbered 1,467 compared with 1,409 in 1962.

(3) The exact proportion of babies immunised against diphtheria is difficult to estimate accurately. But there is a strong indication that the rate remains satisfactory. The health visitors have studied the records of children born in 1961 and still on their visiting list at the end of 1963. There were 1369 such children, of whom 1220 had been immunised. This gives a figure of 89%. Comparable figures for the last nine years are as follows:—

1954	75%	1959	83%
1955	76%	1960	88%
1956	77%	1961	91%
1957	80%	1962	92%
1958	82%		

(4) Triple antigen was again used throughout the year for primary immunisation of babies, preferably beginning at 4 months. Reactions to triple antigen at this age are usually absent or slight. During the year only one child failed to complete the course owing to reaction.

Diphtheria-tetanus vaccine adsorbed (P.T.A.H.) is administered to

school children in the form of either a single reinforcing injection or a primary immunizing course. Children who have previously been protected against diphtheria only, are given two additional injections of tetanus toxoid, so that full protection against diphtheria and tetanus is ensured.

(5) The exact proportion of babies protected against pertussis is not known. However, as contra-indications to the use of pertussis vaccine, necessitating the alternative administration of diphtheria-tetanus vaccine, are seldom encountered, the proportion of babies protected against pertussis can fall little short of that for protection against diphtheria (89%).

(6) Estimations, based on notification figures, of the protection conferred by pertussis immunisation are notoriously unreliable. However, during the past seven years there have been 44 notified cases in the first year of life, and in only four cases had the child been immunised. This suggests a considerable degree of protection.

Details of cases notified in 1963 are given in the accompanying tables:—

	Under 1 year	1 year	2 years	3 years	4 years	5—9 years	over 10 years	Total
Total notifications ..	6	3	6	5	4	11	6	41
Notifications in im- munised children ..	1	3	4	2	4	3	—	17

Details of the notified cases in immunised children:—

Age of child at onset	Antigen used	Interval between last injection and onset	Severity
10 months	Triple antigen	4½ months	Mild
1 year 2 months	Triple antigen	9 months	Very mild
1 year 4 months	Triple antigen	7 months	Very mild
1 year 11 months	Triple antigen	1 year 3 months	Very mild
2 years 1 month	Triple antigen	1 year 4 months	Moderate
2 years 3 months	Triple antigen	1 year 9 months	Very mild
2 years 7 months	Triple antigen	2 years 1 month	Mild
2 years 9 months	Triple antigen	2 years 3 months	Very mild
3 years 6 months	Triple antigen	3 years 1 month	Very mild
3 years 6 months	Triple antigen	3 years 1 month	Moderate
4 years 2 months	Triple antigen	3 years 9 months	Mild
4 years 5 months	Triple antigen	3 years 10 months	Moderate
4 years 6 months	Triple antigen	3 years 6 months	Moderate
4 years 10 months	Triple antigen	4 years	Very mild
6 years 5 months	Diphtheria—	5 years 10 months	Very mild
6 years 10 months	pertussis	6 years	Mild
7 years 8 months	Plain pertussis	6 years 11 months	Mild

3. Poliomyelitis vaccination

Sabin (oral) vaccine has increasingly become the method of choice in giving protection against poliomyelitis. Not only is it convenient to use and readily acceptable to both adults and children, but there is good reason to believe that it produces a better and longer lasting immunity than is attained by the use of Salk vaccine. No ill effects from the oral vaccine have been reported, while the inconveniences and difficulties of injections have been completely eliminated, thus encouraging mothers to have both themselves and their children fully protected. The reduction in the number of cases of poliomyelitis since the introduction of vaccination clearly indicates the value of this procedure. It is essential, therefore, that the high levels of vaccination attained over the past few years should be maintained and that no one should be lulled into a false sense of security by the present low notification figures.

During 1963 poliomyelitis vaccination continued at a substantial level and the total absence of the disease enabled the programme to be carried on in an orderly and systematic manner. Infants and children are given the primary course of vaccine when they attend the Child Welfare Clinic and school children are given a booster dose in the autumn term when they first start school. In addition, in May, the Ministry of Health issued instructions for a second dose of oral vaccine to be given to those children who had previously received only two Salk injections and one dose of oral vaccine. To receive this extra dose the pre-school children were recalled to Child Welfare Clinics, while school children were given the fourth dose at school. A total of 1,260 children were given the booster. By the widespread use of oral vaccine it is hoped to bring about a population largely immune to poliomyelitis.

The table below gives the numbers of persons who completed courses of vaccination during the year:—

	Salk vaccine			Sabin vaccine			
	* Primary Course	Booster (after 2 Salk)	Booster (after 3 Salk)	† Full Course	Booster (after 2 Salk)	Booster (after 2 Salk) and 1 Sabin	Booster (after 3 Salk)
Children born in 1963 ..	—	—	—	208	—	—	—
Children born in 1962 ..	—	—	—	1,138	—	—	—
Children born in 1961 ..	43	77	14	155	278	431	—
Persons born 1960-43 ..	—	—	—	181	—	829	888
Persons born 1942-3 ..	—	—	—	160	—	—	232
Others ..	—	—	—	142	—	—	118
Total ..	43	77	14	1,984	278	1,260	1,238

* Individuals who have received 2 injections of Salk vaccine.

† Individuals who have received 3 doses of oral vaccine.

In all 177 injections of Salk and 8,728 doses of Sabin vaccine were given. Of these general practitioners gave 85 injections of Salk vaccine (48% of injections) and 544 doses of Sabin vaccine (6% of oral doses). Comparatively few adults are coming for vaccination now, nearly all those in the 1942-33 and Others age groups were expectant mothers.

4. Vaccination for Travellers

(a) *Yellow Fever.* Oxford is one of the centres approved by the Ministry of Health to provide Yellow Fever vaccination. Vaccination sessions are held once a week on Tuesday afternoons, by appointment, and a charge of 10/- for each dose is made to cover the cost of the vaccine and incidental expenses. In 1963 715 vaccinations were performed (701 in 1962).

(b) *Other diseases.* Details of immunisations given by Health Department staff to prospective travellers who are normally resident in the City of Oxford are given below:—

	1963	1962
Cholera	23	27
T.A.B.	85	47
T.A.B. and Cholera ..	31	28
Tetanus Toxoid ..	10	14
Typhus	1	4
Total	150	120

(f) INFESTATION**(i) Scabies**

Two cases of scabies were reported in school children during the year.

(ii) Pediculosis

During the year, 15,365 personal hygiene inspections were carried out by the school health visitors and out of 8,140 children inspected, 190 were found to have lice or nits in the hair. This represents an incidence of 2.3%, the same figure as in the previous year.

Inspections are concentrated on schools where persistent offenders have been found in the past and, although efforts are made to detect and eradicate infestation in family contacts, it is notoriously difficult to elicit the co-operation of some members, particularly elder sisters who have left school and who may well provide a reservoir of infection.

During the year, 3 adults infested with body lice were also treated. This compares with 2 cases in 1962 and 4 cases in 1961.

(g) LABORATORY SERVICES**Bacteriological examinations**

Examinations of swabs and other specimens from cases of infectious disease and from contacts and suspected carriers have been carried out by Dr. R. L. Vollum and his staff at the Public Health Laboratory, Walton Street, Oxford. In addition, virus studies have been carried out by Dr. F. O. MacCallum. We are most grateful to the whole staff for the ready help which has been given throughout the year.

Analytical examinations

Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222 Elgar Road, Reading, Berkshire, has continued as official Analyst to the City.

SECTION V

MATERNITY AND CHILD WELFARE

REPORT BY DR. H. H. JOHN,
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Senior Assistant Medical Officer of Health

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) Domiciliary midwives employed by the Local Health Authority	9
(b) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals	39
	—
	48
	—

II. The Domiciliary Midwifery Service

1. General arrangements

Virtually all domiciliary midwifery is undertaken by full-time midwives employed by the City Council. The establishment provides for a non-medical supervisor and for nine midwives. In addition, two part-time midwives are now employed to help with the nursing care of mothers and babies discharged early from hospital, and other duties when necessary.

The City Council takes full responsibility for providing domiciliary midwives with suitable transport and accommodation if required. In 1963, Corporation cars were used by four midwives, and a car allowance, on the essential user basis, was available for those running their own cars. Six midwives occupied Council property; five in fully-furnished accommodation and one in an unfurnished flat.

2. Antenatal care for domiciliary cases

Every mother booked for domiciliary delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Cases for domiciliary delivery are carefully selected and antenatal care is carried out by both doctor and midwife in close co-operation. It is very much to

the advantage of the mother, and in the best interests of midwifery, that this is started early in pregnancy. The following table shows the number of midwives' bookings according to the period of gestation:—

<i>Period of gestation</i>	<i>Number of bookings</i>
Under 12 weeks	43
12—16 weeks	182
17—20 weeks	127
21—24 weeks	86
25—28 weeks	60
29—32 weeks	46
33—36 weeks	18
After 36 weeks	8
	570*

*This figure excludes 10 unbooked emergencies and 3 County deliveries.

Thus 132 or 23.2% of mothers booked for delivery at home did not book a midwife until after the 24th week of pregnancy. This proportion is lower than that in 1962 when it was 28.7%. It is pleasing to note the improvement, but efforts to ensure earlier booking must continue.

General practitioners continued to hold special antenatal sessions at their surgeries. At the end of the year 14 doctors were participating in 10 regular weekly sessions at which a midwife or her pupil attended.

Every effort is made to ensure that the full range of antenatal blood tests is carried out in each case. Specimens may be collected at the pathological laboratory at the Radcliffe Infirmary, but most mothers find it easier to attend one of the City antenatal clinics. The following figures show the number of attendances for this purpose over the last five years:—

1959	1,065
1960	1,036
1961	1,039
1962	1,077
1963	1,005

In addition the Supervisor of Midwives took samples at the mother's home on 31 occasions during 1963 at the request of a general practitioner, (compared with 48 occasions in 1962 and 44 in 1961).

Efforts to ensure that all mothers delivered at home have a high haemoglobin level at term have been maintained. To this end care is taken that every mother has routine iron in pregnancy, and the haemoglobin level is re-estimated at 34-36 weeks. The results of all blood tests in pregnancy are entered on the midwife's record, which remains in the

mother's keeping until she is delivered. Study of the records of the 580 cases delivered in 1963 shows the following distribution of late-pregnancy haemoglobin readings:—

<i>Hb.</i>	<i>Number of cases</i>
61—65%	5
66—70%	23
71—75%	84
76—80%	173
81—85%	141
86—90%	100
91—95%	35
96—100%	4
101% or over	2
No record	13
	—
	580
	=====

This is not an entirely satisfactory distribution. However, technical difficulties in haemoglobin estimation resulted in a false depression of readings over a period and certainly contributed to the unfavourable picture. Rectification of the standardisation error, and increased attention to the measures, which were outlined earlier, should yield a greatly improved distribution in 1964. In particular, efforts to obtain re-estimations somewhat earlier in pregnancy, at approximately 34 weeks, should allow more time in which to remedy any deficiency found.

Patients with low haemoglobin levels were all on intensive treatment.

3. City Antenatal Clinics

There was again a fall in the number of attendances for full antenatal care. Attendances for this purpose numbered 37, compared with 92 in 1962 and 95 in 1961. The few mothers who attend usually do so for geographical reasons, and in each case a doctor is booked and is kept informed of his patient's progress.

The following table shows the attendances made for antenatal care, the blood tests performed for general practitioners, and the number of doses of poliomyelitis vaccine which were given during the year. It does not include two postnatal attendances.

Work done at City antenatal clinics 1963

Clinic	Full antenatal care		Blood tests at request of general practitioners	No. of poliomyelitis vaccine injections and oral doses given
	First attendances	Re-attendances		
Headington ..	3	11	349	162
East Oxford ..	2	1	429	239
St. Aldate's ..	1	19	227	101
	6	31	1005	502

4. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home) under the Maternity Medical Service among doctors in practice in the City was as follows:—

30—39 cases	2 doctors
20—29 cases	8 doctors
10—19 cases	17 doctors
5—9 cases	9 doctors
1—4 cases	15 doctors

The figures apply only to City cases, thus they do not represent the total Maternity Medical Service bookings of the doctors.

5. Work of the individual midwives 1963

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives and medical students.

A second table gives an analysis of all domiciliary deliveries carried out during 1963.

Table showing the work of the individual midwives during the year

	Doctor present at delivery	Doctor not present at delivery	Mis-carriages	Total	Antenatal visits	Nursing visits	Postnatal visits (i.e. after the 14th day)	Total visits
†Midwife A (East Oxford and Marston) ..	12	37	—	49	696	1,283	1	1,980
Midwife B (Part of Headington) ..	17	52	—	69	988	1,331	21	2,340
Midwife C (Part of Headington and Northway) ..	13	56	—	69	818	1,400	1	2,219
Midwife D (Cowley) ..	30	56	—	86	1,383	1,602	22	3,007
Midwife E (South and West Oxford) ..	23	61	1	85	1,247	1,976	37	3,260
Midwife F (Wolvercote, Cutteslowe, North Oxford and deputising for Supervisor) ..	29	33	—	62	834	1,186	15	2,035
Midwife G (Rose Hill and part of Blackbird Leys) ..	14	57	—	71	992	1,316	12	2,320
*Midwife H. (Blackbird Leys) ..	5	11	—	16	168	309	—	477
†Midwife I (Blackbird Leys) ..	10	33	1	44	967	1,268	29	2,264
†Midwife J (St. Clement's and relief midwife) ..	2	4	—	6	54	162	—	216
Supervisor of Midwives ..	8	20	—	28	315	427	7	749
Part-time nurses ..	—	—	—	—	—	862	—	862
	163	420 §	2	585	8,462	13,122	145	21,729
Corresponding figures for 1962 ..	198	435	3	636	8,289	12,540	148	20,977
Corresponding figures for 1961 ..	149	435	3	587	8,727	11,616	114	20,457

§ This figure includes delivery of 3 County patients, one on Woodfarm Estate, one on the Barton Estate and the other on Slade Park.

* Resigned 31.3.63

† Appointed 1.4.63.

† Appointed 1.4.63.

† Appointed 4.11.63.

6. Analysis of domiciliary deliveries during 1963:—

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total cases	62	101	68	349	580
Live births	62	101	68	350	581
Stillbirths	1	—	—	1	2
Twin deliveries	1	—	—	2	3
Death of baby at home ..	—	—	—	—	—
Forceps deliveries	3	—	—	—	3
Emergency obstetric service	—	—	—	5	5
Baby transferred to hospital by "premature baby flying squad"	1	—	1	6	8
Baby transferred to hospital other than by "flying squad"	1	—	1	2	4
Mother and baby transferred to hospital	—	—	1	4	5
Anaesthesia and analgesia:—					
(a) Pethidine	48	57	52	163	320
(b) Gas-and-air	45	86	52	282	465
(c) Trilene	2	5	3	4	14
Antenatal care:—					
(a) General practitioner and midwife	60	101	68	338	567
(b) Clinic and general practitioner	—	—	—	3	3
(c) None (emergencies)	2	—	—	2	4
(d) Hospital booked emergencies	—	—	—	6	6
Feeding at 14 days:—					
(a) Breast entirely	47	74	49	208	378
(b) Breast and bottle	5	5	2	32	44
(c) Bottle entirely	9	22	16	100	147

Comments on the work of the midwives and on the details of domiciliary deliveries:

1. Total deliveries decreased (580 compared with 631 in 1962). There was an increase of 173 in the number of antenatal visits and of 582 in the number of nursing visits undertaken.

2. There was no maternal death.

3. Only 2 still-births and no neonatal deaths occurred at home in 580 deliveries.

4. Three pairs of twins were delivered at home. They were all undiagnosed prior to labour. Three of the babies were large and were

nursed at home. The other three were transferred to hospital. Doctor was present at one of the three deliveries.

5. Doctors were present at 28% of deliveries compared with 31% in 1962 and 25% in 1961.

6. The forceps rate was again low, namely 0.5%.

7. It can be calculated from the figures that 65% of babies born at home, were fully breast-fed at 14 days.

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

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing co-operation of the hospitals, admission of emergency cases can always be arranged without delay.

During 1963 the admission of 28 mothers occurred during labour. Calculated as a percentage of mothers delivered at home plus those admitted in labour, this works out as 4.6% compared with 3.7% in 1962, 2.3% in 1961 and 3.1% in 1960.

The reasons for admission, together with the outcome were as follows:—

<i>Abnormality</i>	<i>Delivery</i>	<i>End result</i>		<i>No. of cases</i>
			<i>Baby</i>	
Delay in 1st stage	Spontaneous		Survived	3
Delay in 1st stage	Forceps		Survived	6
Delay in 1st stage	Caesarean section		Survived	1
Delay in 2nd stage	Spontaneous		Survived	1
Delay in 2nd stage	Forceps		Survived	8
Delay in 2nd stage	Hysterectomy for ruptured uterus		Stillborn*	1
Breech presentation	Spontaneous		Survived	2
Breech presentation	Spontaneous		Stillborn*	1
			(Hydrocephalic)	
Foetal distress	Spontaneous		Survived	1
Foetal heart not heard	Spontaneous		Stillborn*	1
Premature labour	Spontaneous		Survived	1
Placenta praevia	Caesarean section		Survived	1
Prolapsed cord	Caesarean section		Survived	1
				—
				28
				—

*These cases, involving perinatal deaths will be discussed in paragraph 11.

8. Administration of pethidine

Pethidine was given in 215 cases in which the midwife was acting on her own responsibility (i.e. 51.5%). Corresponding figures for the last five years are as follows:—

1958	48%
1959	48%
1960	51%
1961	43%
1962	39%

Of the total 580 patients delivered at home, 320 or 55% received pethidine. This figure shows an increase in relation to 1962, when 45.5% of the total were given pethidine.

9. Inhalational analgesia

Gas and air is made readily available for every mother who wishes to receive it. Instruction in its use is always given in the antenatal period unless the mother is familiar with the apparatus. During the year 80% of mothers were given this form of analgesia.

Trilene is also now available for administration by midwives in suitable cases.

Inhalational analgesia was not given in 101 cases, and investigation disclosed that it was withheld for the following reasons:—

Born before arrival of midwife	..	16
Rapid delivery, no time	.. ..	12
Considered unnecessary	.. ..	60
Refused .. .. .	.. ..	13
		<hr/>
		101
		<hr/> <hr/>

Of the 73 cases in which gas and air or trilene were considered unnecessary or were declined, 29 received pethidine.

Only one trilene set was in use by the midwives in 1963, but it did prove extremely helpful in appropriate cases and a further set has been ordered. Trilene was administered on 14 occasions during the year.

10. Parentcraft and Relaxation Classes

Parentcraft classes continue to be held. They are well patronized and are greatly appreciated. The midwives, health visitors and doctors all contribute to the success of the classes.

Relaxation classes are available at the Radcliffe Infirmary and the Churchill Hospital. These are restricted to expectant mothers who are considered by their medical advisers to require this form of preparation.

11. Perinatal deaths in connection with domiciliary midwifery

Every stillbirth and neonatal death in the first week of life is fully investigated. Three categories are considered:—

- (1) Deaths at home (2 stillbirths).
- (2) Deaths of babies born to mothers admitted to hospital as emergencies in labour (3 stillbirths).
- (3) Deaths of babies admitted to hospital after delivery at home (2).

(1) Deaths at home

A. Stillbirths—

(i) *Mother aged 36 years.* Fourth baby. Previous pregnancies and labours uncomplicated. Regular antenatal care was given by doctor and midwife. Pregnancy and labour at term were uncomplicated. However, the foetal heart was not audible in labour and mother was delivered of a stillborn foetus weighing 9 lb. 4 oz. The foetus was slightly macerated and the cord was wound tightly around the neck.

Comment: Unavoidable.

(ii) *Mother aged 20 years.* First baby. This was an unbooked emergency case and mother had received no antenatal care. Delivery at 38 weeks gestation was precipitate and by the breech. The foetus was still-born and weighed 5 lb. 8 oz. There were no congenital abnormalities.

Comment: This infant might have been saved if mother had obtained adequate antenatal care. Probably avoidable.

B. Neonatal deaths—Nil.

(2) Deaths of babies born to mothers admitted to hospital as emergencies in labour

A. Stillbirths—

(i) *Mother aged 20 years.* First baby. Regular antenatal care was given by doctor and midwife. Pregnancy was uncomplicated. Breech presentation was diagnosed in labour and mother transferred to hospital. Delivery was by the breech and it was necessary to tap the after-coming hydrocephalic head. Other congenital abnormalities included spina bifida, talipes, and absence of the right kidney and fallopian tube.

Comment: Unavoidable.

(ii) *Mother aged 28 years.* Third baby. Two previous pregnancies and labours were uncomplicated. The birth weights of these children were 8 lb. 10 oz. and 10 lb. 12 oz. respectively. The third pregnancy was complicated only by diarrhoea and vomiting at 32 weeks with subsequent recurrence. Regular antenatal care was provided by doctor and midwife. Labour began spontaneously but progress was slow. After 5 $\frac{3}{4}$ hours

contractions stopped suddenly and the foetal heart was no longer audible. Mother was transferred to hospital with a diagnosis of ruptured uterus. This was confirmed at laparotomy and hysterectomy performed. The foetus was stillborn and weighed 9 lb. 9 oz. There were no congenital abnormalities and death was attributed to intrapartum asphyxia.

Comment: Earlier surgical intervention might have saved this baby. Possibly avoidable.

(iii) *Mother aged 25 years.* Third baby. Previous two pregnancies and labours uneventful. Mother failed to present for antenatal care until 30 weeks gestation in her third pregnancy, but subsequently received regular supervision. Pregnancy was uncomplicated until the day prior to labour when a blood pressure of 130/80 was recorded, with a trace of albumin but no oedema. Rest was ordered. Labour progressed normally but the foetal heart stopped without prior warning of foetal distress. Mother was transferred to hospital for delivery. The foetus was stillborn and no congenital abnormalities were detected.

Comment: It is unlikely that the outcome would have been different if mother had been admitted to hospital on discovery of the borderline hypertension and trace of albuminuria. Probably unavoidable.

B. Neonatal deaths—Nil.

(3) Deaths of babies admitted to hospital after delivery at home

(i) *Mother aged 20 years.* Second baby. First pregnancy and labour uneventful. Regular antenatal care was given by midwife and medical officer at City antenatal clinic. Blood pressure was within normal limits apart from an isolated reading of 135/85, but this was not accompanied by oedema or albuminuria. Labour was uneventful with spontaneous vertex delivery. The infant suffered from exomphalos and was admitted to hospital for treatment. The defect was rectified but peritonitis ensued and the baby succumbed on the sixth day.

Comment: Unavoidable.

(ii) *Mother aged 42 years.* Second baby. The first pregnancy was prolonged and surgical induction was performed at 42 weeks. The associated labour was long and the baby was delivered with the assistance of forceps. In the second pregnancy external cephalic version was necessary at 36 weeks. Mother was later examined at the hospital antenatal clinic, but admission was not considered necessary. The first stage of labour was again prolonged, but spontaneous vertex delivery followed a short second stage. Baby was asphyxiated and respiration was only established after resuscitation for ten minutes. Oxygen was administered and the infant transferred to hospital where he died the following day. Autopsy disclosed coarctation of the aorta and bladder neck obstruction with bilateral hydronephrosis.

Comment: Unavoidable.

12. Resuscitation of the newborn

This was considered in the course of the year and the following code of practice adopted:—

1. Clear airway by—(a) Pharyngeal suction.
(b) Extension of neck.
2. If depression is attributed to the recent administration of pethidine or morphia, give—
Lethidrone (Neonatal) 0.5—1.0 m. I.V.
3. Apply mild sensory stimulation by gentle slapping of soles of feet.
4. Administer oxygen intranasally.

If respiration is still not established after the passage of 3 minutes, or less in the event of a premature or traumatic labour, then—

Administer Nikethamide (25%) 0.25—0.5 ml. on to the tongue or I.V. but NOT I.M.

Any resulting respiratory stimulation will be apparent within one minute. If unsuccessful, mouth to mouth respiration should be used as a last resort, in the absence of facilities for intubation and the administration of oxygen under intermittent positive pressure.

13. Emergency obstetric service

This valuable service, which operates from the Nuffield Maternity Home, was called to 6 domiciliary confinements in the City during 1963. Every mother made a good recovery.

Details of the cases were as follows:—

1. Prolapsed cord	1
2. Retained placenta	1
3. Retained placenta and post-partum haemorrhage	3
4. Postpartum haemorrhage—primary ..	1
	6
	6

There were thus 6 calls in respect of 580 domiciliary deliveries. This compares very favourably with the 14 calls to 631 deliveries in 1962, and 21 calls to 584 deliveries in 1961.

It is pleasing to record that prompt action on discovery of a prolapsed cord, with transfer to hospital and immediate delivery by Caesarean section, resulted in the birth of a live baby.

In one case a retained placenta was delivered by staff of the emergency service using the Brandt-Andrews technique. Total blood loss amounted to 15 oz., and blood transfusion and hospital admission were unnecessary.

Retained placenta in three further cases was associated with postpartum haemorrhage, and blood transfusion was necessary in two of them. The placenta was delivered before the arrival of the squad in two instances, but manual removal was necessary in the remaining case. The latter was the only one requiring hospital admission. This patient was found to be grossly anaemic with a haemoglobin level of 55% a week before delivery, and was given a transfusion of 4 pints of packed cells. Hospital admission for delivery was refused. Another patient was an emergency case and had not presented for antenatal care, so that blood tests had not been performed. The haemoglobin level of the remaining case was satisfactory.

The patient with delayed primary postpartum haemorrhage was slightly anaemic in late pregnancy, but this responded to intramuscular iron therapy. Labour was uneventful and intramuscular ergometrine was administered. Further heavy blood loss was discovered 6 hours later and blood transfusion and transfer to hospital were necessary.

14. Notification by midwives to the Local Supervising Authority

Despite the close partnership between doctor and midwife in the care of mothers delivered at home, the midwife is still obliged by the rules of the Central Midwives' Board to fill in a "medical aid form" when she needs the help of a doctor for cases in which he is not present at delivery.

This occurred on 134 occasions during the year (compared with 144 in 1962 and 165 in 1961). The reasons were as follows:—

(a) *Mother*—

(i) *During pregnancy*

Threatened abortion	1
Premature labour	5
Toxaemia	3
Breech presentation	1
? Disproportion	1
Transverse lie at term	1
Ruptured membranes for 48 hours	1
Antepartum haemorrhage	1

14

(ii) <i>In relation to labour</i>						
Antepartum haemorrhage at start of labour..	..	..	..	..	..	1
Transverse lie with ruptured membranes ..	..	..	..	..	..	1
Breech presentation .. .. .	..	..	..	..	..	1
Delay in 1st stage .. .. .	..	..	..	..	..	7
Delay in 2nd stage .. .. .	..	..	..	..	..	6
Foetal distress .. .. .	..	..	..	..	..	5
Foetal heart not heard .. .. .	..	..	..	..	..	1
Shock during labour .. .. .	..	..	..	..	..	1
Uterine inertia .. .. .	..	..	..	..	..	3
Undiagnosed twins .. .. .	..	..	..	..	..	2
Retained placenta .. .. .	..	..	..	..	..	2
Episiotomy for suturing .. .. .	..	..	..	..	..	3
Perineal tear .. .. .	..	..	..	..	..	35
Postpartum haemorrhage .. .. .	..	..	..	..	..	2
Raised blood pressure after delivery ..	..	..	..	..	..	2
Unbooked—born before arrival of midwife ..	..	..	..	..	..	1
						—
						73
						==
(iii) <i>Lying-in period</i>						
Confused mental state .. .. .	..	..	..	..	..	1
Flushed breast .. .. .	..	..	..	..	..	1
Puerperal pyrexia .. .. .	..	..	..	..	..	13
Secondary postpartum haemorrhage ..	..	..	..	..	..	1
Severe lumbar pain .. .. .	..	..	..	..	..	1
? Urinary infection .. .. .	..	..	..	..	..	1
						—
						18
						==
(b) <i>Baby—</i>						
Stillbirth .. .. .	..	..	..	..	..	1
Prematurity .. .. .	..	..	..	..	..	2
Asphyxia .. .. .	..	..	..	..	..	2
Excessive mucus—? oesophageal atresia ..	..	..	..	..	..	1
Convulsions .. .. .	..	..	..	..	..	1
Impaired mobility of arm .. .. .	..	..	..	..	..	1
Severe congenital abnormality .. .. .	..	..	..	..	..	3
Persistent vomiting .. .. .	..	..	..	..	..	1
Jaundice .. .. .	..	..	..	..	..	2
? Chest infection .. .. .	..	..	..	..	..	1
Sticky eye .. .. .	..	..	..	..	..	9
Thrush .. .. .	..	..	..	..	..	1
Skin eruption .. .. .	..	..	..	..	..	4
						—
						29
						==

15. Care of mothers discharged from hospital during puerperium

Mothers are discharged home to the care of the midwife before the 10th day only when there are special reasons. During the year these occurred on 477 occasions (compared with 344 in 1962, 246 in 1961 and 107 in 1960).

The reasons were as follows:—

Originally booked by midwife, but hospital confinement arranged subsequently in view of complications arising during pregnancy	46
Originally booked by midwife but admitted to hospital during labour as a result of complications	28
To relieve pressure on hospital beds	316
Compassionate grounds	22
Delayed separation of cord—after 8th day	60
Mother discharged herself against medical advice	5
	<hr/>
	477
	<hr/>

In order to relieve pressure on hospital beds, mothers and babies were discharged to the care of the midwife before the 8th day on 316 occasions compared with 198 occasions in 1962 and 124 occasions in 1961, and after the 8th day only when special nursing measures were required. This occurred on 60 occasions.

In view of the continuing and increasing number of early discharges, arrangements have now been made to assess the home circumstances of all hospital booked antenatal patients who are considered to be suitable for discharge early in the puerperium in the absence of complications. These cases will be referred to the Supervisor of Midwives who will arrange a domiciliary visit for assessment and will report back to the hospital on the suitability of the home for this purpose. In this way it is hoped to avoid early discharge to unsuitable homes, and ensure that the necessary preparations are made.

16. Postnatal care

Every effort is made to persuade mothers to attend the doctor providing maternity medical service for a postnatal examination. If this is not 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 the local authority antenatal clinic.

With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March, 1964, the position was as follows:—

Total confinements	..	..	..	..	..	580
Postnatal examinations carried out	..	..	..	..	..	462
Postnatal examinations not carried out	..	..	..	..	..	46
Unknown	..	..	..	..	..	51
Left Oxford	..	..	..	..	..	21
						580

Of the mothers in whom the result is known (albeit only according to their own statement) 80% had received a post-natal examination.

17. Training School for Midwives

Part II pupil midwives from the Churchill Hospital continued to receive three months' training with the domiciliary midwives, seven 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 the charge of a warden/housekeeper under the direction of the Supervisor of Midwives. In addition to their practical work on the district they attend child welfare clinics, mothercraft classes and also antenatal sessions at doctors' surgeries. During the year 34 pupils were admitted. The C.M.B. Part II examination was taken by the 34 pupils, 32 of whom passed at the first attempt and one at her second attempt.

Pupils attended 501 deliveries on the district (included in the table of deliveries attended by domiciliary midwives).

18. Training of medical students in domiciliary midwifery

Medical students from the Radcliffe Infirmary attended 19 domiciliary deliveries during the year, as compared with 12 in 1962 and 21 in 1961.

19. Postgraduate education of midwives

One member of the staff attended the compulsory quinquennial postgraduate course during 1963.

Midwives and pupils attend lectures organised monthly by the local branch of the Royal College of Midwives.

The Supervisor has been authorised to attend the meetings of the Council of Supervisors at the Royal College of Midwives.

III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Hospital Maternity Department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1957	1958	1959	1960	1961	1962	1963
Hospital deliveries	924 (65%)	910 (63%)	928 (60%)	914 (60%)	1,115 (67%)	1,129 (63%)	1,239 (68%)
Private Nursing Home deliveries)	22 (1%)*	—	—	—	—	—	—
Domiciliary deliveries	484 (34%)	535 (37%)	613 (40%)	611 (40%)	552 (33%)	627 (37%)	589 (32%)

* The only private maternity home closed during 1957.

The number of visits paid by midwives in order to assess the suitability of home conditions for a domiciliary confinement is the highest recorded, as shown by the following figures:—

1956	193
1957	248
1958	341
1959	356
1960	367
1961	318
1962	445
1963	530

The following table shows the source from which the patients were referred in 1963 and the result of the investigation:—

Source from which patient referred	Nuffield Maternity Home	Churchill Maternity Department	General practitioners	Total
Recommended for hospital delivery	32	65	209	306
Home confinements arranged	16	25	143	184
Miscarried	1	—	3	4
Not pregnant	—	1	—	1
Left district	3	9	16	28
Unknown	1	3	3	7
	53	103	374	530

Home confinements were arranged in 35% of the cases as compared with 45% in both 1961 and 1962.

V. Notifiable Infectious Diseases associated with childbirth

(1) Ophthalmia neonatorum

During the year only one case was notified. This occurred in an institutional confinement.

(2) Puerperal pyrexia

Forty-one cases were notified during the year, two occurred in domiciliary confinements.

(3) Pemphigus neonatorum

No case of pemphigus neonatorum was notified during the year.

Maternal deaths

No maternal death occurred during the year.

I. Birth control

The clinic for City patients requiring contraceptive advice on medical or social grounds continued to be held at the Radcliffe Infirmary on Monday evenings.

During the year, there were 42 new patients, 89 patients were discharged and a total of 279 attendances were made. At the end of the year 218 patients were on the register.

Source of new patients

General practitioners	..	..	..	..	..	..	9
Health visitors	..	..	..	..	..	..	18
Midwife	..	..	..	..	..	..	1
Clinic doctors	..	..	..	..	..	..	9
Family Planning Association transfers	..	..	..	..	..	..	3
Mental Health Service	..	..	..	..	..	..	2
							<hr/>
							42
							<hr/>

Medical indications in new patients

(a) Obstetric

Repeated Caesarean sections	..	..	..	..	1
Obstructed labour	..	..	..	..	1
Eclampsia and persistent hypertension	..	..	..	..	1
Rhesus incompatibility (stillbirth)	..	..	..	..	1
					<hr/>
					4
					<hr/>

(b) Physical illness

Hypertension	..	..	..	..	..	..	1
Bronchiectasis	..	..	..	..	..	..	1
Malignant mole	..	..	..	..	..	..	1

—

3

—

(c) Mental illness and sub-normality

Puerperal depression	..	..	..	..	..	..	1
Anxiety state	..	..	..	..	..	..	1
Subnormality	..	..	..	..	..	..	2
Previous mental illness	..	..	..	..	..	..	3
Husband's mental illness	..	..	..	..	..	..	3

—

10

—

(d) Social factors

Grand multiparity	..	..	..	..	..	..	6
"Overburdened" mother	..	..	..	..	..	..	7
Short birth interval	..	..	..	..	..	..	6
One room accommodation (immigrants)	..	..	..	..	..	..	3
Marital discord	..	..	..	..	..	..	3

—

25

—

Comments on the work of the clinic

There is a close follow-up of patients on the register, and, if necessary, supplies are sent by post. This was requested on 103 occasions in 1963, and, in addition, health visitors delivered supplies on a further 18 occasions.

During 1963, 89 patients were discharged for the following reasons:—

No longer wished to attend clinic	..	..	..	..	..	..	16
Medical reasons no longer valid	..	..	..	..	..	..	17
Failure to co-operate	..	..	..	..	..	..	20
Menopause	..	..	..	..	..	..	5
Hysterectomy	..	..	..	..	..	..	2
Ligature of tubes	..	..	..	..	..	..	4
Transfer to Family Planning Association clinic	..	..	..	..	..	..	9
Discharge to care of general practitioners	..	..	..	..	..	..	4
Left district	..	..	..	..	..	..	12

—

89

—

Arrangements were made during the year to take cervical smears from all clinic patients. Thanks to the Pathological Service of the United Oxford Hospitals, this was possible for the last quarter of 1963. In this period 43 women were screened for evidence of malignancy, and the condition excluded in all.

In March, a branch clinic of the Family Planning Association was opened at Cowley, in Health Department premises, which are provided rent free. Patients who live nearby naturally find it more convenient to attend there, and health visitors and general practitioners on occasion refer patients, who might otherwise have attended the City birth control clinic. The new clinic is clearly greatly appreciated by residents of Cowley, Blackbird Leys and Headington, and it is understood that 120 new patients were seen during the year. If it is thought that a patient at this clinic would qualify for the City birth control clinic, free supplies are given which are reimbursed from City stocks. It is pleasing to note the happy relationship between the Health Department clinic and those of the Family Planning Association. This is fostered by the employment in each, of the same medical officers. The medical staff of the clinics consists of lady doctors who have a specialized knowledge of this important work.

As in previous years, medical students and student health visitors attended the clinic for instruction in family planning.

B. CHILD WELFARE

(including Health Visiting)

I. The Health Visiting Service

1. Staff

Full establishment was attained for eight months of the year. The deficiency resulting from the departure of staff and long term illness was partly offset by the employment of one full-time and two part-time health visitors on a temporary basis. The valuable contribution made by health visitors working under contract for the City following the termination of the training course must also be recorded.

The ability of the staff to undertake a record number of 35,436 effective visits, as compared with 34,617 in 1962, must be dependent in part on the policy of decentralization and the provision of car allowances for members of the permanent staff. It is hoped to extend this provision to health visitors working under contract. Such a step would greatly enhance the value to the Department of these health visitors.

2. Home visits paid by health visitors during the year

The following table shows the visits made during the year. This table differs from that of previous years in that the number of visits to children under 5 years are now given according to year of birth and not according to age.

To expectant mothers	1,500
To children born in 1963	8,607
To children born in 1962	7,553
To children born in 1958—1961	12,876
To persons aged 65 years or over	4,303
To mentally disordered persons	339
To persons discharged from hospital (other than mental hospitals or maternity homes)	125
To tuberculous households	56
To households visited on account of other infectious diseases	77
	35,436

Comments on these figures

(i) All the visits recorded were "effective" visits.

(ii) Visits to expectant mothers are mainly to hospital booked mothers. The number of hospital deliveries of City mothers in 1963 was 1,230, so that 1,500 visits represents a fair coverage.

(iii) There was again an increase in the number of visits paid to children under the age of 5 years—29,036 compared with 28,097 in 1962. This will be accounted for by an increase in the birth rate.

(iv) Persons aged 65 years or over (954) were visited by health visitors on 4,303 occasions during the year. This represents a further substantial increase over the visiting of the elderly in previous years. The increase is likely to stem from the attachment of a greater number of health visitors to family doctors, and is to be welcomed. It is felt that health visitors have a very valuable contribution to make to the welfare of the elderly.

(v) An appreciable number of visits were undertaken to mentally disordered persons. This is regarded as an indication of the increasingly important role of the family doctor team in the care of such patients.

(vi) Comments on the work of the two health visitors who are attached to the Chest Clinic will be found in the Infectious Diseases section of this report. These attachments were full-time for some years, but in view of the marked decline in prevalence of tuberculosis, they were reduced to part-time in September.

(vii) It will be seen from the table that other miscellaneous duties include the follow-up of persons discharged from hospital, and the investigation of certain notified infectious diseases.

(viii) Health visitors have continued to work as part-time school nurses. Work undertaken in this capacity is described in the Report of the Principal School Medical Officer.

3. Arrangements for health visitors to work in conjunction with general practitioners

Reference has been made in earlier annual reports to the attachment of health visitors to family doctors. This scheme commenced in 1956 and subsequently has been steadily extended. It is pleasing to record that this year the change-over to the new system of working was completed. Thus each practice now has a health visitor attached on a full or part-time basis, according to the size of the practice, and our entire health visiting force is disposed in this way. No increase in the establishment has been made. The advantages to the patients, health visitors and doctors are numerous, and many other local health authorities are adopting this approach. Visitors to the department to discuss the attachment scheme and see it in operation have included senior medical and nursing officers from the Ministry of Health and from many local health authorities including Bedfordshire, Birmingham, Edinburgh, Gloucester, Northamptonshire, Norwich, Southampton, Warwickshire, and also from Denmark and the U.S.A. Family doctors have been most helpful in making time to receive these guests and giving their views of the scheme.

4. Arrangements for health visitors to follow-up persons discharged from hospital

The close liaison with the various hospital departments and the arrangements for the follow-up of the different categories of patients continued to work satisfactorily throughout the year.

5. Work at child welfare clinics

One or more health visitors were present at all the 1,564 child welfare clinic sessions, including the 452 sessions restricted to practice patients. At the clinic the health visitor supplements the advice given in the home, prepares equipment for prophylactic procedures and arranges for the appropriate children to be seen by the doctor. Displays of health education posters are arranged, and appropriate films shown on occasion.

6. Teaching and Health Education.

The health visitors take part in the professional teaching which is undertaken by the health department. Practical instruction is given to

medical students, student health visitors attending the Oxfordshire County Council's Training School, pupil midwives, student district nurses and nurses in training at the Radcliffe Infirmary. In addition, social science students and nurses from the Nuffield Orthopaedic Centre are given a brief outline of the work of the health visitor.

Health education at individual and group level is undertaken at child welfare clinics and schools. Much valuable instruction is also given in the course of home visits. Other activities are outlined in the health education section of the report.

7. Refresher Courses

An effort is made to send members of staff to a refresher course every five years. This year the Superintendent Health Visitor was given leave and attended such a course at Cambridge, and one health visitor attended a course held at Bedford College. In addition the Superintendent and another health visitor participated in a conference organised by the Royal College of Nursing.

8. The assisted training scheme for health visitors

The five students who began the course in September, 1962, all obtained their Health Visitors' Certificate in April, 1963. Five students commenced the course in September, 1963, but one withdrew after one month.

At the end of the year Miss M. G. Atkinson, Superintendent Health Visitor, was appointed Superintendent Nursing Officer, with charge also of the District Nursing Service. Subsequently Miss G. Davies, Senior Health Visitor, was appointed Deputy Superintendent, and approval was given to the upgrading of three other posts to Senior Health Visitor status.

II. Child Welfare

1. Premature babies

Birth notifications included 124 live born and 11 stillborn infants weighing $5\frac{1}{2}$ lbs. or less, and consequently classified as premature. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1962 were 122 live births and 12 stillbirths). They are classified according to weight, place of birth and survival in the accompanying table.

Weight, place of birth and survival of premature babies (corrected notifications 1963).

Weight at birth	PREMATURE LIVE BIRTHS													
	Born in hospital						Born at home							
	Nursed entirely at home						Transferred to hospital on or before 28th day							
	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Died	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	Born at home or in a nursing home
2 lb. 3 oz. or less ..	3	1	2	—	—	—	—	—	—	—	—	—	3	—
2 lb. 4 oz.—3 lb. 4 oz. ..	4	—	—	—	—	—	—	—	3	1	—	—	3	—
3 lb. 5 oz.—4 lb. 6 oz. ..	19	2	3	—	—	—	—	—	1	—	—	—	3	—
4 lb. 7 oz.—4 lb. 15 oz. ..	15	1	—	—	—	2	—	—	3	—	—	—	—	—
5 lb. —5 lb. 8 oz. ..	54	—	—	—	—	17	—	—	3	—	—	—	1	1
Total ..	95	4	5	—	—	19	—	—	10	1	—	—	10	1

Comments

(i) The 124 live-born premature babies represent 6.9% of 1,787 notified live births to Oxford residents.

(ii) Eleven of the 18 notified stillbirths to Oxford residents were premature.

(iii) Twenty-nine of the 124 premature live births took place at home. The 19 nursed at home and 9 of the 10 admitted to hospital survived 28 days. The policy of arranging for as many as possible of premature births to take place in hospital has again been followed with a fair degree of success.

(iv) The arrangements made with the Paediatric Department, Radcliffe Infirmary, for sharing the follow-up of the normal larger premature babies continued satisfactorily throughout the year. This involves ensuring that these babies receive an extra dosage of vitamin supplements in the early months, and an iron preparation throughout the first year of life, supervising their general growth and development, and carrying out routine haemoglobin estimations.

2. Child Welfare Clinics

(a) Staff

Each clinic is staffed by a medical officer, one or more health visitors and a number of voluntary workers who give regular and valuable help with clerical work, weighing of babies, distribution of welfare foods, tea making and the supervision of toddlers.

The medical staff is composed as follows:—

Full-time staff of the Health Department ..	13 sessions per week
Part-time staff of the Health Department (not in general practice)	8 sessions per week
General practitioners	10 sessions per week

(b) Attendances

The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, for weighing, or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

Public appreciation of the clinics is shown by the number of City children under 1 year who attended City clinics for the first time during the year. This represents 98% of the the registered live-births.

Comparable figures for the last five years are as follows:—

1959	92%
1960	96%
1961	99%
1962	99%
1963	98%

	No. of children who first attended and attendance were under 1 year		Number of children who attended and who were born in			Total No. of children who attended during the year	No. of attendances made by children who at their first attendance were			Total attendances	Number of Sessions	Average attendances
	1963	1962	1961-58	1 but under 2 yrs.	2 but under 5 yrs.		Under 1 yr.	1 but under 2 yrs.	2 but under 5 yrs.			
Bury Knowle, Headington	90	85	99	227	298	260	1,070	227	298	1,595	51	31.27
Bury Knowle, Headington (General Practice clinic)	93	84	99	148	246	265	1,167	148	246	1,561	53	29.45
Barton	63	60	81	240	84	199	908	240	84	1,232	51	24.16
Cowley (2 clinics weekly)	134	138	193	411	435	459	1,970	411	435	2,816	99	28.44
Cowley (General Practice clinic)	25	30	42	114	135	93	422	114	135	671	51	13.16
East Oxford (2 clinics weekly)	194	141	92	419	195	383	1,899	419	195	2,513	99	25.35
New Hinksey	85	70	101	307	240	256	1,233	307	240	1,780	53	33.58
Sr. Ebbe's (2 clinics weekly)	86	87	124	358	335	289	1,190	358	335	1,883	99	19.00
Summertown (2 clinics weekly)	126	104	137	305	222	366	1,356	305	222	1,883	104	18.10
Summertown (General Practice clinic)	77	70	99	229	143	230	786	229	143	1,158	51	22.76
Slade Park (2 clinics weekly)	106	126	201	446	456	426	1,390	446	456	2,292	104	22.04
New Marston	57	54	54	176	99	165	960	176	99	1,235	51	24.22
Wolvercote	44	36	44	277	148	121	630	277	148	1,055	51	20.69
Donnington (2 clinics weekly)	150	109	195	465	448	437	2,018	465	448	2,931	104	28.18
Donnington (General Practice clinic)	69	53	67	133	114	187	770	133	114	1,017	50	20.34
Walton Street (2 clinics weekly)	144	101	163	303	262	392	1,641	303	262	2,206	99	22.28
Northway	52	62	104	188	142	216	792	188	142	1,122	51	22.00
Rose Hill Community Centre	30	28	74	157	248	126	398	157	248	803	51	15.75
Blackbird Leys	51	77	215	259	446	342	771	259	446	1,476	51	28.82
Blackbird Leys (General Practice clinic A)	42	55	136	212	270	228	696	212	270	1,178	53	22.23
Blackbird Leys (General Practice clinic B—2 clinics weekly w.e.f. 1.5.63)	97	112	291	301	480	495	1,356	301	480	2,137	86	24.85
217 Ifley Road (General Practice clinic)	35	29	5	90	35	68	546	90	35	671	51	13.16
12 Old High Street, Headington (General Practice clinic)	50	46	74	143	166	169	557	143	166	866	51	17.00
	1,900	1,725	2,690	5,908	5,647	6,172	24,526	5,908	5,647	36,081	1,564	23.34

The following figures indicate the attendances made by children (included in the above table) who lived in the County. The majority of the children attended the Slade Park and Barton clinics. Oxfordshire County Council contributed on a proportional basis to the running expenses of these clinics.

93 92 9 91 279 1,015 207 199 1,421

Comparing the clinic attendances with those for 1962, it is seen that the total attendance increased by 167 and that the number of children attending increased by 353.

The number of sessions held during the year numbered 1,564, an increase of 155 compared with 1962. By the end of the year 31 regular sessions were being held weekly, 10 of which were for practice patients only, and attended by the general practitioners concerned. The proportion of clinic sessions undertaken by family doctors and restricted to practice patients has risen sharply from 21% in 1962 to 32% in 1963. There are advantages in this preventive work being undertaken by interested family doctors, and payment on a sessional basis serves as a useful inducement and a just reward. It is hoped that this policy will gain more general acceptance.

(c) *Medical work at clinics*

The medical officers at child welfare clinics continued to keep a record of their work. There were 1,564 sessions at which a doctor was present and altogether children under 5 years were seen by a doctor on 18,604 occasions. In addition, children over 5 years were seen on 577 occasions.

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

Vaccination against smallpox (performance or follow-up)	980	} 50%
Triple antigen injections	3,819	
Other prophylactic injections	390	
Poliomyelitis vaccination—		
Under 5 years	4,219	
Over 5 years	429	
Routine medical inspections—		
First	1,584	} 22%
1st year	1,044	
2nd year	835	
3rd year	582	
4th year	333	
Consultation in relation to a problem	4,088	} 28%
Follow-up of medical inspection or consultation	1,354	

(An individual consultation may figure in more than one category; for example a child may come for a routine 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 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	95	45
Eyes.. .. .	44	29
Ear, nose and throat	34	34
Umbilical	89	22
Genital organs	51	39
Pallor	7	18
Orthopaedic	24	41
Skin	140	82
Miscellaneous	89	73
	573	383
	573	383

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) ..	713	342
Mental and psychological	113	50
Eyes.. .. .	244	55
Ears	251	71
Respiratory system	749	151
Mouth	92	30
Pallor	121	135
Sleep	172	42
Skin	705	178
Orthopaedic	158	71
Genital organs	97	40
Umbilicus	63	31
Prematurity	28	56
Trauma	110	10
Fitness for prophylactic procedure	380	12
Mother's health	113	12
Miscellaneous	340	161
	4,449	1,447
	4,449	1,447

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

Family doctor	218
*Orthopaedic department	1
*Eye hospital	1
*Other hospital departments	13
	233
	233

*In these cases the family doctor is always informed of the referral and the consultant's findings.

Comments

There was a marked fall in the number of smallpox vaccinations performed at clinics during the year. This is attributable to the change in policy regarding the optimum age for vaccination. Little change is evident in the number of other prophylactic procedures undertaken. Vaccination and immunisation accounted for exactly 50% of visits to doctors, but these occasions are also of course taken as opportunities for review of progress and for health education. Disposable presterilised syringes were introduced generally during the year after careful evaluation, and are now used exclusively.

It is pleasing to note the substantial increase in the number of birthday examinations recorded. The 1,044 medical inspections at the end of the first year represent 62% of the registered live births in 1962. There is thus scope for improvement in the coverage given. Efforts are also being made to raise even further the already high standard of these valuable examinations.

There was little change in the number of conditions which were reported at medical inspection to require observation or treatment. The number of these conditions recorded each year has established the value of routine medical examinations. It is felt that little further benefit will accrue from laboriously collecting this data year by year, and consequently collection ceased at the end of the year. The efficiency of the screening is evident from the very few defects which were found at school medical inspection and had not previously been recorded. Only 6 such instances came to light in 1963—all in children who had failed to attend for the full series of birthday examinations. In addition, 4 of the abnormalities reported were systolic murmurs, and probably functional in nature.

There was a slight reduction in the number of consultations sought by mothers. This may be a consequence of the policy of encouraging mothers to seek attention direct from the family doctor in the event of illness. Treatment of established illness is not a proper function of the clinics, and attendance of sick children constitutes a danger to the healthy

children present. The slight decline in the number of consultations was seen in most categories. Interests of clinic medical staff and chance fluctuation account for the minor yearly variations. The number of children referred elsewhere for investigation or treatment shows a considerable increase from 166 in 1962 to 233. The great majority (218) were referred in the first instance to the family doctor, as it is felt that referral for consultant opinion should not be undertaken in isolation. Clinic work sheets were modified at the end of the year and one result will be to furnish more information in future about this important group of referrals.

Tuberculin jelly testing

Throughout the year routine jelly testing was carried out at each birthday examination, except in children who have been given B.C.G. because of known contact with cases of tuberculosis. Positive reactions were found in 0.22% of the children tested.

Figures from 1954 are as follows:—

1954	0.54%
1955	0.10%
1956	0.12%
1957	0.12%
1958	0.06%
1959	0.13%
1960	0.29%
1961	0.42%
1962	0.33%
1963	0.22%

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

	Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction ..	276	817	631	309	210	2,243
Positive reaction ..	—	—	2	2	1	5
Totals	276	817	633	311	211	2,248

Comments

Mantoux or Heaf tests were undertaken in all 5 cases, and in 3 gave confirmatory evidence of tuberculous infection. This gives a rate of 0.13% of confirmed positive reactions, as compared with 0.14% in 1962. The remaining 2 cases were dismissed as false positive jelly tests.

*Notes on confirmed positive reactors**Case 1.*

Girl aged 2 years. She was well clinically, but radiography disclosed right hilar enlargement. Chemotherapy was prescribed.

The source has not been found, though attempts are still being made to persuade a recalcitrant grandfather to submit to chest X-ray. A sibling was also found to be infected, and treatment ordered.

Case 2.

Boy aged 3 years. Clinically well, but chemotherapy ordered in view of age and some right hilar enlargement, which was apparent on X-ray of chest.

The source has not been determined.

Case 3.

Boy aged 2 years. Clinically well, but chemotherapy ordered in view of age. Efforts to trace the source were unsuccessful.

Loan of test feeding scales

Accurate scales are loaned to mothers with breast feeding problems for use at home at the request of general practitioners, clinic doctor, health visitor or midwife. This occurred on 78 occasions in 1963.

(d) Food and medicaments

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child welfare clinic except St. Ebbe's Clinic, which is served by the nearby central centre.

The number of items distributed during the year (with 1962 figures for comparison), were as follows:—

	At Health Department		At Clinics		Total	
	1962	1963	1962	1963	1962	1963
Tins of National Dried Milk	9,090	8,685	20,900	22,445	29,990	31,130
Bottles of National Cod-liver Oil Compound...	563	607	1,411	2,415	1,974	3,022
Bottles of Concentrated Orange Juice ...	7,898	8,628	21,337	24,885	29,235	33,513
Packets of Vitamin and Mineral tablets ...	1,177	928	2,098	1,903	3,275	2,831
	18,728	18,848	45,746	51,648	64,474	70,496

(These figures do not include items issued to hospitals and other institutions.)

The increased uptake of codliver oil and orange juice is to be welcomed. It is, however, appreciated that this is no indication of the extent of vitamin provision for babies. Many mothers prefer the available proprietary preparations as they may be more acceptable to the children, or themselves, and the difference in cost is minimal in many instances. As these preparations are perfectly adequate, no concern is felt on this score provided mothers are aware of the infants' requirements in terms of the preparation in use.

Every effort is made by clinic doctors and health visitors to ensure a vitamin intake which is adequate on the one hand, and not excessive (in view of the danger of hypercalcaemia), on the other. Ascorbic acid tablets are available if there is an intolerance to concentrated orange juice and the alternative proprietary preparations, and where families are in poor financial straits. These and Vitamin A and D drops are also given routinely to premature infants without charge.

(e) Teaching

Medical students from the Radcliffe Infirmary, during their paediatric training 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 given by the Senior Assistant Medical Officer for Maternity and Child Welfare.

General practitioners attending post-graduate courses organised by the Post-Graduate Medical School, also attend child welfare clinics.

Student health visitors, pupil midwives and student district nurses attend for instruction in child care.

Opportunity for discussing problems and keeping in touch with current paediatric practice is provided by the post-graduate paediatric ward-rounds which medical officers may attend on Saturday mornings.

II. Adoption Act 1958. (Dr. Blenkinsop)

A medical member of the Health Department staff serves on the Adoption Sub-Committee of the City of Oxford Children's Committee, and is also available for the medical examination of infants on behalf of the Children's Department prior to placement for adoption.

Applications by prospective adopters include the result of a medical examination by their family doctor. In cases where there is any doubt as to physical fitness, or where other medical problems exist, further enquiries are made to clarify the position, and, as far as possible, ensure that the child will be placed where it will be able to grow up with parents who are in a good state of physical and mental health.

Babies seen for medical examination prior to placement sometimes present considerable problems as regards their future development, particularly in the case of premature infants. Specialists' opinion is

sometimes sought, while in a number of cases, placement has unavoidably to be postponed until the position becomes clearer and a more exact forecast can be made.

During the year 24 infants were medically examined prior to placement for adoption (26 in 1962).

IV. The early diagnosis of deafness.

The early diagnosis and treatment of deafness is of the utmost importance for normal speech development and for the prevention of psychological disturbance. As reported in last year's Annual Report the training of health visitors and doctors in the performance of hearing tests was instituted in 1962. This was completed during 1963, and health visitors were made responsible for ensuring that all children in their care were screened for possible impairment of hearing between 7—12 months of age. Children with suspected deafness are referred to the clinic medical officer for confirmation and hospital referral.

The scheme was only in operation for part of the year but health visitors succeeded in testing 232 children aged 7—12 months, and 101 aged 12—18 months. Of these 3 in the first group and 2 in the second were referred for further assessment and treatment. Hearing aids were supplied to two children, and the remaining three continue under observation.

V. Register of handicapped pre-school children.

Since June, 1954, the Senior Assistant Medical Officer for Maternity and Child Welfare has kept a register of handicapped pre-school children. Initial notification is done by the health visitors and the progress and needs of each case are discussed at intervals by the Senior Assistant Medical Officer and the health visitors concerned. It is hoped that in this way the Department's contribution to providing support for the parents of these children can be ensured.

Information about these children is passed to the School Health Service or to the Mental Welfare Section when it becomes clear that some special action will have to be taken. In this way it is hoped to ensure that no handicapped child reaches school age without previous assessment of his special needs.

During the year 25 new cases were registered. The nature of their handicap was as follows:—

Congenital abnormalities	..	..	..	8
Skeletal defects	..	..	..	2
Mental retardation or disease	..	..	..	11
Neurological disease	..	..	..	4

At the end of the year there were 67 children on the list. Of the 62 receiving adequate home care 2 were at the Training Centre, one at the Spastic Centre and one at the Ormerod School. Of those away 3 were at

the Special Unit, Marlborough Convalescent Home, one at Pewsey Hospital and one at a residential school for the partially sighted. Two handicapped children died during the year.

VI. Notification of congenital abnormalities

The voluntary notification of congenital abnormalities observed in newborn infants by the doctor or midwife in attendance commenced in January, 1963. Abnormalities were recorded in the case of 15 male and 11 female live-born infants, and 2 male and one female stillborn infants.

The following abnormalities were notified:—

						<i>Cases</i>
Abnormalities of digits	..	..	..	..	..	5
Anencephaly	..	..	..	..	..	1
Exomphalos	..	..	..	..	..	1
Eye defect and heart lesion	..	..	..	..	..	1
Genital abnormalities	..	..	..	..	..	4
Hare lip with/without cleft palate	..	..	..	..	..	4
Hydrocephalus and spina bifida	..	..	..	..	..	2
Imperforate anus	..	..	..	..	..	1
Mongolism	..	..	..	..	..	1
Multiple limb defects	..	..	..	..	..	3
Skull deformity	..	..	..	..	..	1
Talipes	..	..	..	..	..	5

Early notification of congenital abnormalities is helpful in the planning of special provisions as appropriate. In addition, the collection of such data on a large scale should lead to the early recognition of an increased incidence of a particular defect. Prompt investigation may then incriminate the causative agent, which might prove to be a hitherto unsuspected drug and allow its early withdrawal. Monthly returns of these notifications will be made to the Ministry of Health by all local health authorities as from January, 1964. The co-operation of doctors and midwives in this potentially valuable work is gratefully acknowledged.

VII. Infant deaths in 1963

CAUSES OF DEATH	WEEKS					Total	MONTHS				Grand Total	Died in institutions
	0-1	1-	2-	3-4	Total		1-	3-	6-	9-12		
Atelectasis	1	—	—	—	1	—	—	—	—	1	1	1
Atelectasis and prematurity	3	—	—	—	3	—	—	—	—	3	3	3
Extreme prematurity	3	—	—	—	3	—	—	—	—	3	3	3
Prematurity	2	—	—	—	2	—	—	—	—	2	2	2
Prematurity, twin pregnancy	1	—	—	—	1	—	—	—	—	1	1	1
Prematurity and multiple congenital abnormalities	1	—	—	—	1	—	—	—	—	1	1	1
Prematurity and intra-uterine pneumonia	1	—	—	—	1	—	—	—	—	1	1	1
Prematurity and pulmonary haemorrhage	1	—	—	—	1	—	—	—	—	1	1	1
Intracranial haemorrhage	1	—	—	—	1	—	—	—	—	1	1	1
Congenital heart disease, Mongolism	1	—	—	—	1	—	—	—	—	1	1	1
Congenital heart disease	—	—	—	—	—	1	—	—	—	1	1	1
Congenital laryngeal obstruction, congestive cardiac failure, bronchopneumonia	—	—	—	—	—	1	—	—	—	1	1	1
Meningitis, hydrocephalus, meningomyelocele, paraplegia	—	—	—	—	—	—	—	—	—	—	—	—
Peritonitis, exomphalos and meningitis	1	—	—	—	1	—	—	—	—	1	1	1
Acute bronchiolitis	—	—	—	—	—	3	4	1	—	8	8	1
	16	—	—	—	16	6	4	1	—	27	27	20

Comments

There were 27 infant deaths in 1963, 7 occurring at home. This represents an infant mortality rate of 14.66% as compared with the national figure of 20.9%.

Sixteen, or 59% of these deaths occurred in the first week of life.

Prematurity was the sole recognised factor in 6 infant deaths, all of which occurred within the first week. It was a contributory factor in 6 further cases, the additional factors being atelectasis (3), multiple congenital abnormalities (1), intrauterine pneumonia (1), and pulmonary haemorrhage (1). The prevention of prematurity requires improvement in the standard of living and of antenatal care, and the provision of advice on birth control. The need for continuing research into causative factors remains, as these are still unknown in a substantial proportion of cases.

Pulmonary atelectasis was the only recognised cause of death in one case, and a contributory cause in another 3 cases.

Gross congenital malformations were reported in 6 cases. Prematurity contributed to the fatal outcome in one case, and infection in a further 3 cases. The hope of preventive action continues to stimulate a great volume of research into aetiological factors.

Acute bronchiolitis was responsible for 8 deaths. The insidious onset and rapid progression of this disease, together with its resistance to available therapeutic agents, make it difficult to combat at the present time. These cases, with the 4 deaths referred to earlier in which infection was a contributory factor, constitute a total of 12 infant deaths attributable wholly or partly to infection. The remaining infant death was ascribed to intracranial haemorrhage.

VIII. Nurseries

(a) Day nurseries

The two day nurseries continued to admit children under the age of three years who cannot be cared for adequately by their mothers owing to some special hardship.

The decision to admit a child is the responsibility of one of the assistant medical officers who investigates the case fully and sanctions admission only if it is considered to be in the best interests of the child.

Reasons for admission of new children were as follows:—

	<i>Botley Road</i>	<i>Florence Park</i>
Doctor's recommendation	12	5
Illegitimate children	14	20
Illness of parent	9	8
Parent separated	7	8
Housing conditions	1	—
	—	—
	43	41
	—	—

Details of attendances and staff 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
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	26	17	13	19	14.28	13.56	4
Florence Park	30	30	11	21	14	14.00	12.67	4

Comments

The nurseries are visited weekly by the same assistant medical officer of health who supervises the health and welfare of the children, and, with the written consent of the mother, carries out any immunisation procedure which may be advisable.

There has been an increase in the demand for places and both nurseries have worked to capacity for a great part of the year.

The maximum charge for a child's maintenance at the nursery was increased from 12/9 to 15/- per day on the 2nd December, 1963. Parents are assessed according to income, subject to a minimum charge of 2/- per day.

The following table shows the assessments for children on the register at 31st December, 1963:—

<i>Assessed to pay</i>		<i>Botley Road</i>	<i>Florence Park</i>
15/- per day (maximum)	2	3	
14/8 to 11/1 per day	1	1	
5/9 to 2/1 per day	5	8	
2/- per day (minimum)	18	21	
*Children from other local authorities	6	2	
	—	—	
	32	35	
	==	==	

* In these cases the County authority is responsible for payment of the full cost.

Both nurseries provide training facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

(b) Nurseries and Child Minders Regulation Act, 1948

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

	Number registered at 31.12.63	Number of children pro- vided for
Premises	5	135
Daily minders ..	4	45

IX. Co-ordinating committee for children neglected or ill-treated in their own homes

The Committee, under the Chairmanship of the Children's Officer, met every six weeks during the year and a total of 72 families were discussed, many on several occasions. In addition, case conferences of the individual workers concerned, including the family doctor and health visitor, were held on a number of occasions.

The meetings are of value in permitting members to pool information and agree on future policy. It is hoped to achieve co-ordinated action which is aimed at obtaining the most effective help and guidance for the family under review.

X. Care of illegitimate children

There were 165 registered illegitimate live-births to Oxford residents in 1963. This represents 8.9% of all live-births compared with 9.3% in 1962 and 9.7% in 1961.

Of the 153 illegitimate births which occurred in the City, there were 49 cases in which the father and mother registered the birth together—so that in a fair proportion of cases the parents may be said to be living in "stable union". The help of the social services is particularly needed by the woman without support, especially the very young girl whose extreme youth makes her incapable of supporting a child or appreciating the responsibility of motherhood.

The City Council, aware of the dangers inherent in such a situation for both mother and child, provides a mother and baby hostel for homeless unmarried mothers, and assists financially in the provision of a special social worker. The Children's Department also makes a major contribution in this field.

Mother and Baby Hostel

The hostel admits mothers in pregnancy when the need arises. They have their babies in hospital and return to the hostel where they remain until the baby is established and a plan for its future made.

Cases are admitted at the request of other local health authorities when vacancies permit. In fact 16 such cases were admitted in 1963.

There is an annexe, consisting of a single room with toilet facilities, in which a homeless woman with or without a baby can be given overnight accommodation. There were 19 admissions to the annexe during the year.

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

	<i>Admissions</i>	<i>Discharges</i>
Mothers	38	41
Babies	35	31

The average length of stay was as follows:—

Antenatal	39 days
Postnatal	37 days

The disposal of the 21 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.) ..	9
Mother to own home, baby to adopters	2
Mother to own home, baby to foster home	3
Mother to lodgings, baby to adopters	2
Mother to lodgings, baby to foster home	2
Mother to return to college, baby to adopters	1
Mother to hospital to complete training, baby to foster home ..	1
Mother to domestic post, baby to foster home	1
	—
	21
	—

(ii) Provision of a special social worker

The City Council pays an annual grant to the Oxford City Moral Welfare Association (£400) for the services of their moral welfare worker, who works in close co-operation with the Health Department and attends the monthly meetings of the House Committee which administers the hostel. We are grateful for the following report submitted by the worker, Miss C. C. Holman, for 1963:—

There were 100 new cases referred during 1963. Seventy-nine were illegitimacy cases, 7 preventive, 12 family and matrimonial problems and 2 personal problems. In addition to these, the following cases were still being helped from referrals in earlier years: illegitimacy 40, preventive 2, family 2.

The new cases were referred by:—

Health Department	29
General Practitioners	21
Relatives and friends	12
Employers	8
Police	5
Personal applications	5
Moral Welfare Workers	4
Clergymen	3
National Council for Unmarried Mother and her Child	4
Probation Officers	2
Other Social Workers	2
Almoner	1
Children's Department	1
National Assistance Board	1
Citizen's Advice Bureau	1
Adoption Society	1

New Maternity Cases

The ages of the mothers when referred were:—

15 years	4
16 „	6
17 „	4
18 „	10
19 „	13
20 „	5
21—30 years	33
Over 30 years	4

Employment

Clerical	18
Factory	11
Nursing	10
Domestic	8
Shops	8
Telephonists	3
Housewives	2
At School	1
Students	2
Miscellaneous	6
Unemployed	10

Nationality

Ten women were West Indians, 2 Indian, 1 African, 1 German and 1 Italian and 64 from Great Britain.

Marital status

Single	..	..	73
Married	..	..	3
Divorced	..	..	3

Domicile

In Oxford City	..	48
From other areas	..	31

Living arrangements

At the time of referral, 37 were living at home, 30 were in lodgings and 12 in resident employment.

Thirteen went to the City Mother and Baby Hostel or were booked to go in 1964. Thirteen went to Moral Welfare Homes away from Oxford, or were booked to go. In the latter cases the girls or their parents took full financial responsibility.

The figures show an increase in the number of new cases referred, and these were mostly referrals from Health Department and general practitioners.

Analysis of the situations of the children concerned in the new and old cases—total 119

In mother's care	..	..	..	..	..	..	..	47
Mother responsible and has access to child	..	..	..	..	..	..	..	4
Child adopted or placed for adoption	..	..	..	..	..	..	..	17
Mother advised and helped and case passed on, or mother left area	..	..	..	..	..	..	..	19
Mother married putative father before birth of child	..	..	..	..	..	..	..	2
Death, miscarriage	..	..	..	..	..	..	..	4
Cases still in hand, either child not born or with mother in a Home	..	..	..	..	..	..	..	26

 119

The putative fathers

It is never possible to get accurate information about all the men. Sometimes the girl is unable or unwilling to name the father of her child. Whenever the girl is willing for me to contact him, I do so, and I succeeded in doing this in 36 cases. A measure of financial responsibility was accepted by most of those men.

Ages

17—20 years	11
21—30 years	35
31—40 years	3
Over 40 years	4

Marital status

Single	50
Married	14

Preventive cases

These were all "teenage girls" who appeared to be running into moral danger. An underlying cause was usually damaged relationships with the parents and siblings. In some cases there was a bad work record and irresponsible use of money. Late hours and staying out all night was a factor in most cases. In six out of seven I was able to close the file eventually in the knowledge that family relationships were improved and the girl living a more stable life.

Family cases

These were usually stories of marital discord, and in some cases the couple had separated before the referral was made. In six of these, one partner was determined to end the marriage, and no effective reconciliation work could be done, but it was possible to give supportive help to the deserted partner who was left with the children.

Personal cases

One involved the care of a young woman who had been living by prostitution, and the other an older person who had become completely isolated socially and was no longer able to lead a normal life.

I paid 876 visits, gave 864 office interviews and 982 letters were written.

The Diocesan Moral Welfare Council requested us to record what were described as Class 2 cases, that is, any work not recorded as normal casework. These were only recorded for eight months, but reveal some diversity of work.

Examples

Enquiries from foreign agencies as to proposed *au pair* placings of foreign girls in Oxford.

Interviewing alleged putative fathers for Moral Welfare Workers in other areas.

Discussion and practical help to a girl who had run away from home in the North of England and later decided to return.

A girl who had recently come to Oxford and needed help to find employment and accommodation.

A young husband and wife threatened with separation for lack of suitable accommodation.

A stranded girl—given overnight care.

Unmarried expectant mothers from other areas who, after one interview, were referred to the appropriate Moral Welfare Worker.

Home visiting on behalf of another Moral Welfare Worker *re* the marriage of a girl with whom she was concerned to a young man whose home is in Oxford.

A mother about the custody of her children.

A young man who believed he was being wrongly charged with the paternity of a child.

Would-be adopters needing advice before applying to an Adoption Society, and mothers and adoptive parents needing advice *re* the signing of consent papers.

I addressed 11 meetings during the year.

I attended two Conferences, one at Lee Abbey Lynton, for Church, Medical and Social Workers, and another at Oxford arranged by the Association of Social Workers.

The purchase of a dictating machine during the year has made it possible for me to make much better use of Mrs. Williamson's part-time clerical help, and I am grateful to the Committee for this provision, and for the help of several individual members of Committee in specific cases.

Once again special thanks are due to Miss Chaundy for her generosity in being always willing to stand-in during my absence on holiday.

SECTION VI

MATERNITY AND CHILD WELFARE DENTAL SERVICE

The more important side of the Maternity and Child Welfare dental service is the treatment provided for children who have not yet entered school. It is therefore a cause for some satisfaction that practically the same number of children under 5 years of age were examined in 1963 as last year and that the same percentage were found to need treatment. It would be more satisfactory still if a greater number attended the clinics for regular inspection before treatment was necessary. That over 40% of attenders at the clinic were in this category shows that more and more parents of small children are coming to appreciate the importance of keeping infant teeth in good order.

As always, children who will attend as regular patients at the clinic are given first call upon the services of the dental staff. The main aim of dental health education must continue to be the general acceptance of the notion that all children should, as a matter of course, visit the dentist at least once every six months from the age of 3 years, whether or not treatment appears to be necessary. Progress in this direction is continually being made, as a comparison with the situation twenty or more years ago will confirm, though complacency about the speed of progress would be out of place.

(a) Numbers of patients provided with dental care

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and nursing mothers ..	11	11	11	11
Children under five ..	41	25	25	24

(b) Forms of dental treatment provided

	Extractions	General anaesthetics	Fillings	No. of inlays	No. of crowns	Scalings and gum treatment	Radio-graphs	Silver nitrate treatment	Dentures	
									Complete	Partial
Expectant and nursing mothers ..	10	--	20	--	--	6	--	--	--	2
Children under five ..	4	--	55	--	--	--	--	12	--	--

SECTION VII

MENTAL HEALTH

Report by G. F. WILLSON, M.D., D.P.H.

Deputy Medical Officer of Health

1. Administration**(a) Mental Health Sub-Committee**

Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 8 members of Council and 3 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 Welfare Officer (male)
- 1 Senior Assistant Mental Welfare Officer (female)
- 2 Mental Welfare Officers (2 male)
- 1 Trainee Mental Welfare Officer (female) commencing April, 1964
- 1 Administrative Assistant (male) commencing May, 1964
- 1 Clerical Assistant (female).

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

The establishment has been increased by the addition of the posts of trainee mental welfare officer and administrative assistant. The latter has become necessary because of the extra administrative work associated with the various mental health projects such as hostels and the Senior Training Centre which are planned for the next few years.

(c) Co-ordination with Hospitals

Four members of the Mental Health Sub-Committee serve on the Management Committee of Littlemore Hospital and two members on that of the Warneford and Park Hospitals. The Medical Officer of Health is a member of the Warneford and Park Hospitals Management Committee and the Deputy Medical Officer of Health is a member of the Littlemore Hospital Management Committee.

The mental welfare officers have continued to attend regularly at

out-patient clinics, case reviews and clinical meetings at the Warneford Hospital and we are most grateful to Dr. R. G. McInnes and his staff for making these facilities available.

The mental welfare officers have also continued to provide after-care for certain patients discharged from Littlemore Hospital at the request of the consultant concerned. At the invitation of Dr. B. M. Mandelbrote mental welfare officers and health visitors are able to attend regularly at case conferences and are also free to visit at any time patients in whom they have a particular interest. Knowledge is thus gained of patients for whom after-care may have to be provided in the future, and information can be exchanged with regard to the social background of patients being considered for discharge.

(d) Duties delegated to Voluntary Associations

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

The City Council continues to make grants to the Oxford Voluntary Association for Mental Health and the National Association for Mental Health.

(e) Training of Mental Welfare Officers

A most important aspect of this training has been considered in paragraph (c) above. There is no doubt that the close degree of co-operation now being achieved between the local authority and psychiatric hospitals, resulting in a friendly and informal association with psychiatrists and many other hospital workers, is most beneficial. More thorough participation in the care of the mentally disordered stimulates interest and leads to increase in knowledge and efficiency.

In addition, the senior mental welfare officer attended the annual conference of the Federation of Associations of Mental Health Workers and other officers attended conferences arranged by the National Association for Mental Health.

2. Account of Work undertaken in the Community

A. Under Section 28, National Health Service Act, 1946.

Prevention, care and after-care.

The scope of this work is increasing steadily as a result of the increased emphasis on community care brought about by the Mental Health Act 1959. At the request of the family doctor, the mental welfare officers visit patients in their homes to establish friendly relations and to estimate the extent and nature of the help required. Should the patient be admitted to hospital the previous establishment of a good relationship with the mental welfare officers is of great value when the patient is discharged and in need of further assistance. The amount of supervisory work increases both because persons mentally ill are now treated as out-patients

and because of the much more rapid turnover of patients admitted to hospital. Earlier and more effective treatment in hospital is lessening the need for prolonged care and the active rehabilitation of the long stay patients is making an increasing number of them fit for care in the community. Responsibility for this care is divided between the hospital psychiatric social workers and the local authority mental welfare officers at the discretion of the psychiatrist according to the type of case involved.

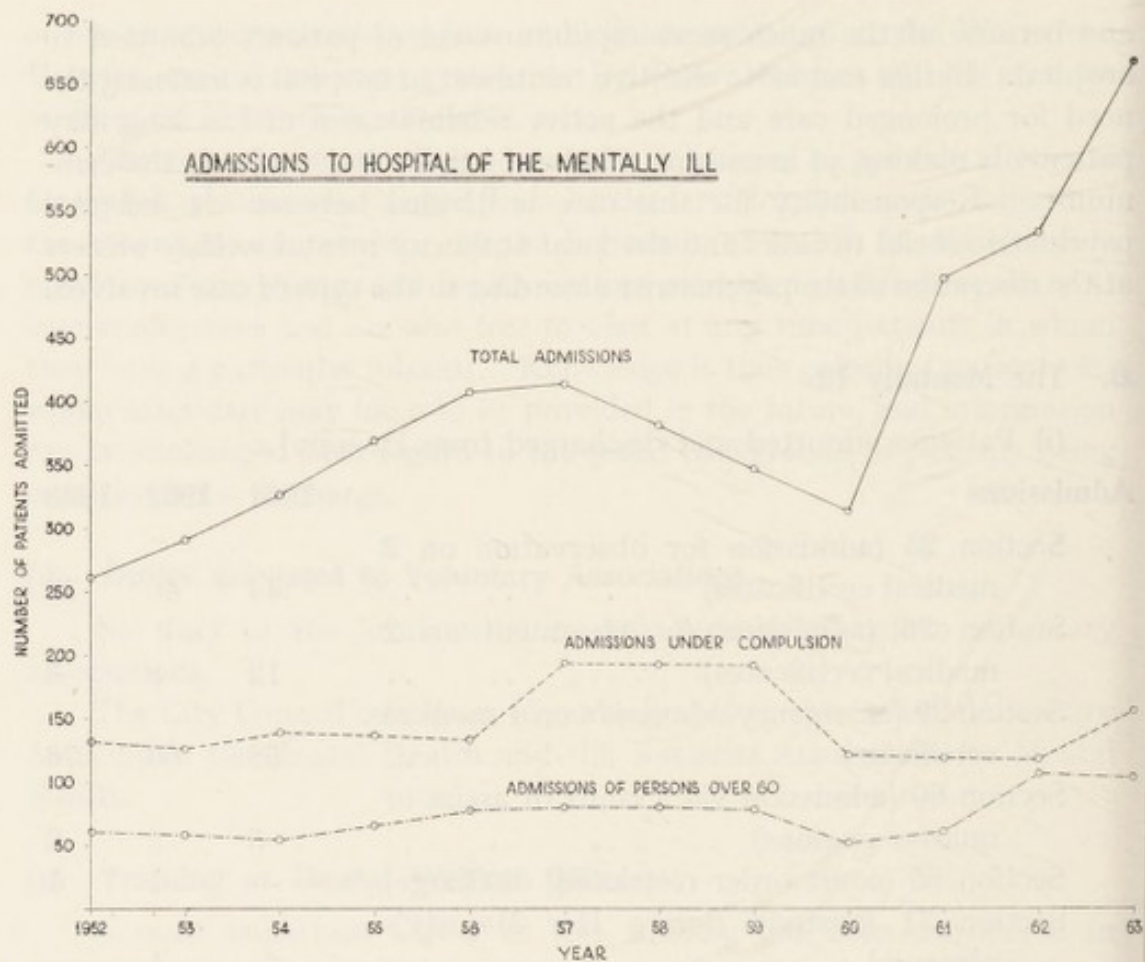
B. The Mentally Ill

(i) Patients admitted and discharged from Hospital

Admissions	1961	1962	1963
Section 25 (admission for observation on 2 medical certificates)	44	46	72
Section 26 (admission for treatment on 2 medical certificates)	12	8	5
Section 29 (emergency admission on 1 medical certificate)	58	60	76
Section 60 (admission via a court of assize or quarter sessions)	5	2	2
Section 65 (court order restricting discharge)	—	1	1
Section 71 (custody during Her Majesty's pleasure)	—	1	—
Informal	377	415	511
	<hr/>	<hr/>	<hr/>
	496	533	667
	<hr/>	<hr/>	<hr/>

The above table shows that there has been a very substantial increase in the total number of admissions since the previous year, continuing the sharp upward trend noted in 1960. Although the proportion of compulsory admissions shows little change being 23.3% of the total compared with 24% the previous year, the actual number of compulsory admissions has increased from 119 to 156, an increase difficult to explain since there has been no significant change in the population at risk. In other words the large increase in admissions has affected both informal and compulsorily admitted patients to about the same degree.

Reference was made last year to the tendency for patients to be admitted to hospital for short periods of treatment after which they are discharged home, some patients being admitted, therefore, for short periods on a number of occasions. During 1963, 83 City patients (12% of the total admissions) had been in hospital during the previous 12 months at the time of their admission. This is a decrease compared with 1962 when there were 107 readmissions (20% of the total). There is nothing, therefore, to suggest why, in 1963, there should have been a 25% increase in the total admissions over the previous year.



Discharges

A total of 587 City patients are recorded as having been discharged from hospital during the year compared with the total of 667 admissions. (This figure includes 33 deaths). At the end of the year 302 persons (143 male and 159 female) who had been mentally ill and had been discharged from hospital were being supervised by the mental welfare officers compared with 272 persons the previous year. In addition 2 psychopaths were under supervision.

(ii) Old Age and Mental Illness

The number of admissions of persons over the age of 60 was almost the same as in 1962 being 104 (46 male, 58 female) compared with 106 the previous year. 15 of them (i.e. just over 14%) were readmissions within 12 months of the last discharge from hospital compared with 25% readmissions the previous year.

		<i>Number of Admissions</i>						
		1957	1958	1959	1960	1961	1962	1963
60 to 69 years	..	31	27	35	23	35	49	40
70 to 79 years	..	34	42	26	24	20	34	38
Over 80 years	..	15	11	17	5	6	23	24
		80	80	78	52	61	106	102

(ii) Guardianship and Supervision

At the end of the year 5 cases remained under guardianship. Of these 2 were living in Oxford, 2 were in care of the Brighton Guardianship Society and 1 was working in Buckinghamshire.

(iii) Discharge of Subnormal Patients

No cases were discharged from order during the year.

(iv) The Training Centre

At the end of the year 70 children and adults were attending the Training Centre, 2 more than in the previous year and 24 more than in 1959. Of the total, 54 were resident in the City and 8 each came from Oxfordshire and Berkshire. At one period during the year 74 persons were on roll at the Centre and at the time of writing there are 76. They may be grouped by ages as follows:—

Under 8 years	..	..	11
8—16	..	..	32
Over 16	..	..	27 (16 females, 11 male)
			—
Total	..	..	70
			==

Remunerative contract work has been undertaken from time to time and during recent months there has been a steady flow of such work from a local plastics firm. After the establishment next year of a separate Senior Training Centre which will take the gradually increasing numbers of adult trainees, it is expected that both the quantity and variety of contract work undertaken will increase substantially. Last year's report mentioned the formation of a committee to promote co-operation in the quest for contract work being made by the City Council, by Oxfordshire County Council and by Littlemore Hospital Management Committee. A number of successful meetings have been held attended also by representatives of industrial firms and trade unions, and there is no doubt of the usefulness of such liaison in publicising the needs of the various sheltered workshops concerned.

With the help of the Parents' Association 28 children together with 4 staff went on the annual holiday to Bognor Regis during the first fortnight in May. Those unable to visit Bognor were taken on a day's outing to Brighton.

As a result of the efforts of the Association and Centre staff, the proceeds of the annual sale of work amounted to £108. Once again help was given by girls from Littlemore Grammar School and we are most grateful to them. In view of the large number now attending the Centre, separate Christmas parties were held for the juniors and seniors and in

addition other Christmas parties were very kindly held for them by children attending both Northfield School and Notre Dame School. Members of the U.S. Air Force stationed at Upper Heyford made their customary Christmas visit to the Centre, this year bringing with them a television set and two transistor radio sets, a most generous and much appreciated gift. Earlier in the year the whole Centre was invited to a Scout Jamboree at Upper Heyford and was entertained to tea.

As in previous years helpful grants were also contributed to the Centre by the City Council and the City Magistrates.

The regular club meetings of the Oxford and District Branch of the National Society for Mentally Handicapped Children are attended by a number of children from the Training Centre and their parents.

(v) Institutional Care

	<i>No. in Institutions within the Region</i>	<i>M.</i>	<i>F.</i>
Borocourt	22	28
Cumnor Rise	—	9
Smith Hospital, Henley	4	2
Style Acre, Nr. Wallingford	3	—
Wayland Hospital	—	13
Bradwell Grove Hospital	12	1
Cotshill Hospital	4	2
Northview Hospital	—	4
Pewsey Hospital	7	8
Purley Park, Reading	2	—
		—	—
		54	67—121
On licence from Borocourt	—	—
On licence from Pewsey	2	—
		—	—
		56	67—123
		—	—

<i>No. in Institutions outside the Region</i>	<i>M</i>	<i>F</i>
St. Mary's Home, Alton	—	1
St. Mary's Home, Buxted	—	2
St. John's Hostel, Camberwell	—	1
Aylesbury, The Manor House	2	5
Aylesbury, Tindal General Hospital	—	1
Barvin Park, Potters Bar	4	—
Bristol, Brentry Colony	1	—
Bristol, Hortham Colony	—	1
Bristol, Stoke Park Colony	3	3
Brockhall Hospital, Lango	1	—
Buntingford	3	—
Cell Barnes Colony	1	1
Easthampstead	1	—
Etlow House	—	2
Leybourne Grange Colony	1	—
Little Plumstead Hospital, Kent	1	—
Lisieux Hall	1	—
Royal Western Counties Hospital, Starcross	—	1
Stallington Hall, Stoke-on-Trent	1	—
Stourbridge, Sunfield Children's Home	1	—
Wellington, Sunshine Home	1	—
Maximum Security Institutions	4	3
Warwick State Institution	—	1
	—	—
	26	22—48
	==	==

D. Future Developments

1. Hostel for subnormal children

As stated in last year's report this hostel will, in the main, be for the reception of children who could attend the Junior Training Centre but who are not able, for various reasons, to live at home. It will also be used for the temporary admission of children who normally live at home in order to give their parents a rest or holiday. Children in care of the Children's Committee who, because of subnormality, are not suitable for retention in an ordinary children's home will also be admitted.

The building of this hostel, recently named St. Nicholas House, is now complete. Staff are being appointed and it is hoped that the first children will soon be admitted.

2. Hostel for subnormal males

This will be used by subnormal youths and young adults who are able to work but are unable to live at home. The quest for premises

suitable for conversion has now been abandoned in view of the scarcity of suitable property in Oxford. Instead, it is hoped to erect a purpose built hostel on a site not far from the Senior Training Centre.

3. Hostel for subnormal females

A site for this new project is now being sought on land adjacent to Wood Farm Estate. This too, would be within easy reach of the Senior Training Centre.

4. Senior Training Centre

A tender for this project has now been accepted and it is hoped that building will soon commence. As stated last year this Centre will provide places for 60 adults initially and will lend itself to expansion in the future should this prove necessary. The main features will be a large workshop with ample storage space and a covered unloading bay for vehicles. In addition, there will be a room for domestic subjects, a classroom for further educational activities, a canteen with its own kitchen, and recreational and gardening space outside.

5. Junior Training Centre

When the senior centre as described above has been established it will be possible to re-organise the present Centre to cater for children of all ages up to about 16. This will satisfy the present need for facilities for children under 5 and also make it possible to set up a Special Care Unit for more severely handicapped children who cannot at present be admitted.

6. Hostel for the mentally ill

A site for this is available on land, as yet undeveloped, at Rose Hill. The great majority of patients admitted to this Hostel are likely to be transferred from mental hospitals and will be those who no longer require hospital treatment or management but whom it has not been possible to establish independently in the community. Some will be capable of holding jobs, others will not be able to do more than participate in a programme of activities arranged for them under supervision. All are likely to be very long stay cases as most of those capable of achieving independence will have been sieved off by previous admission to the half-way houses attached to Littlemore Hospital.

SECTION VIII

WELFARE SERVICES

REPORT BY J. C. DAVENPORT
Chief Welfare Services Officer

In July, 1948, the City Council delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets twice monthly to deal with the administration of the Welfare Services of the City.

1. General Welfare Arrangements for the Aged and Infirm

The preparation of the ten year development plan for the provision of welfare services gave the opportunity for taking stock of what had been achieved in the past 14 years, and of reviewing future activities. The exercise emphasised the need to strengthen the services and facilities already provided, to expand to meet the increasing demand, and constantly to apply new lines of thought on the design of future projects to meet changing needs.

There is no doubt that the policy, adopted in 1954, of providing residential accommodation suitable for the more infirm has been the right one, and Oxford is now in the happy position of having accommodation not only of such quantity but of the right quality as to make the realisation of the ten year plan a practical possibility.

Domiciliary welfare services are, without doubt, the challenge for the future. Lack of success in this sphere will surely make all that has so far been achieved in the provision of Welfare Homes a hollow victory. No local authority can obtain the success required single handed, nor can the victory be obtained by voluntary workers alone. What is needed is a co-ordinated and co-operative effort from statutory and voluntary bodies, working on a partnership basis, each utilising to advantage the facilities offered by the other.

In Oxford there has been a good measure of success in such co-operation but there is no room for complacency. I am quite sure there is scope for more inter-dependence, and any opportunity for promoting the welfare of the aged and infirm must not be neglected. The National Assistance (Amendment) Act 1962, has greatly reinforced the domiciliary welfare services which can be made available to the aged and infirm, and has included means of filling gaps heretofore not permissible. This Act was never intended to give local authorities the right to assume functions already being performed adequately by voluntary societies, but to provide the necessary powers to augment, where necessary, and to act as partners.

In Oxford there has been, and I am sure will continue to be, a great deal of co-operation between the Council and the voluntary societies, but I believe the next few years will be critical in determining how best the elderly can be provided with a future which is not only secure but one which they can look forward to with happiness.

The local authority must not be classified merely as the authority who will, when a vacancy occurs, transplant an aged person from his or her own home into a communal residence, however attractive the latter may be. Automatic removal to Part III accommodation can be an admission of failure. There are, of course, many old persons who cannot continue to live in their own homes and who want to enter a home; but understanding and help at the right time can also prevent a situation arising where there is no alternative.

This is the theory we have endeavoured to put into practice in Oxford with some degree of success. Out of a total case load of over 1,000 less than 250 are classified as persons in need of Part III accommodation. The remainder are receiving help in varying degrees to enable them to continue to live, as they wish, in their own homes.

The provision of domiciliary welfare is very much a personal service, and this service is best given in a friendly manner. Too much emphasis cannot be given to the real meaning of "friend". A Welfare Officer or voluntary worker who satisfies this quality can give service in every aspect.

This City has a great wealth of such persons and the Council and the aged have benefited from their efforts. It would be remiss of me not to mention specially the work done by the Oxford Council of Social Service Friendly Visitors, the British Red Cross and Womens' Voluntary Service who deliver meals on wheels, the Rose Hill Old People's Welfare Committee, and the members of the "Fish". Without this valuable aid the tasks of the local authority welfare officers would have been impossible. The International Voluntary Service has been extremely helpful in providing practical help in individual households. This service has for many years stepped into the breach and helped in solving very difficult problems.

In 1963, local authority officers made a total of 10,336 visits to aged and infirm persons, and large though the total is, it must have been exceeded by other voluntary visitors. On the 31st December, 1963, 1,663 persons were receiving help from local authority welfare services, and a further 455 were receiving regular visiting and help from voluntary visitors and meals on wheels service.

Our programme of providing residential accommodation, for the more infirm, advanced another step with the opening of Oseney Court in May, 1963. The Council now has 368 beds in Old People's Homes and of this total only 46 are not served by a lift or are on the ground floor. Except for a total of 76 beds, all accommodation is in single or double rooms. The bulk of the 76 beds are in two Homes not purpose built, and the

accommodation consists of 3 six bedded rooms, 2 with five beds each and 12 four bedded rooms.

Wherever possible prospective residents are given the opportunity of viewing their proposed Home before admission, and many have previously had the experience of life in a Home as a result of short-stay admission. Short-stay admissions have, in fact, become a permanent and successful feature in our domiciliary welfare services. When a prospective resident has doubts about giving up his or her own home, welfare officers arrange to continue their tenancies after admission to enable them to change their minds if they so desire. Very few do and in 1963 only one person elected to return home.

Each Home has continued to develop as a centre for domiciliary welfare services, and, in addition, for recreational facilities. The new bathing assistance service, which became operational in mid-1963, has been linked with the Homes. This service, which is designed to help old people over the difficulty of taking a bath, offers the services of a bathing attendant who will help a person in their own home, or where no suitable facilities exist transport them to a Council Home for the service. Originally planned to meet the needs of the aged, it very soon became apparent that seriously handicapped persons had a similar problem, and there has been a steadily increasing demand for assistance.

The social and casework services of the Department have added considerably to the individual and community welfare of the older and handicapped population and the increasing responsibilities in the field of social welfare will call for the utmost care on the recruitment of staff with a genuine desire and ability to fulfil the requirements of this important work.

The steadily increasing numbers of elderly persons, and the enormous popularity of the modern welfare services have caused a greater volume of work for the staff, and the severe weather of early 1963 presented a tremendous task for welfare workers, both statutory and voluntary. During this spell, welfare officers provided a 24-hour seven day a week service to numerous old people who were lacking in water, food, heat, and the means of cooking. An emergency squad of "first-aid" workers was set up equipped with means of unfreezing supplies, and a record number of electric fires and other types of heaters were borrowed to make life more comfortable for the unfortunate victims of the cold. When roads were impassable meals were delivered on foot, and where bursts had occurred, a "drying service" was instituted. I must record my sincere thanks to all officers and voluntary workers who worked around the clock to ensure that the standard of comfort and well-being amongst the aged was maintained at a standard which Oxford has become accustomed to expect.

2. Residential Accommodation

The number of places available in Homes is gradually achieving a more reasonable level in relation to the existing elderly population, but increasing numbers in this section of the community, a greater opportunity of ascertainment of need, and perhaps, most important of all, the willing acceptance by the elderly of the services has made it essential that we forge ahead with the completion of our plans for an adequate number of beds.

Oseney Court which opened in May, 1963, provided an additional 60 beds and for the first time since 1958 it was not necessary to earmark half of the total for transfers from the old Institution. Nevertheless, there was still a very heavy demand on the places available, and after the Home was filled there still remained over 200 disappointed persons who well deserved a place. The average age of all residents in Homes in Oxford has continued to be very high, at approximately 85 years, which is one of the highest in the country.

Despite this high average age and the severity of the early year climate, comparatively few became sufficiently ill to necessitate hospital admission (87), and more than half (45) returned to Part III accommodation after treatment. Admission to hospital is requested only when medical attendants agree that the specialist hospital attention is necessary, and many residents were cared for during illnesses in the Homes. Of the many very old persons who had illnesses, 27 died in Part III accommodation.

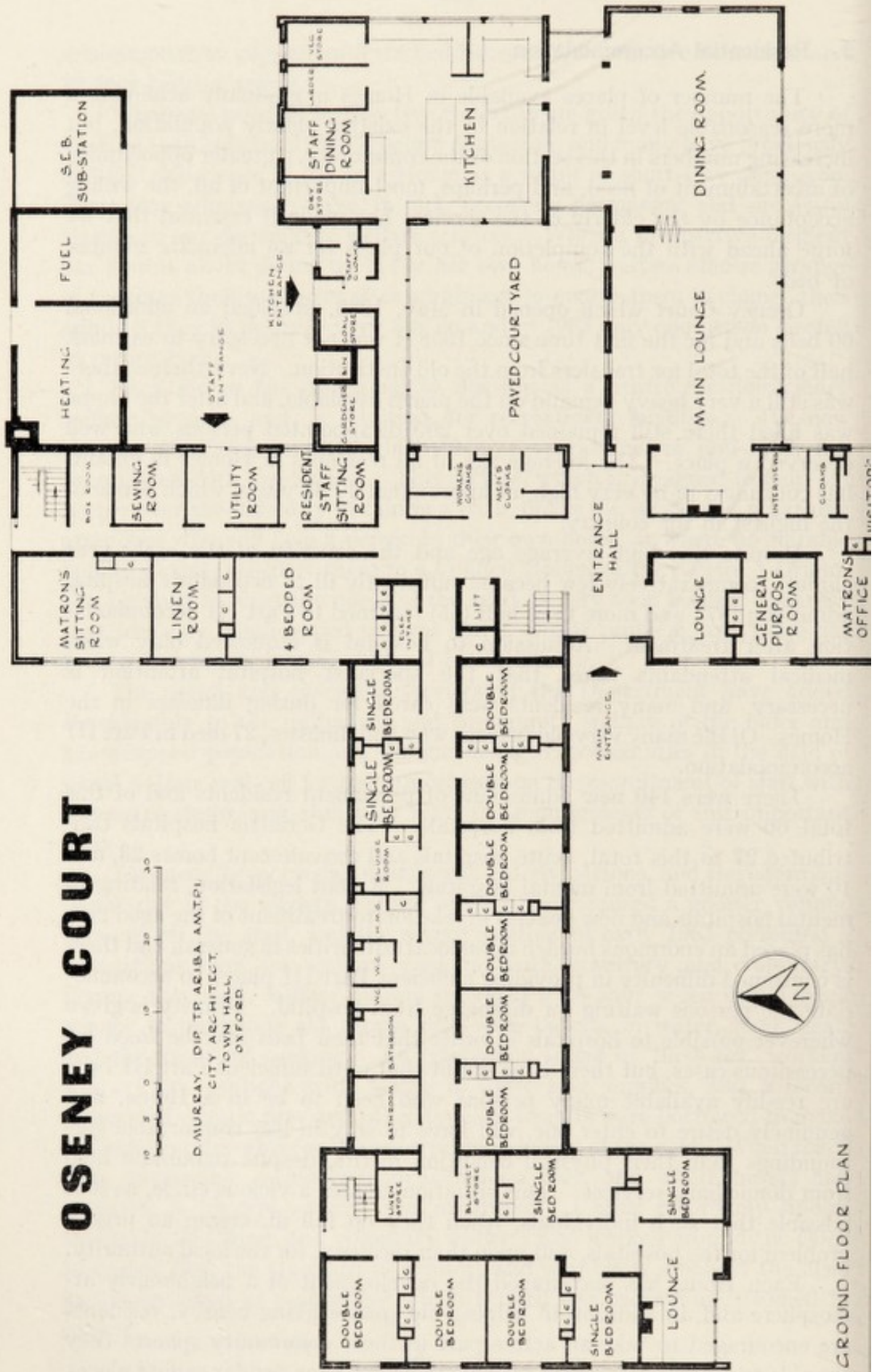
There were 140 new admissions of permanent residents and of this total 60 were admitted from hospitals. The Geriatric hospitals contributed 27 to this total, acute hospitals and convalescent homes 23, and 10 were admitted from mental hospitals. Recent legislation, relating to mental hospitals and new policies in relation to treatment of the aged sick has placed an enormous burden upon local authorities in general, and there is continued difficulty in providing sufficient Part III places to accommodate the persons waiting for discharge from hospital. Priority is given wherever possible to hospitals in order that their beds may be freed for necessitous cases, but there is no doubt that until sufficient Part III beds are readily available many persons who need to be in a Home, and genuinely desire to enter one, will have to stay in less comfortable surroundings than their physical condition merits, despite maximum help from domiciliary services. This situation creates a vicious circle, as it is possible that such individuals, when they do fall ill, create an urgent problem for the hospitals, and upon their recovery, for the local authority.

Each Home has encouraged the development of a neighbourly atmosphere and, in addition to helping old people living nearby, residents are encouraged to take an active part in those community spheres they are able to enjoy. Many who are able to go out have regular calling places to meet their friends and for those less physically able, friends organise

OSENEY COURT



D. MURRAY, DIP. TR. ARCHT. AMPTN.
CITY ARCHITECT,
TOWN HALL,
OXFORD



GROUND FLOOR PLAN



OSENEY COURT OLD PEOPLES HOME

transport. Visits are not "one-way" and residents frequently entertain their friends and relations in the Home.

The overall service in Part III has enabled many residents to save, and each year increasing numbers are able to take a holiday away from Oxford. Welfare Officers give every assistance in promoting these ventures, and the ability to have a holiday away does make the communal life more of a home.

All residents have to pay for accommodation, according to their means, but each retains a minimum of 13/6 per week for pocket money. Occupational Therapists visit the Homes to give instruction and advice to residents to help them follow a hobby. Many residents produce articles for themselves and their friends, but if desired, facilities are available to enable goods to be sold. Churches take a great interest, and regular services are available for all denominations. Cinematograph shows are regular features and are greatly appreciated especially as residents can invite their friends.

It is, with the utmost confidence, that it can be said that in Oxford residence in a Home is not a second-best existence, nor are there persons living there who would wish to be elsewhere.

Admission Table

	<i>New Admissions</i>	<i>Discharges to Hospital</i>	<i>Deaths</i>	<i>Holiday cases</i>
Barton End	12	8	2	2
Cotteslowe Court	26	26	6	1
Frilford House	5	4	—	—
Marston Court	8	12	6	1
Shotover View	18	21	11	—
Townsend House	13	9	2	2
Oseney Court	58	7	—	48
	—	—	—	—
	140	87	27	54
	==	=	=	=

The demand for short-stay accommodation continues to increase. Fifty-four cases were admitted during the year, either to give them a much needed rest from their own domestic responsibilities, or to enable the old people's relatives to take a holiday. It is evident that this is a facility that is greatly appreciated, particularly by those relatives who would otherwise be completely tied throughout the year.

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, 165 Banbury Road	..			24 females
Council of Social Service Home, 115 Banbury Road				21 females
British Red Cross Society Home, 107 Banbury Road				20 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

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:—

- 5 persons in St. Basil's Home
- 3 persons in Nazareth Home
- 3 persons in St. John's Nursing Home
- 12 persons in British Red Cross Society Home
- 17 persons in other voluntary homes
- 4 persons in Homes 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 Oxfordshire County Council Homes.

Temporary Accommodation

The problem of providing a satisfactory service for the accommodation of the homeless has been investigated and discussed throughout the year, and the Council set up a special joint committee of representatives of Health, Housing and Children's Committees, together with the officers concerned to endeavour to find a workable solution. At various stages of this deliberation, representatives from the Ministry of Health and the Home Office were requested to give their advice, and towards the end of

the year the joint committee had reached the stage of general agreement on the future operation of the service.

During the whole of the year, however, the practical aspect of dealing with the homeless, has been ever present. The year started with the existing unit being filled to capacity. The Housing Committee came to our rescue by allocating huts and houses to those families whose cases merited special consideration and for the greater part of the year overcrowding in temporary accommodation ceased to exist.

During the year 124 applications were received from persons who were homeless, or about to become so. Again it is pleasant indeed to state that the City Council's Housing Department was not responsible for any of these cases. Very few of the 124 cases could be generally classified as "problem" cases. Admittedly, many had been foolish and the majority, fortunately, were able to see the error of their ways, and there was sufficient time available to rectify the mistakes. As a result, in 82 cases it was possible by the direct intervention of welfare officers either to prevent eviction or to find alternative accommodation for the applicants. A further 8 cases refused offers of help and presumably left the district as nothing more was heard of them. Seventy-three of the applicants (64 single persons and 9 couples) had no children with them, and the remaining 51 applicants had families ranging in size of 1—5 children. Thirty-four applicants were offered, and accepted, accommodation in the Homeless Families Unit, with the following results:—

- 15 stayed for one night only
- 1 stayed up to one week
- 6 stayed from one week to one month
- 10 stayed from one month to six months
- 2 stayed for more than six months.

An analysis of the total number of applications, in family size, is given below:—

Single Males	Single Females	Families					
		No children	1 child	2 children	3 children	4 children	5+ children
24	40	9	18	21	6	3	3

The statistics given are very similar in extent to last year, and the family size distribution has followed the pattern of previous years. All too often when the subject of homelessness is raised, there is a tendency to consider that the whole of the matter is one of problem families or eviction rent arrears. One seldom associates shortage or change of work, natural family growth, or domestic incompatibility as the major causes of homelessness. There is no doubt that these are and have been for some years the main causes in Oxford. Nor are homeless persons always

definable as families; indeed more than half the total applicants are persons without dependants.

Welfare Officers with their specialised knowledge of under-occupied premises have done a wonderful job in helping these unfortunate people to re-establish themselves. Where families with children are concerned re-settlement is a more difficult problem but not an unsurmountable one as long as the family is prepared to make the necessary efforts to take advantage of the help of welfare officers.

The large families, and those requiring continuing help, do tend to remain in Homeless Units, and at times can create a blockage in the general stream. Such an occasion occurred in 1963, and we were truly grateful for the timely help given by the Housing Committee who provided much needed relief. Maximum co-operation is maintained with the Children's Department in watching over families who need help, not only in the Unit but when re-housing has been accomplished, and despite the problems of the year, by day and by night, it was very gratifying at Christmas to receive a selection of cards from families expressing their appreciation for all that had been done for them in their hour of need.

3. Welfare Arrangements for Blind and Partially Sighted Persons

(a) Blind

Statistics

During the year 28 people were certified as blind. The Authority is fortunate in that eye examinations for certification purposes are carried out at the Eye Hospital, and any medical or surgical treatment required is arranged straightaway.

Of the 28 new cases of blindness registered in the year (8 men and 20 women), in all but 11 cases there were multiple causes.

The causes of the disability of the new cases were as follows:—

<i>Diagnosis</i>	<i>No. of cases</i>
1. <i>Local Degenerative Conditions</i>	
(a) Cataract	10
(b) Senile Retinopathy	17
(c) Optic Atrophy	2
(d) Senile Macular Degeneration	2
2. <i>Other Local Causes</i>	
(a) Endophthalmitis	1
(b) Glaucoma	4
(c) Vascular catastrophes—	
Retinal Vein Thrombosis	2
Pre-retinal Haemorrhage	2

3. *General Causes*

(a) Diabetes Mellitus with retinopathy	5
(b) Arterio-sclerosis with retinopathy and retinal artery occlusion	3

The age of onset was as follows:—

<i>Decade</i>	<i>No. of cases</i>
15—24	1 (Diabetic Retinopathy)
35—44	1 (Infantile Glaucoma)
45—54	—
55—64	1
65—74	6
75—84	12
85—94	7
Not known	—

The average interval between onset (symptoms of blindness) and registration was three years (less than 1 year in 10 cases and more than 6 years in 8 cases).

The following table shows the number of cases where treatment was recommended:—

	Cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No Treatment	4	1	—	13
(b) Treatment (medical, surgical or optical)	2	3	—	5
(c) Hospital supervision	1	2	—	4

The number of registered blind persons in the City is 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
—	—	—	—	3	—	—	—	4	3	4	4	12	15	6	12	41	105

Total 70 males and 139 females equals 209, of whom 164 are over 65 years old.

Children

There are two children in Special Schools for the Blind and one in a hospital for the mentally ill.

Employment

Sixteen people are in open industry as follows:—

Physiotherapist	..	..	..	..	..	1
Legal Profession	..	..	..	..	..	2
Shopkeeper	..	..	..	..	..	1
Employed in Factories	..	..	..	..	..	7
Storekeeper	..	..	..	..	..	1
Labourer	..	..	..	..	..	1
Masseur	..	..	..	..	..	1
Miscellaneous jobs	..	..	..	..	..	2

Home Workers Scheme

Braille Copyist	..	..	..	..	..	1
Machine Knitter	..	..	..	..	..	1

Workshop Employment

The following blind people are working in sheltered workshops:—

<i>Trade</i>				<i>Male</i>	<i>Female</i>
Mat Makers	..	..	..	2	—
Chair Caning	..	..	..	—	2

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

General Welfare

The Handicraft Classes have continued to be extremely popular and total attendances have again been larger than in previous years. The manufacture of soft toys has proved to be the most popular form of craft practised, and we are very much indebted to the voluntary helper, Mrs. Hill, who has continued to provide regular assistance at the classes. Mention must also be made of the Inner Wheel who in providing transport have contributed in no small way to the success and enabled the occasions to become of great recreational benefit to home-bound blind persons.

Social Activities

Socials have been held three times a month and during the summer two outings were arranged to Bognor Regis and Hampton Court. We would like to extend grateful thanks to all the voluntary helpers who have done so much to make these occasions so successful. The Annual Party at the Town Hall was not as successful as heretofore due to the extreme weather conditions in January. Nearly 50 persons braved the elements

to attend and thoroughly enjoyed the entertainment. In co-operation with the Oxford (City and County) Society for the Blind two parties, each of eighty people, were taken in May for a week's holiday to Lowestoft and Cliftonville. These events were a great success and have become an annual event.

The Tape Recording Club has continued throughout the year. This has proved to be very popular and the fortnightly meetings have been well attended. On the Saturday before Christmas a party of 40 blind persons was taken by the Home Teachers to hear the Christmas Carols in the Royal Albert Hall.

Voluntary Help

The Oxford (City and County) Society for the Blind has continued to assist the blind financially towards the provision of holidays, invalid foods, and extra comforts. Christmas gifts have been given to aged and infirm blind persons and special attention is given to those in hospital, or others in accommodation away from their own homes. As a result of the Society meeting the subscription cost, four blind people receive Bible notes in Braille each quarter. The Oxford Eye Hospital Patients' Welfare Fund has continued to be responsible for the cost of transport to the Christmas party. This help is greatly appreciated and enables many to attend who might otherwise be unable to do so.

(b) Deaf Blind

There were 6 deaf blind persons on the Blind Register, 1 man and 5 women.

(c) Partially Sighted

Nineteen people were certified as partially sighted and at the end of the year there were 88 persons on the Observation Register. All these people are substantially and permanently handicapped by defective vision. The following table shows the age groups on the register:—

0—1		2—4		5—15		16—20		21—49		50—64		65 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	1	—	2	1	—	2	11	2	5	9	17	38

Total 36 males and 52 females—88, of whom 55 are over 65 years.

4. Welfare Arrangements for other Handicapped Classes

The Council, on the 1st April, 1955, adopted schemes to provide for the welfare of the deaf and dumb, the hard of hearing and the general handicapped classes.

(a) The Deaf

The Council's functions in relation to the Deaf have been delegated to the Oxford Diocesan Council for the Deaf, who have for many years been carrying out valuable welfare work amongst the local Deaf, and have been assisted financially by the Council since 1948. During the year a grant of £930 was made to the Diocesan Council, who have supplied the following table:—

	Under 16		16-64		65+	
	M	F	M	F	M	F
Deaf with Speech	8	6	5	4	2	4
Deaf without Speech	4	2	15	12	2	1

The National Deaf Children's Society (Oxford Region) has had a very go-ahead year. They have continued to hold monthly education talks for parents and teachers during the winter; they are financing evening classes for deaf children, twice weekly, as well as a scheme of peripatetic work covering three evenings a week. Another most successful riverside gala was organised in August, but the highlight has been the completion of a film entitled "Let them Speak". This was produced with the help of the University Film Society and was first shown in March to a packed audience in the New Centre. It has subsequently reached many groups of interested people all over the country. The aim of the film has been to show some of the problems which confront deaf children and how they can be helped to overcome such problems. Further efforts are being made to improve this film. The annual parties have been well patronised and enjoyed.

The totally deaf meet together two or three times a week for social intercourse and fellowship. Indoor and outdoor sports are amongst the regular activities, also dancing, most of which is arranged to combine with hearing friends. Hobbies are encouraged and the necessary help given. Hospitality is given to Deaf Clubs from other parts of the country. Regular Sunday services are held in the Chapel which is filled to capacity most weeks.

The following table shows the numbers and age-groups of the totally deaf persons whom the Deaf Centre serves:—

0-15		16-64		65+	
M	F	M	F	M	F
12	8	20	16	4	5

(b) Hard of Hearing

The hard of hearing meet every week some for afternoon tea and a chat, others for an evening's entertainment of dancing, games or theatricals, etc. Hard of Hearing Clubs from other towns come periodically to join the Oxford Group for various functions. A scheme has been launched to visit some of the house-bound hard of hearing people.

Speech training classes are held on occasions and there has been a clear-speech competition arranged by a Speech Therapist. There are close ties with the Department of Otolaryngology at the Radcliffe Infirmary where advice and help are given concerning hearing loss and hearing aids. The following table shows the membership of the Club:—

Under 16		16-64		65 and over	
M	F	M	F	M	F
—	—	20	62	19	50

(c) Generally Handicapped

Since the implementation of the scheme in Oxford much has been done to help the handicapped and the demand for the services of the staff concerned continues to increase. The staff available for this work consists of a full-time welfare officer and the part-time services of an Occupational Therapist. A large proportion of those registered are homebound and the ever-increasing popularity of the services available has made great demands on this staff, and towards the end of the year the Council did agree to the appointment of a craft instructress to help organise pastime work amongst the seriously disabled.

Mention must be made of the co-operation of voluntary effort in this work. By this means it has been possible in a number of instances to make home life more bearable for these unfortunate people. Adaptations and aids in the home, cleaning, re-decorating and remedial and recreational facilities have been carried out by the Local Authority staff and voluntary workers, including the International Voluntary Service.

A total of 121 permanently and substantially handicapped persons

are registered with the Local Welfare Authority, and the following table shows the age groups:—

	16-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years and over	Totals
Male	11	7	6	14	16	17	71
Female	6	7	12	6	12	7	50
Totals	17	14	18	20	28	24	121

The British Red Cross Society organises a Special Club at their headquarters, No. 101 Banbury Road, for crippled persons. This Club meets every other week and is a valuable aid in the provision of recreational facilities for handicapped persons. Officers of the Welfare Section encourage and aid as many as possible to attend these meetings.

(i) Spastics

There are 33 spastics known to the Department—16 adults (13 male and 3 female) and 17 children. Of the 16 adults eleven are normally resident in their own homes and 5 are being cared for in special Homes and Hospitals. Of those residing in their own homes, 4 males and 1 female are engaged in full-time occupation.

Seventeen children of school-age are known to be suffering from varying degrees and types of cerebral palsy. One severely affected boy, who is also educationally sub-normal, is at a residential school. In 8 cases the disability is minimal and the children are able to attend full-time at ordinary schools. One child affected with partial hearing attends the special class at St. Thomas' C. of E. School and one, who is educationally sub-normal, attends the Special Day School at Slade Park. Three City children attend the Ormerod School and 3 more who are sub-normal attend the Training Centre.

(ii) Epileptics

Thirteen adult epileptics (5 male and 8 female) are known to the Department. All these cases are of major severity. This is a figure which I feel sure does not bear any real relationship to the actual number of people suffering from this complaint. It can be said that a great majority of the cases suffering from a minor severity are able to attend ordinary school or continue in normal employment.

5. Workshop for Handicapped and Blind Workers

This very successful Workshop has maintained its important position in the provision of service to the blind and disabled and there were at the end of the year 5 blind and 13 sighted disabled persons employed in the Workshop.

The main disabilities of the 13 sighted disabled are:—

				<i>Male</i>	<i>Female</i>
Deaf without speech	..	..	..	—	1
Poliomyelitis	..	..	..	2	—
Paraplegia	..	..	..	3	—
Hemiplegia	..	..	..	1	—
Epileptic	..	..	..	2	—
Neurosis	..	..	..	1	—
Arthritis	..	..	..	1	—
Emphysema	..	..	..	1	—
Asthma	..	..	..	1	—

In addition, there are multiple handicaps in 4 cases, including thrombosis in the leg, amputation of toes, and bronchitis.

Total sales for the year were £9,750 as against £8,800 in 1962, a turnover increase of 11%. The pattern of business is now achieving results envisaged four years ago when the Workshop opened at 12 Woodstock Road. The total increase in turnover is attributable to goods manufactured in the workshop (26% increase) and goods produced by disabled persons under the City Domiciliary Occupational Therapy Service (21% increase), and the Oxfordshire County Council Occupational Therapy service (2% increase) whilst goods bought for resale from other Blind and Disabled Workshops maintained a constant level to that of 1962.

6. Miscellaneous Services

(a) Meals on Wheels

This valuable service has continued to expand and has worked to the maximum capacity in both manpower and equipment throughout the year. An average of 2,184 meals per month have been supplied at a cost to the recipient of 1/- per meal. The cost of food to the Local Authority is 1/6 per meal, and an allowance of 6*d.* per mile is paid to the voluntary drivers who deliver the meals. These volunteers from the British Red Cross Society and the Women's Voluntary Service have worked untiringly to make this service the success it is, and there is no doubt that a large number of old people in the City look forward not only to the meal they receive, but the cheerful visitor who brings it to their doors.

(b) Compulsory removal of persons in need of care and attention

It was not necessary in 1963 for action to be taken under Section 47 of the National Assistance Act, 1948. In a few instances there were cases where adequate grounds existed for action to be taken, and where it appeared necessary to do so. However, persuasion by medical practitioners and welfare officers prevailed upon the individual concerned, and compulsory removal was not necessary.

(c) 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 57 cases during the year.

(d) 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 7 such burials, and in all cases part or full recovery of the cost involved has been made.

7. Civil Defence—Welfare Section

The tasks that the Welfare Section would be called upon to undertake in war-time are many and various. They include—care of the homeless, billeting, emergency feeding, first-aid and home nursing, information services and mobile reinforcements. Emphasis has been placed upon training in First-Aid and Home Nursing as large numbers of people are likely to be injured in a nuclear war and unable to receive hospital treatment.

Owing to Oxford's geographical position it has been listed as a neutral zone, and therefore, an area where very large numbers of people might seek temporary accommodation. In view of these heavy responsibilities, our present strength of 132 members (mainly women) is unsatisfactory. Our authorised peace-time establishment is 600 and recruitment of volunteers especially from amongst the young and male citizens, is one of our main priorities.

Training in the subjects mentioned has continued and 15 members passed the Standard Test out of the 16 who presented themselves for examination. This test comprises 12 written questions, 3 oral ones and a performance test to demonstrate a skill.

Emergency feeding again played a big part in our practical work at the Kidlington Training Centre, as we were called upon to supply meals for those taking part in exercises. In August, 18 of our members visited the Army School of Catering at Aldershot and gained valuable knowledge of outdoor cooking.

A very successful weekend convoy exercise to Devon took place in September when we combined with the County Civil Defence Corps. The object was to practice road movement, convoy driving during the night and day, and map reading. Our section provided 3 drivers and 2 map readers.

In November, the Civil Defence Corps gave valuable assistance to the

police in the search for a missing girl. The Welfare Section helped to provide light refreshments for the large number who took part in the search, which was so sadly successful.

Our Civil Defence resources are always available for assistance in any peace-time emergencies but fortunately few calls have been made upon us.

8. Clinical Medical work on behalf of the Welfare Services

The following report has been prepared by Dr. Tilley (Senior Assistant Medical Officer for Welfare) and emphasises the increasing importance of readily available facilities for medical consultation in this sphere of work.

There are five main aspects:—

(a) Assessment for suitability for Part III accommodation (35 consultations)

Patients were visited in their own homes, or in hospital, or on one occasion in the Police Station. In general the functional and social sides of assessment are more important than detailed medical examination, which is only desirable when adequate information is not available from hospital or general practice records, and then only with the consent of the family doctor.

(b) Emergency Consultations at the request of the Welfare Officer (14 consultations)

These arose when the patients' family doctor was unknown or not immediately available. Two persons had head injuries and three had mental illnesses. On two occasions hospital admission was sought on behalf of the general practitioner who was informed as soon as possible afterwards.

(c) Provision of domiciliary equipment (33 visits)

For some handicapped persons the correct choice of an aid is difficult, and may require on-the-spot experiment. For example, a low hospital bed may be very suitable for the paralysed patient, but a hardship for his attendant who cannot stoop easily. Again, bulky equipment is inappropriate in a small room.

To avoid ineffective expenditure, a small stock of walking aids is held at Oseney Court Old People's Home for trial in the other Homes and in private dwellings. When not in use, the Zimmer patient lifting aid at Shotover View has also been made available.

The convalescent patient may be helped by a walking-aid loaned to him as part of the after-care service (National Health Service Act, 1946, Section 28). If, however, recovery is not complete the same patient, now permanently and severely handicapped, requires the same article as a

welfare provision (National Assistance Act, 1948, Section 29). This anomaly results in some confusion and inefficiency. The Oxfordshire Branch of the British Red Cross Society is already the City's agency for the loan of nursing equipment, and arrangements have now been made for equipment, provided under the National Assistance Act, 1948, also to be issued, stored and collected by the Society.

(d) The Sheltered Workshop, Woodstock Road

The Senior Assistant Medical Officer for Welfare now acts as "works" doctor when medical problems arise in connection with the sheltered workshop. An initial consultation and examination was accepted by the first new entrant since this scheme was introduced, whilst three other workers had medical examinations as a result of work difficulties.

It should be emphasised that medical assessment and classification for suitability as sheltered workshop employees remains entirely a matter for the Ministry of Labour.

(e) A Medical Officer to each Old People's Home

A member of the medical staff of the Department is appointed as Medical Officer to each Home. The Matron of the Home can then call on this doctor at any time for medical help and advice in connection with such matters as an outbreak of infection, too many ill residents for the available staff, etc.

This arrangement is, of course, additional to the personal medical service given to each resident by their own general practitioner.

SECTION IX

ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., F.R.S.H.

Chief Public Health Inspector

Once again report is made on our activity in the wide field of environmental health. In the absence of specialisation it is inevitable that variety is a highlight of our interests and therefore one is able to comment on quite a number of matters which have caused concern or are of some interest to the City population. If variety is the spice of life, then the Public Health Inspectorate have undoubtedly a full and highly flavoured diet sometimes bordering on the indigestible! Interest switches continually as the weeks go by and by the end of a year a considerable mixture of activity needs sorting out in order to present, in reasonable and orderly fashion, a report on the major items of interest.

In the field of General Sanitary Circumstances it is interesting to note that complaints received in respect of infestations by rats and mice, etc., continue to amount to 50% of the total, despite all the work carried out year by year in tracing and poisoning the vermin. Notwithstanding modern methods and the use of confirmed effective material, there seems little, if any, reduction in the incidence of infestations. The sewerage system was again treated with Fluoroacetamide, yet despite assurances as to its effectiveness, a somewhat surprising increase in the number of takes was recorded and few bodies were discovered throughout the system. From discussions with colleagues it seems apparent that other districts also have noted a somewhat increasing incidence of rodent infestation.

In so far as caravan dwelling is concerned, we are fortunately free from major site problems as sites are few in number and small in size, but there are many large sites around the City. Stables and piggeries were given increased attention during the year and, not surprisingly, some were still found in unsatisfactory condition. Old unhygienic habits seem to linger and it is difficult to convince some animal keepers of the need for improved standards of hygiene, both of construction and use of premises. The Animal Boarding Establishments Act did not pose many problems in operation for only three premises were considered as coming within the orbit of the legislation. One establishment, however, proved an interesting exercise in reconstruction and improvement, being an old farm used for years as an animal pound and boarding kennels, particularly during the holiday season. The proprietor was ready to accept advice and guidance in reconstructing his premises and it is hoped that by the middle of 1964 really good accommodation for the purpose will be ready for use.

In so far as smoke control progress is concerned, Circular 69/63 caused some perturbation because of its reference to shortage of premium solid fuels and notification that the Government desired the public to transfer from gas cokes and softer premium fuels to hard cokes (Sunbrite) which

happen to be in good supply but need some form of openable stove to achieve satisfactory combustion. Certainly such stoves provide a much higher degree of efficiency and are a move in the right direction so far as smoke control and improved heating are concerned. At the same time the public are being advised to refrain from the use of radiant and convector electric heating because of effect on peak loading. They are asked to utilize off-peak heating systems of the block storage type. Gas continues to increase in use as an approved smokeless fuel. It was inevitable that the financial estimates previously made had to be reconsidered, and it was fortunate that the Smoke Control Area extension proposals allowed for an easy division into two sections. We were enabled to proceed with the first section as far as, and including, the Railway Station and the permanent way to the west of the City centre, leaving the second part further west as far as the Botley boundary to follow in due course. The power station has now been converted to light oil burning and appears to be operating very satisfactorily with little smoke evident and negligible sulphur pollution. Chimney heights became of considerable interest with the issue during the year of an Advisory Memorandum. Early liaison was therefore established with Planning and Architectural Officers and Building Inspectors. Much stress is laid by the Planning Committee on the aesthetic aspect of structures, which, of course, is to be expected in a City like Oxford with its unique skyline. Chimneys—not often things of beauty but excrescences to be avoided—are unfortunately necessary if health is to be safeguarded. Expense involved by developers in order to meet the requirements of Planning and Health interests must be accepted as the cost of wishing to become part of the Oxford scene. The problems associated with Lucy's Foundry were again before the Department during the year because of a new system of heating by turbines and waste heat boiler arrangements. Emerging from the concern expressed by residents came an on-site discussion with experts in foundry processes resulting in rearranged processing with much reduced effluent. Still further improvement will be secured in the coming year if a proposed electrical heating system can become incorporated in the foundry process.

Special investigation into noise and odour problems at the Morris Motor works provided further variety of interest. This involved special biochemical investigation into paint odour by Oxford University specialists and particular assessment of noise by Professor Richards and his staff of the Aeronautics Department, Southampton University. There was increased interest in noise nuisances with a rise in the number of complaints and it is clear that the public are more sensitive than ever to the production of noise from any source. The use of a tape recorder and noise level meter proved useful, although not the full answer to the collection of evidence as to noise nuisances. The police are also active in connection with noise from vehicles, more particularly the itinerant vendors of ice cream and confectionery.

There is increasing use of pools for bathing at Oxford schools and a

considerable amount of benefit will no doubt be derived from such facilities. On the whole, bacterial contamination was not particularly outstanding, apart from the paddling pool at Blackbird Leys, which in any case, was expected to be fouled. Such paddling pools, if to be worth-while, require constant oversight with change of water content at appropriate intervals. There was continued attention to demolition of houses previously condemned, more particularly the St. Ebbe's area, which is rapidly reaching a stage where redevelopment is practically possible. Redevelopment in St. Barnabas and perhaps St. Clement's seems long overdue and Improvement Grant measures are still not as actively operative as they might be. The effect of the appointment of a special organiser for this purpose in the Department of the City Engineer is awaited with interest. Multi-occupation of houses was a matter of some interest during the year and a number of houses wherein coloured immigrants, mainly Pakistanis, had settled were inspected. After considerable activity, talks with representatives of the immigrants, and general handing out of information, it seemed that there were no really serious conditions which called for the service of Management Orders. Close collaboration is maintained with the City Treasurer's Department in connection with loans for mortgages, particularly where associated with multi-occupations.

Supervision of milk, meat and other food supplies provided its usual headaches and there were more prosecutions than ever before during the year for contraventions of one kind or another. Well over £300 in fines resulted from 11 prosecutions and there were, in addition, some 18 items reported to the Health Committee which resulted in warnings. The mishandling and misuse of milk bottles is still a nationwide problem and shows a deplorable lack of public interest in better standards of hygiene. The public are still not keen on homogenised milk. Milk quality continued to be satisfactory. Ice cream is still popular and of the samples taken few were found faulty, such being usually concerned with the human element in servicing. There is no doubt that this commodity must be handled and served with care, despite all the mechanical contrivances to produce and present it for sale with a minimum of handling. There seems to have been considerable improvement in the standards of sale of ice lollies compared with previous years.

Many inspections were carried out for purposes of the Food Hygiene Regulations in all sorts of food premises and, while the number was somewhat less than the previous year, this does not suggest any slackening in efforts to obtain good standards. Staffing in the catering trades still causes many problems and it is very difficult to secure good staff likely to take an interest in the mundane tasks of cleaning and handling food containers, etc., in public catering premises. Interest is maintained in the education field with myself and Deputy very active in the giving of talks to various bodies. This work is well worth doing, although time consuming. It is pleasing to report co-operation from administrative and technical staff of hospitals in connection with hygiene conditions.

Meat inspection caused concern in connection with negotiations relating to charges for meat inspection under the new Meat Regulations. The Eastwyke Slaughterhouse alterations were at last completed to form a reasonably hygienic set of premises. These, together with the Co-operative Society Slaughterhouse, appear quite able to cope with demands for carcase meat for City trade and the area immediately surrounding Oxford. A discussion with the local butchers culminated in an agreement whereby meat inspection would continue as before with no charge made for normal hours of slaughter but full headage rates charged for all inspection required after 6 p.m. at night (Monday to Friday) or on Saturdays or Sundays. The slaughtering managements were pleased to agree to keep evening and weekend slaughtering to an absolute minimum with weekends only likely to be required for emergency slaughter.

In sampling routine, labelling again proved faulty in a number of cases and close watch is needed on this aspect of food and drugs work. Local Consumer Group activity proved helpful in our food sampling routine and members of this very active group in Oxford will certainly stimulate attention to items of hygienic interest from time to time. There was a large increase in the number of samples examined through the Public Health Laboratory Service. Cream samples often showed contamination with Staphylococci. There is, of course, a considerable amount of mastitis in farms now allied to the use of anti-biotic treatment. This is of concern to Health Authorities and the Ministry. A special test is being introduced as a means of securing some form of control over the over-zealous use of anti-biotics on the farm. Notwithstanding all our work in hygienic controls, as one problem is overcome another develops, and this situation often demands constant attention to many items which at first sight do not appear important. There is no room for slackness in our efforts if the public health is to be constantly protected and, despite shortcomings in certain respects in our vocation, there is a measure of satisfaction in noting that improvements have been maintained or stimulated and faults have been eradicated. There are always new problems to receive attention and the public, as always, remain very hard task masters.

Changes in staff during the year were inevitable, with Mr. J. Burr transferring to Wycombe R.D.C. and Mr. N. Newton being recruited from Reading; while a new pupil for first year training commenced in the person of Mr. K. Coldham. In concluding this introduction to our Report for the year, it is again a pleasure to pay tribute to the efforts of all staff, in particular to Mr. S. Garrod, my Deputy, and to Mr. M. French, the Chief Clerk, who have helped to make the year one of active and useful contributions to the health of the City. The Report is presented, as in former years, in three sections (A) relating to General Sanitary Circumstances, (B) to Housing Activity and (C) to the Supervision of Milk, Meat and Other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES**(i) Complaints and Inspections**

The following list of complaints, as recorded in the official Complaint Book, is given and shows a complete picture of the complaints received during the year. There were 1,610 as against 1,056 during the previous year, this being a considerable increase. There was, as it happens, a fairly large number of wasp nest infestations, increased attention to food complaints, together with a number of requests for fumigation and disinfection (which are now dealt with by this section of the Health Department following a re-arrangement).

Complaints	<i>No.</i>
Accumulations of Refuse	26
Choked and Defective Drains	50
Defective Water Closets	21
Defective Water Supply	9
Dirty or Verminous Premises	24
Fumigation and Disinfection	21
General Housing Defects (including dampness)	82
Infestation by Insects and Pests	122
Infestation by Rodents	546
Infestation by Wasps	467
Keeping of Animals	2
Miscellaneous	24
Noise Nuisance	24
Obstructive Constructions	—
Offensive Odours	78
Overcrowding	12
Refuse Accommodation	5
Smoke Nuisances	23
Unwholesome Food, Containers and False Descriptions	74
	1,610

Number and Nature of Inspections

Animal Nuisances	19
Drainage	535
Housing	1,903
Interviews	436

	<i>No.</i>
Licensed Premises	172
Lodging Houses	31
Miscellaneous	1,148
Multi-occupation	122
Overcrowding	100
Pet Animals	15
Pharmacy and Poison Sellers	135
Piggeries and Stables	155
Rats and Mice	7,595
Refuse Storage and Accumulations	240
School Premises	8
Shops Act	610
Tents, Vans and Sheds	101
Verminous Conditions	17
Water Sampling	11
Insect Pests	851
Noise Nuisances	64
Health Education	16

Atmospheric Pollution

Smoke Control Area	200
Smoke Observations ($\frac{1}{2}$ hour)	5
Smoke Observations (Casual)	73
S.O. ₂ Recording Stations	1,040
Boiler Plants	165
Grit and Odour	204
Clean Air Interviews	55

Food Hygiene

Food Hygiene Regulations	2,778
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(ii) Sanitary Circumstances of Aged Persons

There continues to be a need for oversight of the conditions involving the living premises of elderly persons where they are unable to devote to themselves proper care and attention. This work is carried out in co-operation with the Welfare section of the Department, and, although a difficult and often frustrating duty, proves to be work well worth doing. Satisfaction is felt when conditions are improved and the elderly persons concerned made reasonably comfortable. Helpful advice is given and

attention from visitors from the Department or through voluntary helpers. There is no doubt that there are throughout the City more conditions of neglect and unsatisfactory hygienic conditions than are known to us because of the lack of information available about persons who live quietly and, as far as possible, isolated from the affairs of their neighbours and often very much averse to interference from outside agencies. Considerable concern is sometimes shown by well meaning people who, however, forget that provided no nuisance is caused to other persons or premises and where no apparent danger to health is noted, the private occupants of domestic premises are entitled to live their own lives without interference. Two cases involved elderly ladies living alone, both showing great independence in connection with their circumstances. Eventually, however, through some excellent work by members of the staff, the premises concerned were cleaned and conditions improved.

(iii) Lodging Houses

The Church Army Hostel in Cambridge Terrace and its annexe in Charles Street continue to serve the City and beyond, although there was some serious trouble with the Charles Street premises. Part of the front structure became unstable and had to be demolished, leaving the major part still occupied. Some 100 bed spaces are available for working men at both premises, and, as far as possible, the Church Army offer the available accommodation to working class men in need of lodgings rather than to vagrants who may cause disturbance and give rise to bad conditions. There is still occasional evidence that vagrants sleep rough at various places, often breaking into empty premises for a night's sleep. The Police are very helpful in keeping watch on houses in the redevelopment areas or those subject to Closing Orders.

Disinfestation involved only three persons during the year two of which came from the Church Army premises. The Slade Hospital disinfectant continued to be used by agreement for sterilisation of clothing. From time to time consideration has been given by the department to the question of a cleansing centre for verminous and dirty people but there has been so little need evident during the past few years that special provision seems uneconomic so long as alternative arrangements can be made through co-operation by sections of the department. There is, of course, much lodging accommodation throughout the City and this presents considerable problems of inspection and operation of appropriate standards. It has not been possible so far to operate a regular area by area inspection of such lodging and boarding houses.

(iv) Moveable Dwellings

The number of caravans in the City has now been still further reduced to 14 as against 16 last year and 7 sites have licences as against 9. 50

caravans are occupied without licences, being exempt under the provisions of the 1960 Act. The majority of these are in use by the labour forces of various contractors operating within the City boundary. There is, of course, a very large fringe development of caravan sites. Many of the caravan dwellers work at City factories and are interested in the Housing List as potential occupiers of Council houses. A number of visits were necessary in respect of the conditions of the caravans occupied by contractors' labour but on the whole conditions were reasonably satisfactory apart from a little trouble with day to day cleanliness and faulty waste drainage methods.

(v) Offensive Trades

There are no offensive trades in the City apart from the Marine Store dealer operating in the St. Ebbe's area. With the imminence of re-development in St. Ebbe's coupled with a decision on the new meadow road line, the future of this business seems likely to be affected within the next few years. No nuisance was caused by the operation of the business during the year.

(vi) Drainage

Some 50 complaints were reported to the department in connection with choked or defective drains as against 20 during the previous year. With the co-operation of the Building Inspectors and Drainage section of the City Engineer's Department, all were satisfactorily dealt with. Wherever combined drains or private sewers are involved, the City Engineer's staff are always quickly available.

(vii) Riding Establishments, Stables and Piggeries

Only two Riding Establishments are registered within the City and conditions are satisfactory. 23 piggeries continue to be kept within the City—a reduction of three on the previous year—and just under half of these are registered under the Diseases of Animals (Waste Food) Order for the purpose of ensuring adequate sterilisation of swill used for feeding stock. 155 inspections were carried out of these and stable premises and conditions were found generally reasonable. From time to time circumstances deteriorate in this type of premises and it is necessary to impress on pig keepers and others keeping animals of the need for proper attention to hygiene of premises and drainage. 85 inspections of poultry and fish shops were carried out and checks made on condition of crates and containers used for transport. The local Divisional Veterinary Officer who is responsible for the control of fowl pest and other notifiable diseases was advised from time to time of the conditions found.

(viii) Pet Animals

Eight premises continue to be licensed under the provisions of the Pet Animals Act and 15 visits were made. Conditions were found satisfactory and there were no complaints received. There is considerable sale of animal food in shops in the City although the great majority of it is canned and sterilised. Raw pet animal food is sold from only two premises in the City and although always a source of anxiety has so far been carried out without incident. During the year the Animal Boarding Establishments Act, 1963, was introduced by Parliament with the express purpose of controlling animal boarding establishments. The Act is to come into operation on 1st January, 1964, but so far as the City is concerned, appears likely to have little impact as only two premises are known to be operating as boarding establishments within the City apart from the Greyhound Kennels at the Oxford Stadium.

(ix) Factories and Workplaces

Lists of outworkers are to be kept in certain trades and sent to the Local Authority twice a year (February and August) giving the names and addresses of persons carrying out work to which the Act applies. 54 such persons were on the register at the end of the year. Activities involved such trades as dressmaking, tailoring, toy filling, etc., and 61 visits were made to the premises concerned.

Outworkers (Sections 133/134)

Nature of Work	Section 133	Section 134
	Number of Outworkers Notified	Number of Contraventions
Wearing Apparel Making, etc.	29	Nil
Stuffed Toys	8	Nil
Textile Weaving	—	Nil
Jewellery	17	Nil

259 inspections of factory premises were made during the year in regard to general conditions, sanitary accommodation, etc., and only two written notices were required in connection with defects found. H.M. Inspector of Factories notified the department of four occasions of defects in connection with sanitary accommodation and all were dealt with.

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 Authorities	44	32	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	401	204	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	23	—	—
Total	453	259	2	—

Defects found in Factories

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	1	—	—	1	—
(b) Unsuitable or defective	1	—	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Homework)	—	—	—	—	—
Total	2	—	—	4	—

(x) Shops

Under the provisions of Section 38 of The Shops Act, 1950 sufficient and suitable washing facilities and sanitary accommodation are required. In addition to visits made to shops for general inspection purposes, 610 inspections of shop premises were carried out for the purpose of checking

on the adequacy or otherwise of the facilities. 6 notices were served under the Section in regard to unsatisfactory facilities.

The Offices, Shops and Railway Premises Act, 1963, was passed in July, 1963, with arrangements made nationally for the various parts of the Act to come into operation during 1964. Registration of premises will be required in May, 1964, and applications for exemption from certain requirements of the Act must be made by those concerned. General provisions relating to health, safety and welfare of employees will come into operation on 1st August, 1964, and an Annual Report will be required from the operating Authorities to enable the Minister of Labour to make an Annual Report by 1965 and thereafter in each year. The Act provides for the revocation of Sections 37—39 of The Shops Act, 1950, which deal with provision of sanitary accommodation. It revokes The Offices Act, 1960, which, in fact, never became operational, while certain minor amendments are made to one or two sections in The Public Health Act, 1936, and The Shops Act, 1950. It seems likely that Local Authorities, probably through their Public Health Inspectorate in most cases, will operate the health, safety and welfare provisions, except in regard to premises associated with factories, railway and Crown premises, Local Authorities' offices, etc., all of which will be subject to inspection by H.M. Inspectors of Factories. The provisions relating to fire precautions will be operated by local Fire Authorities with H.M. Inspector of Factories being responsible for factories, Crown and railway premises and Local Authorities' offices. It seems fairly evident that extra staff will be needed for this important work. A flood of applications for registration and possibly for exemptions may be received in the early stages of the operation of the Act and the summer of 1964 will probably be a period of much activity in work under this Act. It is unfortunate that Regulations setting standards of accommodation had not been passed by the end of the year for this made difficult the giving of advice to those preparing plans of new accommodation to be built.

(xi) Pest Extermination

The department continues to take active interest in disinfestation work. Three Outside Assistants are employed and busily engaged in the destruction of rats, mice and other vermin, both in domestic and commercial premises. An Agreement scheme is operated with commercial premises, whereby regular treatment and survey is undertaken for an agreed annual charge. The scheme is popular with a number of colleges and business premises and affords a useful means of keeping watch on conditions in such premises at the same time as treatment is given. Attention is given to infestations of Pharoah's Ants, Cockroaches, etc., at the hospitals within the City and the regular treatments have reduced considerably the previous evidence. Anti-fly treatment was again carried out during the spring period at most of the premises where refuse is stored

in quantity—there being a useful co-operation established with the staffs of hospitals, schools, some of the larger commercial premises in the City, and the two slaughterhouses. Corporation tips were visited regularly, particularly for rat destruction, as necessary, and land in the vicinity of the sewage treatment plant was also treated. A large increase in the number of complaints involving wasp infestation was notable. By a decision of the Health Committee, nuisances of this kind are abated without charge but no responsibility is accepted for any structural work involved in buildings where infestations may be in somewhat inaccessible places. Income received during the year in connection with the Agreement system was £644.

294 manholes on the City sewerage system were treated during December, using 2% Fluoroacetamide with pinhead oatmeal as the bait base. The material was, as last year, placed in small, lightweight paper sweet bags and deposited on manhole benchings by the usual type of bait depositor. 4 oz. quantities were used this year, being twice the amount used previously, as positive results during 1962 were very high, there being 74 complete takes out of 153 recorded. This year no less than 102 were recorded out of 126. This seemed to suggest a high rate of rat infestation, contrary to all our hopes and opinions. Very few bodies were seen at the sewage outfall and no particularly significant numbers of dead rats were noted in the syphons of the rising mains. Consequently, it was arranged to re-bait early in 1964 manholes in the central area of the City in the hope that results would show a significant drop in positive takes.

The following table shows the figures for 1962 and 1963.

			1962	1963
Manholes baited	..	..	330	294
Complete takes	..	..	74	102
Partial takes	..	..	79	24
Total takes	..	..	153	126
Positive results	..	..	46.4%	42.86%

Thanks are expressed to the City Engineer and Chief Constable and their staffs for co-operation in the carrying out of this sewer treatment. It is also pleasing to renew thanks to Professor Varley and his staff at the Hope Entomology Department of the University for their readiness to identify specimens from time to time and give advice on request.

The usual table is set out giving the number and nature of inspections carried out under the Prevention of Damage by Pests Act in so far as the work is concerned with rats and mice. Of course work in connection with vermin infestation is not reported on under the Act.

Prevention of Damage by Pests Act, 1949

Report for Year ended 31st December, 1963

	TYPE OF PROPERTY				(5) Agri- cultural
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)	
Number of properties in Local Authority's Dis- trict	397	29,518	5,954	35,869	21
Number of properties in- spected as a result of:					
(a) Notification ..	28	352	111	491	—
(b) Survey under the Act	—	—	—	—	—
(c) Otherwise (e.g. when primarily visited for some other purpose) ..	72	1,901	2,146	4,119	—
Total inspections carried out—including re- inspections	456	4,097	3,042	7,595	21
Number of properties in- spected which were found to be infested by:					
(a) Rats { Major ..	—	—	—	—	—
{ Minor ..	21	345	94	460	—
(b) Mice { Major ..	—	—	—	—	—
{ Minor ..	13	88	52	153	—
Number of infested proper- ties treated by the Local Authority	34	433	146	613	—
Total treatments carried out—including re-treat- ments	98	461	168	727	—
Number of notices served under Sec. 4 of the Act					
(a) Treatment ..	—	—	—	—	—
(b) Structural work ..	—	—	—	—	—
Legal Proceedings ..	—	—	—	—	—
Number of "block" con- trol schemes carried out	—	—	—	—	—

Visits by Operatives in connection with Rodent Extermination

Local Government Premises						<i>Totals</i>
Ist Visits	..	..	..	..	..	29
Re-visits	..	..	..	..	..	384
Dwellinghouses						
Ist Visits	..	..	..	..	..	370
Re-visits	..	..	..	..	..	2 196
Business Premises						
Ist Visits	..	..	..	..	..	105
Re-visits	..	..	..	..	..	896
University Premises						
Ist Visits	..	..	..	..	..	9
Re-visits	..	..	..	..	..	246
						4,235
Poison						
Baits Laid	..	..	..	..	..	9,205

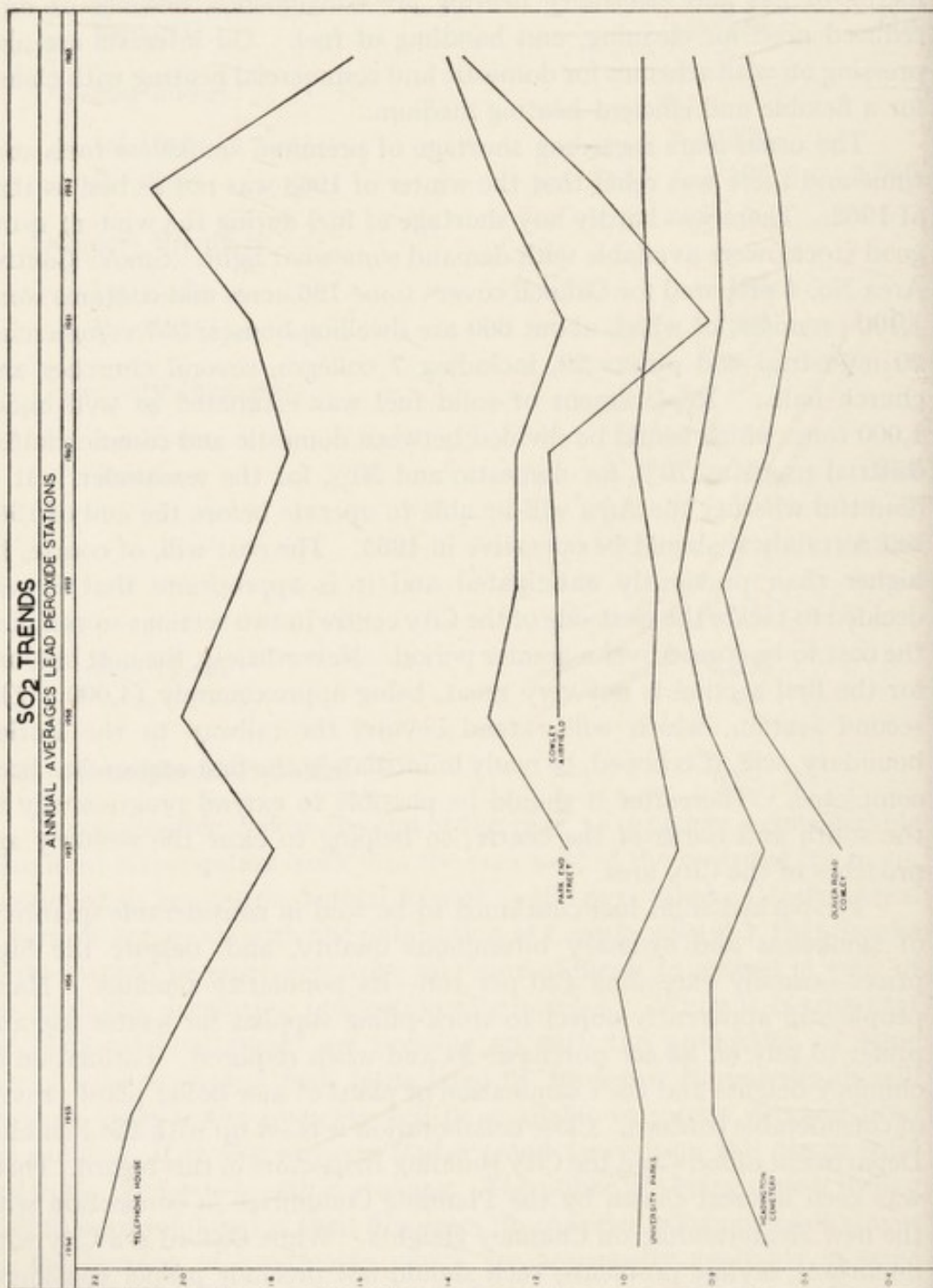
(xiii) Atmospheric Pollution

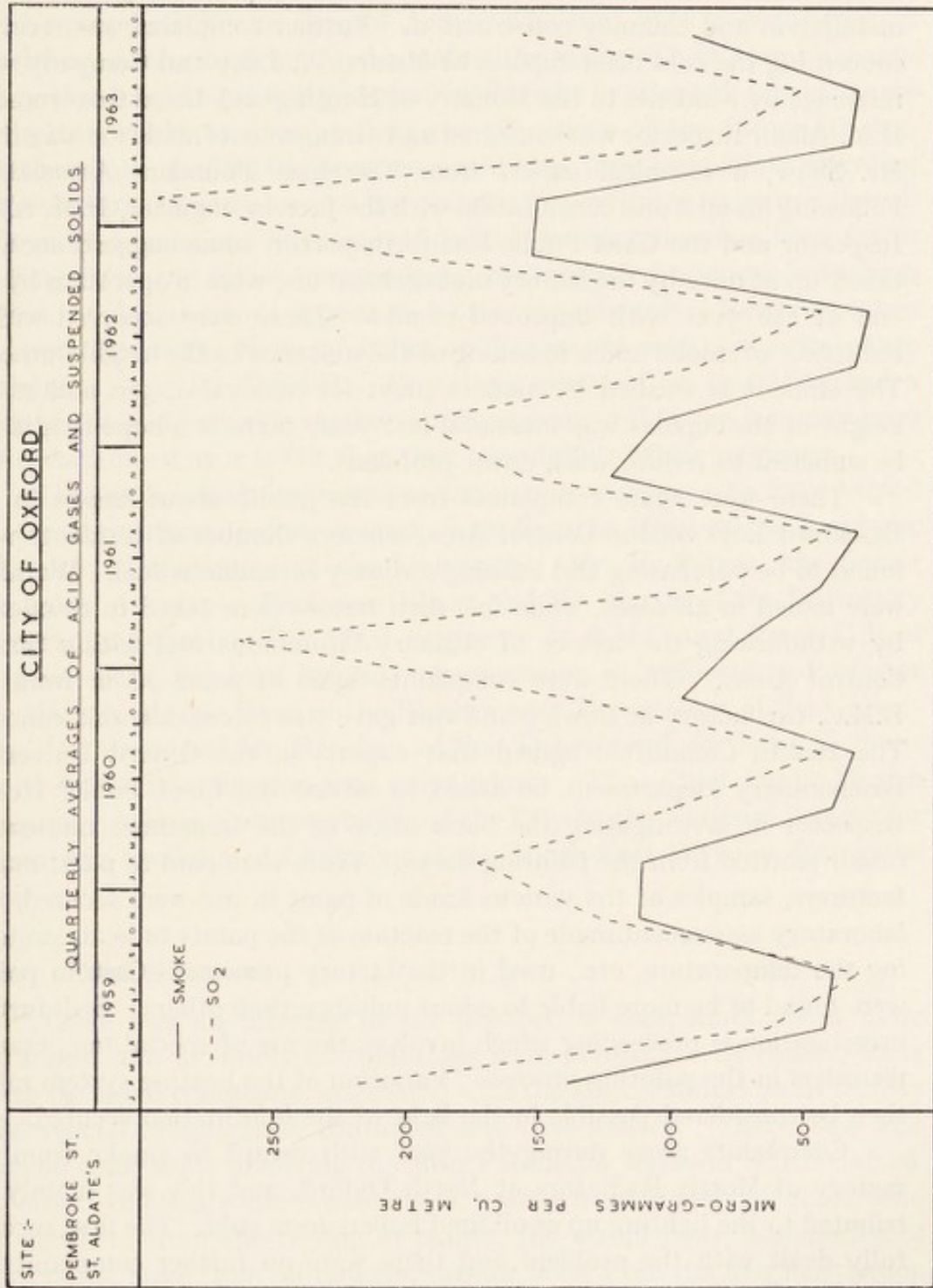
It was possible, before the end of the year, to complete a considerable amount of investigation work into the area west of the centre of the town, mentioned in last year's Annual Report as the next Smoke Control Area. It became apparent, with the publication of Circular 69/1963, that Smoke Control would be more expensive and more difficult to extend in view of the gradually decreasing production of gas cokes. While it is true that the National Coal Board are pressing on with the production of some special solid smokeless fuels formulated by Professor Bronowsky, it will be some years before quantity will be available to satisfy demand from the public. It is also obvious that a trend away from the use of solid fuel in the domestic hearth is growing. The public are being urged, if they wish to burn solid fuel in their fireplaces, to consider using openable stoves for the burning of hard cokes which are apparently available in large quantities. Considerable activity is, however, now apparent in the gas and electricity fields with the production of improved controllable gas fires and off peak storage electrical heaters. These latter are being offered at what are described as reasonable terms with the great feature of off-peak loading charges as a main attraction. Such heaters have merit, of course, but seem to lack adequate flexibility for meeting hour to hour demands where weather and inside conditions are variable. There is no

doubt that they have great value in background heating and may well become improved upon so as to provide an attractive form of domestic and commercial heating with adequate control. Certainly the outstanding merits of gas and electricity heating are convenience, absence of dirt, reduced need for cleaning, and handling of fuel. Oil interests are also pressing on with schemes for domestic and commercial heating with claims for a flexible and efficient heating medium.

The usual fears regarding shortage of premium smokeless fuels continue and there was relief that the winter of 1963 was not as bad as that of 1962. There was hardly any shortage of fuel during the winter; quite good stocks were available with demand somewhat light. Smoke Control Area No. 4 prepared for Council covers some 196 acres and contains some 1,100 premises, of which about 660 are dwelling-houses, 357 commercial, 20 industrial and others 29, including 7 colleges, several churches and church halls. Replacement of solid fuel was estimated as well under 1,000 tons, which would be divided between domestic and commercial/industrial usage as 70% for domestic and 30% for the remainder. It is doubtful whether the Area will be able to operate before the end of 1964 but certainly it should be operative in 1965. The cost will, of course, be higher than previously anticipated and it is appropriate that it was decided to tackle the west side of the City centre in two sections so enabling the cost to be spread over a greater period. Nevertheless, the nett amount for the first section is not very great, being approximately £4,000. The second section, which will extend beyond the railway to the Botley boundary, will, it is hoped, be ready immediately the first section has been completed. Thereafter it should be possible to extend progressively to the south and north of the centre, so helping to clear the westerly approaches of the City area.

Pre-packed solid fuel continued to be sold in considerable quantity, of smokeless and ordinary bituminous quality, and, despite the high prices—usually exceeding £20 per ton—its popularity remains. Many people still apparently object to stock-piling supplies for winter use and prefer to rely on *ad hoc* purchases as and when required. Estimation of chimney heights and the examination of plans of new boiler plant proved of considerable concern. Close collaboration was set up with the Planning Department officers and the City Building Inspectors in this regard. There was keen interest shown by the Planning Committee in connection with the new Memorandum on Chimney Heights. While Oxford is a City with important skyline problems, such should not preclude proper consideration to health needs in relation to pollution sources. Every attempt is therefore made, when assessing chimney heights, to commend the use of fuel having a low sulphur content so that height can be kept to a minimum and so be more likely to secure the approval of the Planning Committee. Of course, cost has much to do with any decision as to the burning of lighter viscosity oils of low sulphur content, but it is clear that unless such oils are burned the chimney heights of any premises using large





steam raising plant might need to be above the general protection line adopted by the Planning Committee as a means of safeguarding the Oxford scene. On the whole, architects and planners have been very co-operative in meeting reasonable requests in connection with boiler installation and chimney construction. Further complaint was received concerning the cold blast cupolas at Messrs. W. Lucy and Company with reference by residents to the Ministry of Housing and Local Government. H.M. Alkali Inspector was consulted and arrangements made for a visit by Mr. Shaw, a technical expert from The Iron Founders Association. Following his visit and consultation with the factory engineer, H.M. Alkali Inspector and the Chief Public Health Inspector, some suggestions were taken up at once by the factory management and were in operation by the end of the year with improved results. These were achieved with a reduction of smoke and a lessening of the nuisance to the neighbourhood. The effluent is washed by modern plant for removal of grit and as the height of the cupolas was increased last year, there is a hope that it will be sufficient to reduce wash-down problems.

There were again complaints from the public about smoke in the Blackbird Leys Smoke Control Area, where a number of residents were found to be purchasing and burning ordinary bituminous fuel. Warnings were issued in all cases, while fuel distributors were asked to co-operate by withdrawing the service of ordinary bituminous fuel within Smoke Control Areas. There were complaints again of paint odour from the B.M.C. car factory at Cowley and this gave rise to considerable concern. The Health Committee agreed that experts in the Oxford University Biochemistry Department be asked to advise the Chief Public Health Inspector in investigating the basic cause of the sometimes nauseating odour emitted from the painting shops. Visits were paid to paint manufacturers, samples of the various kinds of paint in use were secured, and laboratory assessment made of the reaction of the paints to heat, simulating the temperature, etc., used in the factory process. Certain paints were found to be more liable to odour nuisance than others. Still further investigation is proceeding which involves the use of special temperature recorders in the painting process. Variation of the heating system might then be considered possible in the light of the information secured.

Complaints arose during the year with regard to smoke from the factory of Morris Radiators at North Oxford, and this was mainly attributed to the lighting up of oil fired boilers from cold. The firm successfully dealt with the problem and there were no further complaints received. Paint odour from the operations at this factory was also the subject of complaint but a small plant provided for removing paint particles proved reasonably satisfactory so long as it was supervised and correctly maintained. Further public concern was expressed about proposals by Messrs. Lucy and Company to erect a new boiler plant for central heating purposes, involving a high speed turbine and oil firing of boiler plant. The firm eventually agreed to the use of light oil only,

having low sulphur content, and to a chimney considerably shorter than that originally proposed.

The emission of smoke from the coppers of Messrs. Morrells Brewery was also considered during the year because of the inclusion of the plant in the proposed Smoke Control Area. The firm were investigating an improved system of firing at the end of the year. There seems a possibility that mechanical firing of small coal might be adopted, in which case the plant would be exempt from the provisions of the Clean Air Act. On the whole, the City has been reasonably free from complaints regarding excessive smoke and atmospheric pollution, apart from those mentioned. Where odd emissions have caused trouble co-operation has been forthcoming from the firms concerned and no continued offences have been noted. Sulphur trends appear to be moving upwards. Readings taken for purposes of the National Pollution Survey are sent to the Stevenage Laboratories of the D.S.I.R. Five daily recorders are operating and a number of lead peroxide sulphur appliances are still in use but may soon be discontinued as it is felt that they have fulfilled their purpose.

Thanks are again expressed to the various persons who have helped in the atmospheric pollution work, including the Head of the Inorganic Chemistry Department of the University; Mr. F. Parker, the Senior Technical Assistant; Professor Gilbert and Mr. Martin of the University Geography School. The Chief Engineers of B.M.C. and Pressed Steel factories have also been helpful. Appreciation is expressed to Professor Sir Hans A. Krebs, Head of the Biochemistry Department of the University, Dr. Hans, and Mr. Renshaw of that Department, for being so interested in the investigation into paint odour. Your Chief Public Health Inspector, who is a representative of the City to the National Society for Clean Air, was elected Chairman of the South-East Division during the year.

(xiv) Noise Nuisances

There was an increase in the number of complaints about noise nuisances and a variety of conditions were involved. Of course, there were the usual complaints associated with the Morris Motors paint factory and special investigation continued into that matter. There were also several complaints involving the Morris Radiator works in North Oxford. A variety of other sources were noted, mostly from workshops of one kind or another—from the testing of cranes, the use of saws, hammering of car bodies, noise from oil tankers, turbine noise from the new installation at Lucy's foundry and food business refrigerator noises—which appear to be a more or less constant source of concern. A rather unusual complaint was received regarding the new University Science area, where building was in progress towards the end of the year. The dropping of metal scaffolding (which had to be dismantled quickly) caused noise, by being dropped piece by piece during evening hours by workmen in a hurry!

A Dawe Sound Level Meter was again used for assessment of sound pressure levels and gave useful information. There was an interesting outcome to the sustained complaints of noise nuisance from the Morris factory in that the Health Committee agreed to an investigation by Professor Richards of Southampton University Aeronautics Department into the causes of the noise. The factory management readily co-operated in the matter and welcomed the investigation. At the end of the year, following a number of noise readings on the roof, in the yards of the factory and in adjoining streets, special experimental work was in progress to estimate the actual source of the noise and to find out whether some alterations to the plant could achieve successful abatement. It seemed clear, however, that avoiding basic noise from a large factory sited so close to dwellinghouses is a difficult task, although it is hoped that some improvement may be achieved. The public are ready to complain when excessive noise is noted and no doubt the work of the department in this particular regard will continue to be an interesting part of routine duties. The Police continue their efforts against vehicle noises and their operations are now becoming well-known so that vehicles creating unnecessary noise within the City boundary soon become subject to complaint and follow-up.

(xv) Swimming Baths and Bathing Facilities

These are set out herewith:

Open Bathing Places	Wolvercote Tumbling Bay Longbridges Parson's Pleasure Maid's Delight Dragon School Lady Margaret Hall St. Clement's Cutteslowe
Public Swimming Baths	Hinksey Open Air Pools Temple Cowley
School Swimming Baths	Oxford High School St. Edward's Headington Girls' Rose Hill Wood Farm New Marston St. Mary and St. John Milham Ford

An instructional pool has been provided at St. Mary and St. John's School and another is being installed at Wolvercote Primary School, while the Milham Ford Girls' School open swimming bath was opened during the year. Testing of the bath water is usually carried out by school staff, while Public Health Inspectors visit from time to time to assess free chlorine, etc., giving advice as necessary to the supervisory staffs. The City Water Engineer's Department staff sample the water of the public swimming bath at Temple Cowley and the open Hinksey Pools at regular intervals. 26 samples were taken from school baths for bacteriological investigation and 9 from the two baths of the Nuffield Orthopaedic Hospital. 3 special samples were also taken from the children's paddling pool at Blackbird Leys Estate where the water was constantly subject to fouling. 8 samples proved unsatisfactory showing large coliform counts and signs of gross pollution. 3 of these were from the Blackbird Leys paddling pool, 2 from the Nuffield Hospital baths and 3 from school pools. No samples were taken during the year from the open bathing places on the Rivers Thames and Cherwell. General conditions in bathing pools were satisfactory and supervision adequate and there is no doubt that considerable benefit is derived by the school children from using the baths and swimming pools.

(xvi) Water Supply

The following report has been kindly supplied by the City Water Engineer (Mr. H. H. Crawley, M.I.C.E., M.I.W.E.).

The flow of the River Thames, the source of supply, was adequate throughout the year.

The severe cold spell during January and February, 1963, during which the Thames was completely frozen over, produced some difficulties in maintaining the supply into the Treatment Works and also resulted in 93 broken mains, five mains frozen solid and a very large number of frozen service pipes to houses.

Despite this, and the large amount of wastage of water which ensued, the supply was satisfactorily maintained.

The total quantity of water treated at Swinford Works and pumped to supply during 1963 was 3,386,012,000 gallons, a decrease of 13,776,000 gallons on the quantity treated during 1962.

After deducting metered supplies the average consumption per head per day was 27.0 gallons.

The quality of the water supplied was satisfactory.

Bacteriological Examinations

Samples of water from the River Thames were taken each month, together with samples after settlement, after filtration and of the final water leaving Swinford Works. Examinations of these samples were made by the Public Health Laboratory and gave the following ranges in the probable number of coliform bacilli (2 days at 37°C) per 100 ml.:—

River Water samples	.. ..	170 to 250,000
Settled Water samples	.. ..	0 to 80
Filtered Water samples	.. ..	0 to 3
Final Water samples	.. ..	0

Bacteriological samples were taken at least weekly from each of the various service reservoirs and from consumers' taps throughout the area of supply with the following results:—

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number %
		Satisfactory	Unsatisfactory	
Beacon Hill Reservoir	53	53	—	100.0
Headington ..	52	50	2	96.2
Shotover ..	56	54	2	96.4
Boars Hill ..	54	50	4	92.6
Brasenose ..	53	53	—	100.0
Wootton ..	55	48	7	87.3
Consumers' Taps	204	201	3	98.5
Totals ..	527	509	18	96.7

Chemical Analyses

Monthly samples of the raw Thames water and of the final water were examined by the Royal Institute of Public Health and in addition weekly examinations of the raw and final water were made at Swinford Works.

The range of the physical and chemical characters of these samples were as follows:—

	Raw Thames Water		Filtered Water	
	Max.	Min.	Max.	Min.
Physical Characters:—				
Turbidity: units	62.0	3	3	.05
Colour (Hazen)	Opaque	15	18	3
pH	8.1	7.6	7.9	7.3
Electrical conductivity at 20°C..	623	503	630	500
	Parts per million		Parts per million	
Chemical Characters—				
Total Solids dried at 180°C ..	466	349	426	342
Chlorides as Cl.	37	23	38	23
Nitrite Nitrogen	Present	nil	nil	nil
Nitrate Nitrogen	7.3	4.5	6.4	4.3
Ammoniacal Nitrogen	1.20	.03	1.52	.01
Albuminoid Nitrogen .. .. .	.38	.16	.23	.10
Oxygen absorbed: 4 hrs. at 20°C	4.08	1.00	2.0	.47
Alkalinity as CaCO ₃	240	195	239	182
Hardness as CaCO ₃ :—				
Carbonate	240	195	239	182
Non-carbonate	95	55	102	63
Total	321	250	319	249
Free carbon dioxide as CO ₂ ..	26.6	nil	26.0	2.0
Residual chlorine	—	—	.40	.03
Metals	nil	nil	nil	nil
Phosphate as PO ₄	7.0	1.0	.36	.02
Silica as SiO ₂	43.6	3.4	10.0	1.5
Fluorides .. .. .	.19	.13	—	—
Detergent as Manoxol O.T. ..	.40	.10	.40	nil

The number of dwelling houses in the City is 29,518, all of which are directly supplied.

In addition there are 64 caravans supplied by standpipes.

The total population of the City is 107,110, of which it is estimated there are 192 persons living in caravans.

(xvii) Sewerage and Sewage Disposal

The City is served by a separate system of sewerage, although a certain amount of surface water enters the system, despite attempts to exclude it. The City Engineer and Surveyor, Mr. J. Campbell Riddell, B.Sc., M.I.C.E., M.I.Mun.E., is responsible for the system, which includes a modern sewage pumping and purification plant situated at Littlemore, from which effluent enters the River Thames via the Sandford brook connection. Surface water enters the river at various points along its banks.

The purification system is on activated sludge principles involving coarse and fine screening, disintegration, and grit removal, followed by primary sedimentation by means of flocculation. The Simplex system of aeration is used incorporating high intensity aerating cones. Due to

increasing population demands, some intensification of the process has been found necessary, while an extension scheme for the plant has been formulated in order to increase capacity. This was originally 4.8 million gallons per day, which increased last year to over 6 million gallons and is now exceeding 7 million gallons per day.

The Thames Conservancy Authority imposes strict standards for effluent discharge but it is anticipated that the extension works to be carried out will adequately cope with both increasing demands as to quantity and with the Conservancy requirements for quality of effluent. Sludge disposal is a problem as it is not popular with local farmers, despite partial drying. The sludge is digested to produce gas, which is used at the works for generation purposes. It is hoped to carry out further work on this problem but the disposal will continue to be on to land near the works unless a suitable alternative becomes available. Cesspools serving premises within the City number about 34 and these are emptied at regular intervals, usually by a privately operated pumping unit which serves the district. Little nuisance has been noted from this system, which operates quite smoothly.

(B) HOUSING CONDITIONS

There were 48 houses demolished during the year compared with 74 dealt with during the previous year, while 37 families were rehoused, a decrease of 25. There were no Demolition Orders made but 11 Closing Orders and 21 Certificates of Unfitness resulted from action by the Housing Committee. The St. Ebbe's Slum Clearance Area has been still further depleted of houses and families but there remain some 40—50 houses which will need to be cleared before the area can be fully re-developed. Some of these houses, of course, are not wholly unfit and will need to be dealt with other than through Housing Act procedure. Re-development in St. Barnabas has been projected for some time within the next few years but it will be a few years before any clear picture can be assessed for the area. It is known that private development is likely to proceed in the northern part of the area, while in the southern portion there are numbers of houses which will need to be dealt with by housing action within the next year or two. Other development is sought by the Clarendon Press in connection with their factory site but so far no details have been announced.

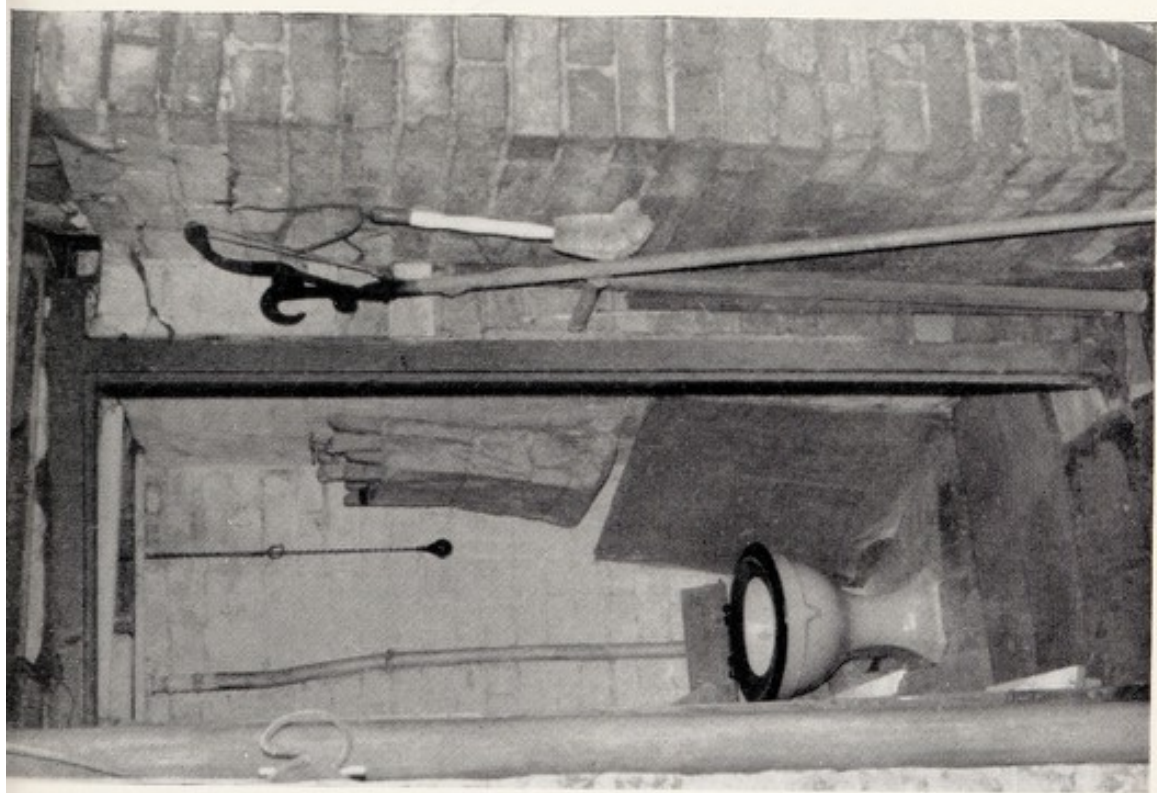
There are also a number of poor properties left in the St. Clement's area and here again there is an absence of clear redevelopment schemes, although redevelopment will be shared between University and City interests and involve hostel accommodation on the one hand and light industry on the other. A broader examination of the general housing picture throughout the City shows that there are probably something like 250 houses scattered throughout the City which appear suitable subjects for housing action within the next five years or so. It is thought that probably 50% more or less may become subject to closure or demolition.

Several thousands of houses, of course, still remain in the City which are suitable for Improvement Grant measures and no doubt efforts will be made by the City Engineer's Department in the next year or two to organise Improvement Grant Work to interest owners and occupiers in the highly desirable modernisation of their properties. Indeed, a new appointment is to be made of an Improvement Grants Officer whose duty will be to "sell the Improvement Grant scheme" to the owners and occupiers of areas considered suitable for the purpose within the City. The technical work involved in the Improvement Grant scheme is undertaken by the Building Inspectors in the City Engineer's Department and a close liaison is maintained with those officers. I am grateful to the City Engineer for the information that 87 applications in respect of Discretionary Grants were received during the year and 74 Grants were issued to a total value of £20,407, which is almost £8,000 more than in the previous year. 127 applications for Standard Grants were also received, which is about 40 more than in the previous year. The value of such Standard Grants reached a total of £6,941, which is also an increase over the figure for the previous year to the extent of approximately £2,000. One therefore notes

with satisfaction an increase in attention to this important part of housing work and it is hoped that the appointment of the Publicity Officer will have the desirable effect of still further increasing attention to Improvement Grant procedure. The area in South Oxford just beyond Folly Bridge, which was reported on by the Chief Public Health Inspector to the Housing Committee, would seem to be the appropriate area on which to commence operations and already it is noted that some of the houses have been the subject of Improvement Grant applications.

As may be remembered last year in my report, there were details of an inspection of this area involving some 461 houses, of which about half were found to need improvement. Properties were sound structurally, although suffering from lack of amenity and a certain amount of dampness and disrepair. Action under the Improvement Grant scheme is, however, complicated by the fact that there are a considerable number of elderly people and owner-occupiers in the area who are not yet convinced of the advantages of Improvement Grant work in raising the value of the property and also providing better living conditions. Certainly the cost of improvement seems to discourage many owners, despite grant aid. To some extent it would seem that the grant is now out-of-date, having regard to the ever-increasing cost of the building works involved. Furthermore, there is still shortage of good building labour in the City—a situation which never seems to improve. Photographs of typical Improvement Grant work on dwellinghouses are shown to illustrate the improved appearance externally and the importance and convenience of an internal w.c. and bathroom. It is hoped that a start can be made with an organised scheme of housing improvement during 1964.

Multi-occupation of houses was a matter of considerable importance during the year and a number of houses were inspected in connection with unsatisfactory conditions, some of which had been the subject of complaint. Many of the houses provide accommodation for coloured immigrants—mainly Pakistanis—who have arrived in the area to assist in meeting the constant calls for casual labour. Wage-earning capacity in England is, of course, very much higher than in Pakistan and is an attraction to members of that country. There are considerable numbers also of West Indians and Jamaicans who have settled down quite well in parts of the City and now form a considerable section of the general labour pool. In all there are something like 2,000 immigrants occupying premises in the City and working in the various industries—on building sites, in cement works, with the Bus Company and other interests. 113 houses were recorded during the year and 222 visits made in connection with multi-occupation. Regulations adopted by the Housing Committee in connection with multi-occupation were distributed among owners and attention drawn to the need for provision of basic amenities. No statutory steps were taken during the year, however, apart from one formal notice which was served in connection with overcrowding. Five other cases found were abated during the year through informal action.





REAR VIEW



FRONT VIEW

Close collaboration was built up with representatives of the coloured immigrants concerned and a considerable degree of interest was created. Low standard of living accommodation and hygienic attainment is, of course, the principal reason for attention to multi-occupation housing. There is a tendency towards overcrowding and lack of attention to hygiene when many different people live in communal fashion in houses not specially adapted for the purpose. The need for cleanliness, avoidance of overcrowding, proper use of drains and dustbins and attention to suitable means of heating are the main points at issue. One house fire occurred in a multi-occupied dwelling during the year and was said to be due to a portable paraffin heater which, in fact, are generally discouraged by the Housing Committee under the standards of amenity laid down in local Management Order Regulations.

The Health Occupation Number fixed in connection with applications for mortgages under the Council loan scheme continued to operate reasonably well and appears to prevent major overcrowding developing in the houses concerned. The number permitted by this system is usually less than the permitted number assessed under the Housing Act, despite the fact that in large rooms over 150 sq. ft. three persons of the same sex are permitted as against two under the normal Housing Act assessment. Children are no longer considered as half units and separation of the sexes is fixed at 5 years of age, as is the case in the Housing Management routine of the City Estates Department.

The usual Land Charge enquiries were dealt with in co-operation with the department of the Town Clerk and there were some 1,929 enquiries as against 1,826 during the previous year. Land is in very short supply and is rising sharply in value, while there is keen interest in the property market with prices constantly rising. There is a greater tendency than ever for new building development into the surrounding county areas beyond the City boundaries. No doubt the tendency to build upwards instead of outwards will be continued within the City boundary because of the shortage of land for development but skyline protection is an important aspect of Planning very much in mind in this city of spires and towers. The Cowley Centre shopping development continues to grow, and, as an ever-increasing number of establishments open up month by month, is now showing a clearer indication of the design and purpose of the Centre. There seems keen interest in its growth and development and many visitors and customers to the shops have spoken in high praise of the undertaking which should prove a great boon to Cowley industrial workers and others who wish to avoid the general town centre for purposes of regular shopping.

Repairs and Improvements carried out, 1963

Items	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations Removed ..	—	3	—	3
Animal Nuisances Abated ..	—	—	—	—
Cooking Accommodation ..	—	10	—	10
Dampness Remedied	—	—	—	—
Dustbins	—	8	1	9
Drains Tested	—	—	—	—
Drains/Waste Pipes Cleared ..	4	—	—	4
Drains/Waste Pipes, etc., Repaired	1	—	1	2
Doors/Windows Repaired ..	4	1	1	6
Ditches/Streams Cleansed ..	—	—	—	—
Floors Repaired/Renewed ..	2	10	—	12
Food Cupboards	—	1	—	1
Gutters, Spouting	6	—	—	6
Hot Water Supply	—	—	—	—
Lighting Improved	—	1	—	1
Manure Pits Emptied/Rep./Im- proved	—	—	—	—
Piggeries Cleansed/Repaired ..	—	—	—	—
Roofs Repaired/Renewed ..	5	1	—	6
Rooms Cleansed/Redecorated ..	3	—	1	4
San. Accom. Prov./Rep.	6	3	4	13
San. Accom. Cleansed and Redecor- ated	2	13	4	19
Sinks/Wash Basins Rep./Prov. ..	1	17	2	20
Sinks Cleared	38	1	—	39
Smoke Nuisances (Industrial) ..	—	1	—	1
Smoke Nuisances (Clean Air Zone)	—	—	—	—
Stables Cleansed	—	—	—	—
Ventilation Improved	2	—	—	2
Walls and Chimneys (External) ..	—	—	—	—
Walls and Ceilings (Internal) ..	10	48	4	62
Water Supply Prov./Reinstated ..	—	—	—	—
Water Heaters Provided	—	2	—	2
Water Supply Installed	—	—	—	—
Yards Repaired, etc.	—	—	—	—
Other Nuisances	14	72	3	89
Shelves Repaired	—	2	1	3
Food Coverings	—	1	—	1
Overcrowding	3	—	—	3
Totals	101	195	22	318

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

At the end of the year there were 119 distributors on the register compared with 111 during the previous year. There has been a steady increase for a number of years in the number of distributors providing milk to the population. The number of self-service machines providing milk in cartons in the City still numbers 22 and, on the whole, these machines are doing a good service, with the keeping quality of the milk preserved quite well. There is always the danger, of course, of neglect in stock examination and rotation, which can give rise to old milk being served which fails keeping quality tests. Cleanliness of the machines is a matter for some comment and it is apparent that in one or two cases this is not all that might be desired. Nevertheless, the general standard is good and constant oversight by Inspectors will help to keep retailers on their toes in so far as stock rotation is concerned. Bottling of milk continues but there is no doubt that the time is coming when cartoned milk will be the modern method of supplying milk to customers, many of whom are all too careless in their use and return of milk bottles. Thousands are mishandled, misused and left lying about in all sorts of odd places. Despite publicity, there are still many people who appear deaf to calls for better standards of hygiene and lack public spirit in connection with the major supply services, of which the milk supply is one. Despite troubles and difficulties experienced in the milk distributive trade, depot managements and distributors do a very good job in supplying milk regularly to customers—whatever the weather or circumstances—and much credit is due to them for such excellent service. Of course, it has become so commonplace and accepted that the public do not appreciate the difficulties and soon complain if deliveries are not up to time, bottles not perfect, sealing not altogether satisfactory, or foreign matter present.

The quality of milk has given rise to a little concern during the last few months for there have been increasing numbers of milks showing low non-fatty solid content. This is said to be due to the effect of the last severe winter on feeding stuffs. All the milks showing low non-fatty solid content have so far satisfied the freezing point test so there is no suggestion of added water. However, it is unfortunate that these important constituents of milk are showing signs of reduction. This is a matter which should be pursued by the Ministry of Agriculture, Fisheries and Food until the figures are more in line with the official standard under which 8.5% non-fatty solids is the minimum. Milk generally throughout the country is now of T.T. quality and will soon be sold without such designation. A greater amount of homogenised milk is also being marketed, although many members of the public are not keen on this processed milk,

which is said to have a taste not usual with milk subjected only to pasteurisation. The breaking up of the fat globules by the process and consequent spreading of the fat throughout the milk in more even fashion apparently gives rise to an unusual taste. Whatever it is the public have shown considerable resistance to such processed milk. Indeed, one large distributor found it necessary to stop the sale of homogenised milk and revert to the sale only of the pasteurised variety. Unpasteurised milk is available at the Warneford Hospital, which possesses its own herd, but the supply is confined to persons within the hospital organisation. It was interesting to note a slight decrease in the number of general stores selling pasteurised milk in bottles—84 as against 89—and, of course, sterilised milk is still available throughout the City, although not very popular.

Still further use was made of the Centrifuge and apparatus in the Department laboratory for Gerber testing milk before sampling and examination by the Public Analyst. 419 (277) samples of milk were examined, which is 142 more than in the previous year. Few samples gave rise to concern, apart from those found to have low non-fatty solid figures. 136 as against 90 samples of Channel Island quality showed 4.53% fat content as against 4.59%, while non-fatty solids had dropped considerably to 8.78% as against 9.12%. In regard to samples of ordinary pasteurised milk, 283 (187) samples averaged 3.68% fat content as against 3.83% and non-fatty solids were only slightly inferior to the previous year with 8.61% as against 8.62%. The official standard is, of course, 3.0% fat and 8.5% non-fatty solids. In so far as keeping quality was concerned, there were 20 failures out of 337 samples examined by the Methylene Blue test. Of these 20 samples, 8 failures were associated with the testing of a new pasteurisation plant at a depot outside the City, 2 were considered as due to faulty rota in milk machines following a strike of employees, 5 were admittedly stale milks which were due to faulty rotation in machines or on rounds, 4 were isolated instances for which there was no apparent reason, and 1 was in connection with a raw milk and attributed to excess milk stone in a churn. 16 samples of milk taken from school supplies, in addition to the ordinary samples from the contractors supplying the school milks, proved satisfactory and none failed of the 336 samples examined by the Phosphatase Test for efficiency of pasteurisation. 18 samples of sterilised milk were examined by the Turbidity Test and proved satisfactory so indicating efficient processing. Testing of the Warneford Hospital raw milk for *Brucella abortus* proved negative throughout the year. The Veterinary Officers of the Ministry are continuing their interest in this particular infection. The following table shows the results in panel 4.

Milk Sampling Results

	Samples tested	Satisfactory	Failed
Raw Milk			
<i>Methylene Blue Test</i>			
T.T. (Farmbottled) ..	—	—	—
T.T.	—	—	—
Ungraded	12	11	1
Total	12	11	1
Heat Treated Milk			
<i>(Methylene Blue Test)</i>			
Pasteurised	73	70	3
T.T. Pasteurised ..	252	236	16
Total	325	306	19
Heat Treated Milk			
<i>(Phosphatase Test)</i>			
Pasteurised	75	75	—
T.T. (Pasteurised) ..	261	261	—
Total	336	336	—
Heat Treated Milk			
<i>(Turbidity Test)</i>			
Sterilised	18	18	—
Total	18	18	—

Tubercle Bacilli in Milk

12 samples of raw milk from the hospital supply were examined for tubercle bacilli by biological test and all proved negative. No samples of pasteurised milk were submitted to the Laboratory.

Ice Cream

Some 118 samples of ice cream were examined for bacteriological quality during the year, being a decrease of 23. 100 samples were declared satisfactory, being within Grades 1 and 2, while 18 were placed within Grades 3 and 4 and therefore considered unsatisfactory. The majority of these samples were, of course, related to unhygienic serving conditions and faults in cleaning of soft ice cream machines. There is much less trouble now from ice cream which is pre-packed but the hygienic operation of soft ice cream machines is most important. Steps are being taken by manufacturers to see that so far as is humanly possible ice cream mix prepared in advance for use in ice cream serving machines is hygienically prepared and packed so that it need not be touched by hand at all and if the machine is cleansed according to instructions, satisfactory bacteriological quality should be assured. A slight slip or emission of a step in the procedure may result in unsatisfactory results. In so far as food quality is concerned, 15 samples taken showed 9.53% of fat content, as against

8.99% the previous year, and 14.06% of sugar as against 17.39%, the total solids being 34.2% as against 36.38%. The lowest sample result in fat content was 5.8%. This is, of course, still above the national minimum of 5%.

The number of samples taken was insufficient to justify any conclusions in regard to quality other than it was interesting to note the lowering of the sugar content rather than any decrease in fat. Ice cream remains a very popular item in the general diet of many families and it is important that it be controlled and regularly sampled throughout the year and not only during the summer period. 20 samples of ice lollies were taken and all proved satisfactory and this is pleasing, having regard to a certain amount of trouble experienced in the past.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

Inspections under the provisions of the Food Hygiene Regulations totalled 2,778 during the year, the visits being made to food premises of all kinds. This is a considerable reduction on the number of visits paid during the previous year but does not suggest any slackening in our efforts to maintain a higher standard of supervision of all food premises and food handling conditions. Indeed, as a result of the inspections, 26 of our "On the Spot" notices (Yellow Tickets) were served as against 15 the previous year, 3 only being needed during the period of the St. Giles' Fair, which is gratifying when one compares this with the 12 needed during the previous Fair. I think further use could be made of these "On the Spot" notices which have quite a peremptory effect on food traders who receive them, but despite the pressure on staff to use them, Inspectors still seem diffident about the service of Notices on the spot. Such Notices served wherever conditions are considered unsatisfactory are a valuable preliminary to reports to Committee which might lead to statutory action.

There is still the usual problem of staffing in all the catering trade sections and some sympathy is felt for food traders who are doing their best to cope with conditions, very often with labour of very poor quality. The covered market in the centre of the town continues to be popular and the modernised fish stalls have added considerably to the general hygienic appearance of the north end of the market. The public seem to have reacted favourably to this improvement and it is gratifying to have the support of the Chairman and members of the Markets and Fairs Committee in securing much better conditions throughout the market generally. Stall holders throughout the market are generally co-operative and improvements of frontages are noted from time to time.

16 summonses were taken out against two food traders operating from the same premises—a food business and a hot dog vehicle depot—for various contraventions of the Food Hygiene Regulations. The cases lasted

for 1½ days and eventually the defendants were found guilty on four charges and they pleaded guilty to another charge, which made five in all, and the other eleven summonses were dismissed. Fines totalling £33 were inflicted, being £20 against one defendant and £13 against the other.

(b) Inspection of Food Hawkers' Vehicles

Under the provisions of The Oxford Corporation Act, 1953, registration of hawkers of food is required within the City boundary and no less than 90 such hawkers are registered for trading within the City. There are also 17 stalls operating on Wednesday all day at the Oxpens Market, which makes a total of 107 traders of this kind. As can be seen from the table set out below, some 266 inspections were carried out of these vehicles and stalls during the year. Provision of hand washing facilities is one of the most important items to receive attention and unless all the food is pre-packed, the hawkers are required to have a hand washing installation on their vehicle where open food is being handled. In general the standard is satisfactory but a constant watch is kept on conditions, although it is not always easy to trace the rounds or timing of the salesmen concerned.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	15	127
Butchers	91	528
Cake Shops	34	87
Confectioners	86	90
Dairies and Milk Depots	16	158
Fishmongers and Poulterers	21	85
Preparation and Service of Food	243	760
Fruiterers and Greengrocers	89	262
Grocers	248	809
Ice Cream Manufacturers	7	32
Miscellaneous (including Ice Cream Retailers, etc.)	—	1,314
Market Stalls, Hawkers, etc.	107	266
St. Giles' Fair Food Stalls	51	422
Visits <i>re</i> Sampling	—	703
Public Houses and Social Clubs	155	172

(c) Hygiene, Education and Publicity

We continue to be active in this field with projector, slides and film strips, also objects of interest such as mounted insects in cases and meat specimens which have been mounted by the Morbid Anatomy section at the Radcliffe Infirmary; also any other samples of interest which may be added to our collection during the year. Calls on the time of the Chief and Deputy Chief Inspectors is quite considerable. Talks are given to various groups of persons interested in the work of the Public Health Inspector, in food handling, food inspection or food hygiene; in atmospheric pollution and clean air progress; and in housing activity. Regular

lectures are given to medical students, district nurses, nursery nurses, food trade apprentices, and students of various kinds at technical college level and at secondary modern schools. The Oxford and District Co-operative Society continue to receive our support and assistance in their Apprentices course. The annual Licensed Victuallers training course continued during the year at the technical college and lectures were given on food and drugs procedure and the general hygiene of food premises. Townswomen's Guilds, Women's Institutes and other similar bodies continue to ask for talks, and, while much of the work is done in the evening, it is considered well worth while from the point of view of health education and general Health Department publicity. The Oxford Consumer Group continue active in stimulating interest in conditions under which food is sold and handled and quite a number of complaints were received during the year from members of this organisation. The Group are actively interested in all aspects of our work.

(d) Hospital Hygiene

Interest continues in the hygienic conditions at hospitals within the City and close co-operation is maintained with officers of the United Oxford Hospitals Board who welcome the visits of Inspectors and the advice given in connection with food hygiene and pest destruction work. Regular attention continues to be given to infestations of Pharoah's Ants, Cockroaches, flies, etc., and contract arrangements continued successfully. Kitchens are visited from time to time, treatment of walls and floors with insecticidal lacquer is given where necessary, and attention paid to laundry baskets with the same material as a precaution against Pharoah's Ants. Under-floor heating ducts are given attention and spraying around waste food bins and bin storage sites is carried out during the spring. A new gas-fired incinerator at the Churchill Hospital was completed during the year and has proved adequate for the load so far from the Radcliffe and Churchill Hospitals. Refuse is collected from the Radcliffe in paper sacks and transported to the Churchill incinerator. A small purpose-made gas-fired incinerator has also been completed at the Radcliffe Infirmary site for dealing with experimental animals, cage sawdust and refuse, etc., and this is also an efficient smokeless appliance. The old incinerator within the Radcliffe Infirmary, at one time the cause of considerable nuisance, is now demolished. 135 visits were made to hospitals during the year, which is somewhat less than last year.

(iii) Meat Inspection

It is most gratifying to record the completion of the modernisation of Eastwyke Farm Slaughterhouse and at long last the City is provided with two reasonably hygienic and well-constructed slaughterhouses. There was considerable anxiety during the year about the completion of the Eastwyke programme, but despite numerous difficulties, the premises were



EASTWYKE FARM BEFORE MODERNIZATION (NORTH ASPECT)



EASTWYKE FARM SLAUGHTER HOUSE (REMODELLED 1963)



completed and arrangements made for appropriate licensing. Meat inspection continues regularly throughout the week at each of the premises on a weekly rota basis with an Inspector covering the activities one week out of four. This permits a break in district work and provides a change of activity. The new Meat Regulations called for some local negotiation and it was pleasing to be able to come to amicable decision with the butchers, through the Federation of Master Butchers, for the operation of the new charging system. Charges for carcase and offal inspection, as set out in the Regulations, are not mandatory and it is left for each Local Authority to make its own arrangements, bearing in mind the circumstances relating to the need or otherwise for export slaughter in the district. As it happens, the Oxford throughput is mainly confined to meat supplies for the City and its immediate environment and is therefore not considered an export slaughter programme. Accordingly butchers were against the maximum charges and were favourably inclined to a request that no charge be made on the grounds that it was a public service operated by the Local Authority. While sympathetic to this view, the Chief Public Health Inspector was of opinion that the arrangements should be allied to hours of activity so that if slaughtering took place outside normal hours—after 6 p.m. at night—then full charges should be made for inspection needed after that time. Full charges should also be made for any inspection needed on Saturdays and Sundays and, while a certain amount of emergency slaughtering was admitted as necessary, no sympathy was extended towards any suggestion of slaughtering hours extending beyond 6 p.m. The Health Committee concurred with this view and, after general discussion with the Federation and the management of the Slaughterhouses concerned, it was agreed that slaughtering would extend each day until 6 p.m. Monday to Friday inclusive, with an attempt to spread the load over each day of the week. Slaughtering on Saturdays and Sundays would be avoided and, except for emergency slaughter, no activity would be expected at weekends. The maximum charges would be made for all inspections required after 6 p.m. and on Saturdays and Sundays. The suggestions proved popular and Inspectors found the scheme to work quite well for the rest of the year, despite a considerable increase in the number of animals slaughtered at the Eastwyke Farm premises.

It was gratifying to have full co-operation in our attempt to deal reasonably with the situation and is an indication of successful common-sense approach to a problem, which, in some places, is still giving rise to considerable dissent and dissatisfaction. Of course, where large export slaughtering throughput is unavoidable and concentration of trade causes heavy load, meat inspection must be a considerable burden on the Local Authority staffs concerned. Slaughtering contractors are not particularly interested in reduction of slaughtering hours but tend to extend such hours where trade is available with inevitable heavy burden on the staffs of the Local Authority. Slaughtering staffs may reap benefit in extra payment

but Public Health Inspectors in general have little, if any, benefit but are faced with a constant encroachment on their private time and little opportunity of time off in lieu of their extra period of work. Very few Local Authorities have made a decision similar to that of the Oxford City Council. Local butchers have commended the meat inspection arrangements at present operating as highly satisfactory. They pledged the co-operation of Oxford butchers to the system operating under the terms mentioned. They stressed the fact that butchers paid rates in common with other traders and felt that in any case they should have this service free of charges while admitting the propriety of payment where excess hours were caused for Local Authority staff. The Health Committee will reconsider the circumstances for 1964 and probably continue to operate the same arrangements.

It is pleasing once more to express gratitude for co-operation by the management of the Co-operative Society and Eastwyke Farm premises and to the Ministry Divisional Veterinary Officer, Mr. Crowhurst, who was transferred to the Bristol area during the year. Mr. Beaumont, his successor, has already proved most helpful in a somewhat difficult period. The staff of the Public Health Laboratory and Morbid Anatomy Departments at the Radcliffe Infirmary continued to give most useful assistance in the examination of specimens, for which we are grateful. The completion of the large cooling hall at Eastwyke Farm premises extended the storage capacity for carcase meat, although still more is needed if the hanging of carcasses for an adequate time before sale is to be assured. Deep freeze facilities still exist at the bakery of Oliver and Gurden and the Deep Freeze Company at Wolvercote, but the premises of Messrs. Weeks and Company have closed down permanently. Details of throughput at each slaughterhouse is set out below.

					<i>Eastwyke</i>	<i>Co-op.</i>
Steers	..	..	..	..	1,265	1,415
Cows	..	..	..	..	374	401
Heifers	..	..	..	..	996	1,720
Calves	..	..	..	..	706	284
Sheep	..	..	..	..	8,914	8,750
Pigs	..	..	..	..	3,868	7,208
					<hr/>	<hr/>
					16,123	19,778
					<hr/>	<hr/>
Total	..	..	..			35,901
						<hr/> <hr/>

There were 35,901 animals slaughtered during the year, which is slightly below 36,623, the figure for the previous year. The average over the last ten years works out at 33,762, so throughput continues at a high level.

Cysticercus Bovis

13 suspected cases of this condition (tape worm cysts) were discovered during the year, compared with 11 the previous year. Of the 13 presumptive cases, 9 were confirmed and 3 were reported as being cysts of a nature highly suggestive of *Cysticercus Bovis*. In only one case was there some doubt. All 13 cases were found in cheek muscles and the animals concerned were referred for cold storage treatment in accordance with routine. Reference to the origin of the animals, where available, was made to the Divisional Veterinary Officer of the Ministry region concerned.

Year	Number of Animals	Number of Cases	Percentage of Cases
1959	1,121	11	0.98
1960	2,165	13	0.60
1961	2,148	13	0.60
1962	1,140	13	1.14
1963	2,011	13	0.65
1964	1,543	13	0.84
1965	2,215	13	0.59
1966	1,401	13	0.93
1967	2,077	13	0.63
1968	2,340	13	0.56
1969	2,500	13	0.52

Cysticercus Bovis—Annual Record of Incidence

	No. of Cattle Inspected (excluding Calves)	Suspected cases <i>i.e.</i> (Number refrigerated)	Viable <i>Cysticercus bovis</i>	Degenerated Cysts	Others
1953	5,304	10	5		
1954	5,279	18	12		
1955	3,934	11	5		
1956	4,602	27	7	20	
1957	4,267	40	20	Most of the remaining 20 were returned as Cysts in various stages of degeneration	
1958	4,263	29	16	11	
1959	3,977	15	10	5	
1960	4,786	19	15	2	2 granulomata
1961	5,584	15	8	4	3 granulomata
1962	5,887	11	3	2	4 granulomata 2 sarcosporidia
1963	6,171	13	8	4	(3 having cysts of a parasitic nature suggestive of <i>Cysticercus bovis</i> , 1 doubtful)

Liver Fluke (Fascioliasis)

The table below gives figures over the past 10 years and shows that there was a decrease in the incidence of this condition in both bovines and sheep. This is gratifying and it is hoped may continue, for the condition causes so much economic loss to butchers and waste of valuable foodstuff.

Year	Bovines Inspected	Bovines Affected	Percentage	Sheep Inspected	Sheep Affected	Percentage
1954	8,982	734	8.14	18,079	254	1.39
1955	6,392	777	12.12	12,847	197	1.51
1956	7,779	1,057	13.52	17,722	205	1.14
1957	6,310	548	8.66	11,042	29	0.26
1958	5,542	668	12.02	11,491	59	0.51
1959	4,993	1,176	23.55	19,066	641	3.36
1960	5,971	1,068	17.88	18,225	182	0.99
1961	5,584	936	16.41	21,498	336	1.56
1962	5,887	837	14.22	19,051	248	1.30
1963	6,171	795	12.88	17,664	230	1.30

Tuberculosis

Figures of presumptive tuberculous infection of animals continue to be very small indeed and the figures for pigs reached an all-time low record. There is no doubt that there has been, to all intents and purposes, eradication of this disease among cattle. Rather more attention is now being given to pseudo-tuberculosis or *Corynebacterium* infection in pigs and also salmonellae infection. 17 lymph nodes were submitted to the Public Health Laboratory, being from pigs showing signs of possible infection by *Corynebacterium* and 5 samples showed acid-fast organisms with suggestion of Tuberculosis not, however, proved by culture. 3 others were returned only as morphological Tuberculosis.

Percentage of Animals affected with Tuberculosis (Presumptive)

	Cattle	Cows	Calves	Pigs
1954	6.5	13.3	—	2.5
1955	5.7	11.4	0.08	1.9
1956	4.8	12.5	0.1	1.8
1957	2.5	6.1	0.05	1.6
1958	1.8	4.4	—	1.4
1959	0.7	—	—	0.9
	(Adult Cattle)			
1960	0.07	0.01	—	1.34
1961	0.08	0.03	—	1.04
1962	0.05	—	—	0.55
1963	0.06	—	—	0.45

Tuberculosis in Food Animals, 1963 (Presumptive)

Portions dealt with	Bovines	Pigs	Totals
	No.	No.	No.
Whole Carcasses	—	—	—
Part Carcasses	—	—	—
Whole Offal	—	—	—
Part Offal	4	50	54
Totals	4	50	54

Inspections and Condemnations, 1963

	Adult Cattle	Calves	Sheep and Lambs	Pigs
Number killed	6,171	990	17,664	11,076
Number inspected	6,171	990	17,664	11,076
All diseases <i>except</i> Tuberculosis:	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>
Whole carcasses condemned ..	1	8	3	7
Carcasses of which some part or organ was condemned ..	1,377	29	472	1,017
<i>Percentage of the number inspected affected with disease other than tuberculosis</i> ..	22.33%	3.73%	2.69%	9.25%
Tuberculosis only: (presumptive)				
Whole carcasses condemned ..	—	—	—	—
Carcasses of which some part or organ was condemned ..	4	—	—	50
<i>Percentage of the number inspected affected with tuberculosis</i>	0.06%	—	—	0.45%

Diseases other than Tuberculosis in Food Animals, 1963

	<i>Carcase</i>		<i>Offal</i>	
	Total	Partial	Total	Partial
<i>Adult Cattle</i>				
Johne's disease	—	—	—	—
Actinobacillosis (Mycosis)	—	1	—	16
Septicaemic conditions	1	—	1	—
Pneumonia and/or pleurisy	—	—	—	33
Peritonitis	—	—	—	3
Mastitis	—	—	—	—
Hepatic abscess	—	—	—	350
Fascioliasis (flake)	—	—	—	795
Parasitic pneumonia	—	—	—	—
Echinococcosis	—	—	—	21
Cysticercosis (C. bovis) rejected	—	—	—	13
" " refrigerated	13	—	—	13
Tumours	—	—	—	33
Bruising	—	1	—	—
Emaciation	—	—	—	—
Other conditions	—	1	—	92
Totals	14	3	1	1,369
<i>Calves</i>				
All septicaemic conditions	3	—	1	—
Joint-ill or navel-ill	1	—	1	—
Immaturity	1	—	1	—
Bruising	—	—	—	—
Other conditions	3	—	3	23
Totals	8	—	6	23
<i>Pigs</i>				
Swine erysipelas	1	—	1	—
All septicaemic conditions	1	—	—	—
Pneumonia and/or pleurisy	—	—	—	542
Pyæmia	—	—	—	—
Echinococcosis	—	—	—	1
Ascariasis (milk spot)	—	—	—	291
Bruising	—	—	—	—
Abscess	—	2	1	8
Other conditions	5	1	2	118
Totals	7	3	4	960
<i>Sheep</i>				
All septicaemic conditions	2	1	1	—
Fascioliasis (flake)	—	—	—	230
Pneumonia and/or pleurisy	—	—	—	40
Parasitic pneumonia	—	—	—	7
Cysticercus Bovis	—	—	—	3
Echinococcosis	—	—	—	71
Bruising	—	11	—	—
Emaciation	1	—	1	—
Pyæmia	—	—	—	—
Arthritis	—	—	—	—
Other conditions	—	2	—	105
Totals	3	14	2	456

Unsound Meat

There has been no major difficulty in arrangements for the removal and processing of unsound meat and inedible offal from the slaughter-houses. This is by arrangement with a firm of processors who use specially marked vans and keep the material under cover. A small amount is released occasionally for use at dog kennels and a mink farm, while, of course, certain glands and organs are used by pharmacological interests. The amount of meat condemned is, as usual, fairly small and no official seizures were necessary as far as meat was concerned. Such meat or offal as is condemned at butchers' establishments or other places is disposed of as necessary at the incinerator operating at the Churchill Hospital.

(iv) Sampling of Food and Drugs

193 samples of food and drugs were submitted to the Public Analyst and 9 were returned as non-genuine. These figures compare favourably with 194 samples last year, of which 13 were adversely reported upon. The 9 non-genuine food samples concerned were as follows:—

- (1) and (2) Finest Pine and Pear Syrup—contained Rhodamine "B"—a contravention of The Colouring Matter in Food Regulations, 1957—label unsatisfactory—formal follow up sample also unsatisfactory—court action—£60 fine and 17 gns. costs.
- (3) Finest Strawberry Syrup—fruit juices absent—label unsatisfactory—same dealer as above two samples—included in same court action.
- (4) Chocolate compound—no declaration of ingredients on label—finally considered genuine.
- (5) Strawberry compound—incorrectly described on label—finally considered genuine.
- (6) Ginger cake powder—no declaration of ingredients on label—finally considered genuine.
- (7) Proto-en—not a high protein flour as described on label—manufacturers changed label to comply with City Analyst's findings.
- (8) Proto-en—a formal follow up sample—as above.
- (9) Meat and vegetable curry—contained less than 35% meat—negotiations with manufacturer in progress at the end of the year.

The following cases resulted in successful prosecutions:—

- (1) Unfit steak—Fined 30 gns.
- (2) Mouldy Custard Pies and Rancid Cream Meringues—Fined £20.
- (3) Mouldy Sausage Rolls—Fined £40.
- (4) Plastic bag of bread rolls containing dirty finger bandage—Fined £25.
- (5) Grape-nuts infested with Beetles—Fined £20.
- (6) Unsound Steak and Kidney Pies—Fined £40.
- (7) Mouldy Cornish Pasty—Fined £25.
- (8) Mouldy Apple Pie—Fined £10.
- (9) Two defendants in possession of unsound food intended for sale for human consumption—Total fines of £33.
- (10) Drink containing Rhodamine "B" colouring matter—Fined £30 for colouring matter and £30 for two types of drink with incorrect labelling, with costs of 17 gns.
- (11) Mouldy Gateau—Fined £25.

The following matters were reported to the Health Committee during the year and warnings were issued in each case:—

Maggots in flour	Mouldy meat pie
Label in brown loaf	Mouldy crisps
Metal in doughnut	Glass in biscuit
Snail in steak and kidney pie	Moth in steak and kidney pie
Fly in chicken and ham pie	Stale cakes
Dirty milk bottle (3)	Mouldy milk loaf
Wasp in loaf	Ice lollie containing centipede
Mouldy loaf (2)	

Samples taken for Analysis during the year 1963

Article	No. of Samples obtained			Result of Analysis	
	Informal	Formal	Totals	Genuine	Non-Genuine
Beverages	9	2	11	8	3
Breads	1	—	1	1	—
Cakes	3	—	3	3	—
Cheese	3	—	3	3	—
Compounds	7	2	9	4	5
Cream (open) .. .	3	—	3	3	—
Crisps	1	—	1	1	—
Drugs	10	—	10	10	—
Egg products .. .	1	—	1	1	—
Fats	5	—	5	5	—
Fish	7	—	7	7	—
Flour products ..	12	—	12	12	—
Fruit	9	—	9	9	—
Health drinks ..	16	—	16	16	—
Hydrogen Peroxide ..	1	—	1	1	—
Ice cream	10	—	10	10	—
Ice cream products ..	2	—	2	2	—
Ice cream (soft) ..	5	—	5	5	—
Infant Foods .. .	1	—	1	1	—
Jellies	3	—	3	3	—
Meat marking products	3	—	3	3	—
Meat products ..	17	—	17	16	1
Milk	—	4	4	4	—
Preserves	18	—	18	18	—
Sauces and Pastes ..	17	—	17	17	—
Sausages (Beef) ..	2	—	2	2	—
Sausages (Cambridge)	1	—	1	1	—
Sausages (Pork) ..	3	—	3	3	—
Sausage products ..	1	—	1	1	—
Spices	2	—	2	2	—
Spirits	—	4	4	4	—
Sweets	5	—	5	5	—
Vegetables	3	—	3	3	—
Totals	181	12	193	184	9

The principal foods sampled during the year were meat products, preserves, sauces and pastes of various kinds, flour products, ice cream and drugs. Few articles proved unsatisfactory. The two most interesting proved to be a sample of Pine and Pear Syrup, which was found to contain a prohibited colouring matter—Rhodamine "B". This was being used in the local preparation of a drink for West Indians, of whom there are a considerable number living and working in the City. The person responsible had apparently received the colouring matter from the West Indies privately, was making up the drink on the premises in the City, and, after labelling with a colourful label, selling from a shop in Cowley. Hundred of bottles of the drink were seized and disposed of down the drains. Court action resulted in the imposition of a heavy fine. The other case led to protracted correspondence. It involved flour said to be protein

containing and described as such, being a substance considered suitable for addition to cakes and flour confectionery to help in the setting and the baking process. In fact the sample contained no more protein than normal flour but had a percentage of Plaster of Paris! The manufacturers were very concerned about a suggestion that the label should be altered as it had been a popular sale for many years. However, they eventually agreed to change the name of their product and this was accepted by the Health Committee.

A Meat and Vegetable Curry was found to contain only 25% of meat, which is about 10% less than the amount recommended by the National Food Standards Committee. Negotiations were still in progress with the manufacturers at the end of the year in an attempt to secure a higher meat content. Apart from these cases, there was no other evidence of unsatisfactory labelling or malpractice in the food and drug field. A number of pain relieving tablets and similar articles were examined and all found genuine. Ice cream generally was of good quality and most meat products fulfilled requirements. Much more discrimination is now being exercised in the sampling of foods and attention given to the sampling of manufacturers' ingredients at factories.

Local Consumer Group Activity

Oxford has a very active Consumer Group which takes considerable interest in the operations of the Department in the field of hygiene. During the year there were quite a number of instances where this Group stimulated activity. These involved items in the field of food handling and storage, food labelling and misdescription, hairdressers' premises and local Byelaws. The sale of milk, too, was of interest and there has been a close liaison with members of the local Committee. It is felt that such consumer interest can do nothing but good for the community and continued co-operation will no doubt continue.

Bacteriological Investigations—The Public Health Laboratory Service

Considerable use was again made of the facilities provided by the local Public Health Laboratory at the Radcliffe under the Director, Dr. Vollum. 442 samples of various kinds were submitted during the year, which was an increase of 12. A list indicates the variation in type of samples submitted.

Ice Cream	118
Equipment Swabs	12
Fresh Cream	106
Artificial Cream	1
Cream Cakes	1
Ice Lollies	25
Canned Food	4
Meats	10
Meat Inspection samples (Lymph Nodes, Organs, etc.) ..	27
Pigeons	45
Milk	2
Faeces	31
Swimming Bath Samples	38
Drinking Water Samples	1
Cheese	1
Dried Egg Products	14
Dessicated Coconut	1
Dripping	1
Jelly	1
	439

As will be seen by the list, the principal items were ice cream, fresh cream, pigeons, swimming bath water and faeces samples, while meat inspection samples totalled 27—a considerable increase on last year. 14 dried egg products were also submitted for examination.

Cream Samples

Of the 106 samples submitted to the Laboratory, no less than 61 were unsatisfactory, with 45 passing the tests. A Methylene Blue test was used as an informal guide to the keeping condition of the cream but examination of bacterial content left much to be desired. A spore bearing organism often decolourised the Methylene Blue and tended to give a false picture of condition. Nevertheless, there were too many samples showing signs of *Staphylococcus aureus* and *E. Coli*. A considerable amount of work was done in informing farmers of the faulty samples and the Ministry Milk Officers were asked to assist in checking farm conditions and giving advice on hygienic production. The conditions appeared to be improving as sampling proceeded and there is no doubt that the work has proved worth-while. It seems a pity that all cream is not pasteurised before sale as this would be a good means of controlling the bacteriological flora all too common in fresh cream samples.

Pigeons

45 samples were sent to the Laboratory but in nearly all cases more than one bird was sent. In fact 115 pigeons were sent to the Laboratory. Of these only 2 were unsatisfactory, both taken from Bath Square, St. Clement's, one in March and one in April, and both with the same result—*Salmonella Typhimurium* isolated. Type V/40.

Swimming Bath Water

Sampling of swimming bath water proved worth-while as a guide to the conditions in the school swimming pools, although no work was done on the open bathing places on the rivers Thames and Cherwell, while the public swimming baths at Hinksey open pools and Temple Cowley were supervised by the City Water Engineer. 3 school swimming pool results were unsatisfactory during the year and the pool at Blackbird Leys used for paddling proved particularly foul. The static bath at the Wingfield Hospital also showed poor results on two occasions but in general the samples were reasonably satisfactory from most places.

Faeces Samples

These were follow up samples in respect of cases of food poisoning handled in co-operation with the medical staff at Greyfriars headquarters. One case of *Salmonella Typhimurium* was reported in July associated with a worker at a local bakery.

Meat Inspection Samples

Of the meat inspection samples submitted positive results included one of fowl cholera from a chicken liver and three cases of acid fast bacilli demonstrated in lymph nodes of pigs from the Eastwyke Slaughterhouse. Culture results in each case were negative. There were in addition three cases reported as morphological Tuberculosis, two being in pig lymph nodes and one in the mediastinal node of a steer. In no case were organisms isolated on culture.

Ice Cream

Of the ice cream samples examined no less than 100 were returned as satisfactory and of the 18 which did not satisfy the tests the majority were found to be due to unsatisfactory conditions in serving the ice cream. Following attention to such conditions follow-up samples were invariably satisfactory.

Dried Egg Products

None of the egg product samples revealed *Salmonella*, two showing scanty *Staphylococcus aureus* contamination.

The value of the bacteriological work carried out by the Public Health

Laboratory Service cannot be too highly esteemed as it often reveals most interesting and important details which are very helpful to workers in the hygiene field. It is also very encouraging to have the assistance of the Morbid Anatomy Department at the Radcliffe Infirmary at which meat inspection samples are reported upon. Laboratory investigation work has become such a part of every day activity that there is danger of forgetting that it is a service outside the department, although working in close co-operation with its officers and providing that important link with the epidemiology section of public health activity.

Merchandise Marks Act

203 visits were made in connection with the marking and display of food in the City, which was a reduction on the previous year. There is still some difficulty in securing the proper attention to the marking and exposure for sale of food requiring notices under this Act but the Consumer Group in the City continue to be active in drawing attention to apparent contraventions. A very successful meeting was held at the beginning of the year in collaboration with the Group on "What a Local Consumer Group can do." There was a very good attendance and many questions were asked on the general operation of the Public Health Inspectorate in the field of food inspection and service.

Foodstuffs Surrendered for Destruction

Commodity	Weight in lbs.
Beverages	21 $\frac{3}{4}$
Cereals	127
Cheese	111 $\frac{1}{4}$
Confectionery	19
Fats	240 $\frac{3}{4}$
Fish	233 $\frac{1}{4}$
Flour	119 $\frac{1}{2}$
Fruit	616 $\frac{3}{4}$
Ices	384
Meat	1,411 $\frac{1}{2}$
Pickles	70
Sausages (Beef)	2
Sausages (Pork)	5
Vegetables	10,810
	<hr/> 14,171 $\frac{3}{4}$
Canned—	
Meat	2,251 $\frac{3}{4}$
Fruit	4,271 $\frac{3}{4}$
Vegetables	2,114 $\frac{1}{2}$
Fish	169 $\frac{3}{4}$
Milk	845 $\frac{3}{4}$
Jam	136
Soup	483 $\frac{1}{2}$
Miscellaneous	908 $\frac{1}{4}$
	<hr/> 11,181
Frozen Goods	3,587 $\frac{1}{2}$
	<hr/> 3,587 $\frac{1}{2}$
	<hr/> 28,940 $\frac{1}{4}$

Deep tipping at the Corporation tip, under supervision, continues to be carried out successfully in co-operation with the City Cleansing Superintendent. The new incinerator at the Churchill Hospital is proving very useful also in the disposal of certain items, mainly condemned meat and meat products.

(v) Markets

The City covered market is now very much improved and, with the completion of the fish stalls at the north end, a much cleaner and tidier situation is now noticeable. The tendency is for improvement to stall frontages and a gradual enclosure, wherever possible, of goods on sale. The open market at the Oxpens, operating every Wednesday, is subjected to regular inspection and the usual minor contraventions in respect of names and addresses and marking of foodstuffs are dealt with from time to time. The number of food shops and stalls in the markets are as follows:—

Covered Market—

Butchers	13
Fishmongers and Poulterers	4
Fruiterers and Greengrocers	12
Grocers	2
Restaurants	3
Cake and Confectionery	4
	—
	38
	—

Open Market—

Fruiterers and Greengrocers	8
Confectioners	4
Biscuit and Cake Stalls	1
Grocers	2
Ice Cream Dealers	1
Fishmongers	1
	—
	17
	—

