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CITY OF OXFORD

ANNUAL REPORT
of the
MEDICAL OFFICER
OF HEALTH
for the year
1970



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MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is my twenty-third Annual Report and is compiled in accordance with Department of Health and Social Security Circular 1/71.

The net cost of the health services in this year of financial stringency and heavy inflation increased by only 0.4 per cent. The cost of the services provided under the National Health Service and Public Health Acts was actually reduced by 1.3 per cent, whilst services provided under the National Assistance Act increased by 3.6 per cent. Such figures are evidence of some deterioration of service.

For the seventh year in succession there has been a reduction in the birth rate which at 12.7 is now the lowest for 50 years. The illegitimate birth rate at 11 per cent is also reduced and is not very much above the national rate of 8 per cent. The infant mortality rate, although less than last year and still low, is only about average for this City. The stillbirth rate remains remarkably low. There were no maternal deaths.

The death rate was the same as last year and about the average for the City. In particular there was an increase in deaths from diseases of the heart and circulation, and a decrease in the number of deaths from violence.

Dr. J. A. Baldwin, Medical Director of the Oxford Record Linkage Study, has again kindly provided a contribution dealing with the hospitalisation of Oxford residents from 1963 to 1969. The introduction of the eighth revision of the international classification of diseases in 1968, which resulted in changes in the statistical coding of individual diseases, has unfortunately limited the number of years which can now be compared. In general it can be stated that the duration of hospital stay in Oxford is well below the national average, whilst in most of the specialties the bed availability rate is also relatively low. This means that Oxford is making good use of its hospital beds. The increasing rate of hospitalisation, which now affects about one per cent of the population in this area, suggests improvements in the use of available hospital resources rather than increasing morbidity. The maternity figures show that over the last five years total births fell by 19 per cent, first births by 9 per cent, and births at special risk of complications by 23 per cent. Hospital discharges following accidents increased for the third successive year, whilst home accidents requiring admission to hospital have almost doubled over the last five years.

The Blackbird Leys, East Oxford, Summertown and West Oxford Health Centres have continued to be appreciated by staff and patients alike. The Northway, South Oxford and Wood Farm clinic premises were designated as health centres by the Department of Health early in 1971, therefore Oxford now has seven health centres in use. The Jericho Health Centre is planned to open at the beginning of June, 1971. The Donnington clinic premises, after minor alterations, are being used by one large practice as their main surgery premises. It is hoped that the proposed purpose-built extension together with further alterations to the present building

can be completed in 1972, so as to enable the other two practices serving this area also to be accommodated in what will then become the Donnington Health Centre. The East Oxford Health Centre urgently requires additional surgery accommodation and also enlarged office/reception facilities, and the necessary alterations are planned for the summer of 1971. At the Summertown Health Centre the need for enlarged and improved office accommodation has been achieved by interchanging the present small office with a larger room used as one of the surgeries. It has also been necessary to enlarge the car park at this health centre because of the commencement of work on the Marston Ferry Link Road. New charges, based on actual costs since opening, have been agreed for the Summertown and East Oxford Health Centres and will operate for two years as from July 1st, 1971.

There has been a reduction in the number of patients carried and in the mileage covered by the ambulance service, but it is thought that this is due entirely to the industrial dispute which lasted from October 1st to November 8th, during which only emergency work was undertaken by the ambulance staff. The service is co-operating in the road accident emergency care scheme started in the southern part of Oxfordshire by Dr. A. J. Pim of Nettlebed; about 30 general practitioners have agreed to participate and all ambulances which might be called to an accident in the area now carry specialized equipment. The ambulance staff training scheme is working well and all driver/attendants with two to five years' service have attended the Hampshire training school.

The domiciliary nursing services have all been very busy. The midwifery service in recent years has shown a consistent pattern of about 70 per cent hospital confinements with the remaining 30 per cent divided between the G.P. Maternity Unit and the patient's own home. About two-thirds of all outside hospital confinements now take place in the G.P. Maternity Unit. At the request of the United Oxford Hospitals the City Council has accepted responsibility for the entire midwifery cover and also for the day-to-day organisation of the G.P. Maternity Unit. This sensible arrangement is a further example of the close understanding and co-operation which exists between the hospital, general practitioner and local health authority services in this area. Amongst patients delivered at home, there was no maternal death, no stillbirth, and no neonatal death. There was a reduction in the number of early discharges from hospital consistent with the fall in the birth rate. At the beginning of the year the United Oxford Hospitals started an integrated training scheme for student midwives in which their domiciliary experience is gained earlier than is the case at present.

The work of health visitors is slowly changing, more time is now being spent on visits to geriatric and psychiatric cases and to immigrant families. The comparatively straightforward visits to mother and baby have been reduced to about 60 per cent of the total visits. One-fifth of the work load is now concerned with persons aged 65 years and over, a total of 6,670

visits being made to 1,729 elderly persons. Immigrant and alien births totalled 290 (22.7 per cent), figures similar to those of last year. Health visitors are undertaking an increasingly heavy health education teaching programme with particular reference to schools.

The team of district nurses comprises members with varying degrees of expertise and training, which allows their deployment in the most beneficial and economical way. For instance, much of the routine bed baths and some of the general nursing care is being undertaken by five nursing aides working under the instruction and supervision of trained staff. The number of visits has increased, 77 per cent of the work has been amongst the elderly. The treatment of ambulant patients at doctors' surgeries has increased and there are now ten such surgery centres.

The home help service again managed to help more cases, no less than 911 (80 per cent) were over 65 years of age. It is not surprising that an increasing number of these elderly domiciliary patients required continuous daily help.

The family planning service has continued to be run by the Family Planning Association on an agency basis but the City Council has agreed to be responsible for a direct service as from July 1st, 1971. The current report from the Branch Administrator again shows increased attendances at clinics. There is also evidence that a greater number of younger women and those of lower parity are now seeking advice. The important domiciliary service has continued to help about 120 cases, of whom three-fifths were British and two-fifths immigrants. Family spacing is equally important to the children of these families as is immunisation, and it is hoped that the mothers who now come so faithfully to the child health clinics for the immunisation of their children will eventually come just as readily for family planning advice.

An average of about six cervical cytology clinics are held each week and there has been an increase of new patients. There have also been more recalls, this being the second year of the special research recall scheme inaugurated by Dr. Spriggs. The recall acceptance rate of 60 per cent was rather disappointing. In January a mobile caravan clinic, borrowed from the Women's National Cancer Control Campaign and parked in the Cowley Shopping Centre, offered cervical smears on the spot. Unfortunately the scheme coincided with severe weather and the response was poor. In September a general practitioner accompanied by a nurse offered a domiciliary service for practice patients, but despite individual notices posted beforehand, few patients were available for examination at the time of the visit. Since the cervical cytology scheme started in 1965, 12,178 new patients have been examined and 54 confirmed as having carcinoma in situ (4.43 cases per 1,000 examined). Of these, ten have been under the age of 35, thirty-four between 35 and 49 years of age, and ten over 50. Amongst the 1,800 recall patients there was one confirmed carcinoma in situ, one suspicious smear and three doubtful smears.

Though the health education service is now well established, all requests for assistance can no longer be met and there is a clear need for increased staff. Assistance was given at three health exhibitions, and talks and lectures were delivered to many organisations ranging from professional groups to school children. The advent of Radio Oxford provides a potentially valuable medium for the presentation of health topics to a wide audience; several members of the Health Department staff have already made useful contributions.

Domiciliary occupational therapy has increased substantially. The major emphasis has been with the provision of aids to daily living and, as a result, less time has been available for craft work with a consequential decrease in the sale of patients' work.

The chiropody service continues to grow in response to an increasing demand; in fact the work has doubled since 1963. Reorganisation as regards the transfer of chiropody sessions from clubs to health centres or clinics has continued to take place. Transport sessions have been doubled as an alternative to the expansion of the more expensive domiciliary service. Recruitment of chiropodists remains difficult, but both full-time posts were filled by the end of the year. There is now a need for increased clerical help so that the chiropodists can devote the whole of their time to their professional work. As in so many other spheres, grateful thanks are due to the many voluntary helpers at the clinics and clubs.

There are now four City patients on domiciliary renal dialysis. As a result of extreme care in the monitoring of patients and of strict control over techniques, no case of serum hepatitis has, so far, been associated with the dialysis unit at the Churchill Hospital.

Towards the end of the year, when the normal allocation of 50 dwellings had already been made, the Housing Committee authorised additional cases to be rehoused according to medical need. Of 142 applications received from general practitioners or hospitals, 103 were recommended for rehousing with varying degrees of priority. There is a continuing and urgent need for more special housing accommodation for the elderly, either in small flatlets or in warden-type accommodation. Three purpose-built three-bedroomed bungalows for seriously handicapped persons and their families were nearing completion towards the end of the year and were allocated according to need.

The Motor Vehicles (Driving Licences) Regulations, 1970, came into effect on June 1st, and Regulation 22(2), which deals with the licensing of drivers suffering from epilepsy, involves the Health Department. There were two applications, both of which were approved.

The Aid in Sickness Charities is a valuable but little known local voluntary organisation. A worthwhile domiciliary physiotherapy service is provided and gave 1,218 treatments to 60 patients. Grants were made to cover some unavoidable costs of sickness, and in a few cases night storage heaters were supplied on loan.

Amongst the infectious disease notifications, there were only 34 cases of whooping cough, of which 29 occurred in the last quarter of the year, coinciding with an increased incidence throughout the country. Only 66 cases of measles were notified; the last epidemic of this disease in Oxford occurred in 1965. The continuing decline in the incidence of measles in the City is in sharp contrast to recent experience amongst neighbouring authorities and the country as a whole, all of which experienced a minor epidemic in 1970. The fortunate position in Oxford is undoubtedly due to the sustained measles vaccination programme which commenced in 1966 and this year reached a level of 76.5 per cent of infants protected. Nearly 10,000 Oxford children have been vaccinated against measles and so far only 70 of these (0.7 per cent) have contracted measles (mostly mild). An article outlining Oxford experience in this respect has been accepted for publication in the medical press.

A small outbreak of mild dysentery occurred at one maintained school, and the Park Hospital special school was closed for two weeks because of a few cases of this disease among children in the Park Hospital. There were three cases of typhoid and one case of paratyphoid B. Amongst 24 cases of salmonella infection, ten were unrelated, the remainder occurred in five small family-outbreaks.

The increased incidence of infectious hepatitis noted last year continued for a time but was definitely on the wane by the end of the year. The epidemic, which has covered a period of two years, has so far totalled 427 cases. The outbreak started on the Blackbird Leys estate and 75 per cent of the cases have occurred there. It has been an outbreak mainly affecting school children but some parents have also been involved. Considerable success in the prevention of the disease was achieved by the early use of human immunoglobulin when cases occurred in four well-defined small communities. Two children contracted leptospirosis, one almost certainly the result of bathing in the Oxford rivers. Glandular fever will continue to be a notifiable infectious disease in this City for at least the next three years. The number of cases and the pattern of disease has been very similar to that of previous years. The majority of cases were in the 15-25 year age group, half were students and no less than 22 colleges were involved. Oxford is taking part in an investigation by the Public Health Laboratory Service into the evidence of infection by the EB virus in different age groups of young children. Two cases of malaria occurred in persons recently returned from Africa.

There was a slight increase in the number of cases of scabies, and in persons with body louse infestation. The traditional methods of treatment of these diseases continue to be successful providing that they are correctly applied.

There were only 40 notifications of tuberculosis, the smallest number ever recorded, and, of these, only 35 were respiratory tract infections. Immigrants comprised 35 per cent of all notifications. Reference was made to Dr. Ridehalgh's retirement in last year's Report and a warm

welcome is now extended to Dr. Donald Lane. Dr. W. S. Hamilton has kindly contributed to this Report.

There was again an increase in the number of attendances at the V.D. clinic at the Radcliffe Infirmary, but this was chiefly due to non-specific urethritis and to those "at risk" but found not to have been infected. There was a small increase in the number of cases of primary syphilis in males and in cases of gonorrhoea amongst females, but it is thought that the latter may well have resulted from better contact tracing. Dr. J. M. D. Gallwey has taken up his post as successor to Dr. Mallam and several helpful discussions have already taken place in order to improve this important service and to enable it to meet current needs. The number of weekly clinic sessions is to be increased from four to seven. There is a need for medico/social work at the male clinics and for extended facilities for contact tracing. The recent use of traceable contact slips has resulted in a greater number of infected contacts attending the clinic, but the appointment of a contact tracer would be likely to achieve even better results. The general upsurge in attendances, the considerable increase in non-specific urethritis, and the greater prevalence of male syphilis and of female gonorrhoea are all worrying, and are undoubtedly the outcome of the "permissive society". However, the present situation in this area is not as yet unduly alarming, but the public must be made aware of the risks of contracting sexually-transmitted diseases. The male sheath affords reasonably good protection against venereal disease, but the more modern methods of contraception, including the pill, give no protection at all.

The immunization and vaccination figures once again reflect great credit on all concerned and particularly on the health visiting staff. Immunization rates such as 96 per cent for diphtheria, tetanus and whooping cough, 95.5 per cent for poliomyelitis, 76.5 per cent for measles, and 73.5 per cent for smallpox, put Oxford very near the top of the "local health authority league table" in this respect. Rubella vaccination for 11-14 year old school girls has continued and, with improved supplies of vaccine and increased facilities for antibody testing, it has been possible to offer protection to some adult females particularly at risk, such as nurses and teachers. There has been a further increase in the number of travellers attending the yellow fever vaccination clinic.

The policy of arranging for hospital confinement whenever a premature delivery is considered to be a possibility was again most successful, in that out of 88 live-born premature babies only one was born at home and this survived. Thirty-one child health clinics are held each week, of which half are taken by general practitioners for their own practice patients and half are taken by local authority doctors employed either full-time, part-time or on a sessional basis. Where attendances are smaller, the clinics are held only for about one hour instead of the customary two hours. Although individual attendances were very good indeed, there was a slight drop in the total figures consistent with the falling birth rate. The 26 infant deaths included five "cot deaths", all of which were

thoroughly investigated including post-mortem examination; in each case the cause of death was given as acute bronchiolitis.

A greater number of children were admitted to the two day nurseries and there was a further substantial increase in the number of playgroups and child minders. Financial help from the Urban Aid Programme and the Save the Children Fund was of considerable help towards the worthwhile provision of playgroups.

Medical advice was again given to the Children's Department in their capacity as an adoption agency but fewer babies were available for adoption.

For the mental health service, this was a year of consolidation with even closer co-operation with the hospital, general practitioner and voluntary services. The successful playgroup run by the Oxford Branch of the National Society for Mentally Handicapped Children moved from 60 St. Aldate's to more suitable accommodation at the South Oxford Health Centre. The Oxford and District Council on Alcoholism now provide two homes for recovered and convalescent ex-alcoholic patients at 81 Cowley Road and 195 Iffley Road. There is a close working association between these hostels and the recently-opened Ley Clinic for drug and alcoholic addiction at Littlemore Hospital. Total admissions to hospitals for the mentally-ill increased, largely as a result of the additional beds provided at the Ley Clinic. It is a cause for satisfaction that compulsory admission was only necessary on 116 occasions (15 per cent), whilst emergency admissions under Section 29 constituted only one-third of all compulsory admissions. There was a welcome fall in the number of admissions of elderly persons to psychiatric hospitals. In this respect there is a need for the closest collaboration between psychiatrists and geriatricians, and the provision of a small psycho/geriatric assessment unit would be an advantage.

The Mabel Prichard School is now overcrowded and, as there is already a waiting list of seven children of school age and another nine pre-school children, there is an urgent need for expansion. The school is fortunate in having a relatively well-qualified staff. The St. Nicholas House Hostel is kept not quite full so as to allow for immediate admission in the event of any crisis situation at home. A planned extension to the Industrial Training Unit now under construction will bring the accommodation up to 120. This unit in its five years of existence has gone from strength to strength under the dynamic leadership of the Manager, who has been most successful in obtaining the essential contracts for work. Eastfield House Hostel is now full and, as the residents there are adult long-stay patients, there is an urgent need for a second hostel. The group home at 27 Brasenose Driftway has been a great success and has shown that this type of community care is a practical as well as a very economical alternative to the provision of larger type hostels. Other similar homes should be provided just as rapidly as suitable buildings can be obtained. The mental health social workers now provide

supervision and care for 444 mentally handicapped persons at home, in addition to 52 residents in hostel accommodation.

Owing to financial stringency, the available welfare services have had to be spread more thinly. The Chronically Sick and Disabled Persons Act arrived on the statute book unexpectedly. This excellent piece of legislation was not even on the horizon when the estimates for the current year were prepared and, therefore, no additional money could be made available until April 1st, 1971, a point not always fully appreciated. The scheme to provide a centre for handicapped persons on the Rectory Road site appears, at last, to be nearing fruition with the final preparation of plans and the demolition of existing buildings.

The British Red Cross Society Home in Banbury Road has closed and 14 of the residents have been admitted to our Old People's Homes. Grateful thanks are due to the Society for providing this home for so many years and for their co-operation when closing it down.

Blindness and partial sight are more and more problems of old age, as is illustrated by the fact that there were only three new registrations under the age of 20 years. The New Centre for the Deaf and Hard of Hearing in St. Ebbe's provides excellent facilities for social, religious, educational and recreational functions, and our good wishes are extended for the success of the public appeal for £45,000 required for further additions and improvements to this building. At the Handicapped Workshop, trade in the book finishing section continued to increase. The annual turnover nearly doubled and 12 handicapped workers are now involved in this process. The Oxford workshop gained the distinction of achieving the lowest "cost per worker" of the 60 workshops connected with the Department of Employment and Productivity. The meals-on-wheels service expanded by 10 per cent but more voluntary drivers would be welcomed.

The experimental general practitioner clinic for elderly practice patients at the East Oxford Health Centre completed its third year and has proved to be most successful. Other general practitioners would like to run similar geriatric practice clinics but the departmental utility vehicle used for the experimental clinic cannot, unfortunately, be used for other clinics because it is already fully committed for departmental needs. It seems that in this respect there is an excellent opportunity for the inauguration of a very worthwhile voluntary transport scheme.

The Salvation Army is building a new citadel in St. Ebbe's which will include some very welcome welfare facilities. The Oxford Cyrenian Society hostel (previously a branch of the Simon Community) has persevered with its efforts to help the "down and outs". The Slade Park caravan site just over the City boundary has been a continuing problem. The advice of the pest control section continues to be much sought after; there were fewer rat problems, but more mice infestations with the suggestion of some resistance to Warfarin.

Smoke Control Order No. 10 was confirmed, involving 143 acres in the

Donnington Bridge and Cowley St. John areas of the City. Supplies of solid smokeless fuel were sufficient to avoid any suspension of the previous smoke control orders. The gas-fired pilot boiler system on the new teaching hospital site at Manor Road, Headington, has operated well. There has been an increase in the number of complaints of noise nuisance and these have involved both industrial and domestic premises. Outstanding amongst environmental complaints have been noise and odour nuisance in connection with the motor car complex at Cowley.

The St. Clement's bathing place in the River Cherwell was closed towards the end of the summer because of sewage contamination. A recommendation has been made that this bathing place should be permanently closed. Further modernisation of the sewage disposal works took place and, as a result, there was an improved effluent to the Thames. The strike of refuse collectors and sewage system staff created some anxiety.

This was the first full year of the Housing Act, 1969, and there was considerable activity involving close co-operation with the City Engineer's staff and with residents. The Jericho rehabilitation area is now proceeding with increasing momentum and already with some pleasing results. A programme for dealing each year for the next five years with about 100 unfit houses throughout the City has been generally approved. There was an increase in the number of improvement grants, particularly of the discretionary type. As more people take up grant aid to improve their houses and as the excellent results become obvious, so will more people become interested.

There are fewer milk distributors on the register and fewer self-service vending machines. More than half the failures of the methylene blue keeping quality test occurred in samples taken from vending machines, these mostly being due to poor stock rotation. A licence for the sale of untreated milk was granted with regret. Brucella infection is one of the risks of drinking untreated milk, and it is good news that the Government has started a brucellosis eradication scheme. The routine inspection of all types of food premises continues to be a very important part of the work of public health inspectors and it is encouraging that, in spite of more visits being made, fewer defects were found. No evidence of tuberculosis was found amongst animals slaughtered for the third successive year. There was a considerable reduction in liver fluke infestation in sheep, although the figure for bovines remains high. The responsibility for the Diseases of Animals Act, 1950, was transferred from the Thames Valley Police on April 1st and has so far presented few problems. There was again an increase in the number of food complaints and 13 successful prosecutions resulted in fines totalling £440. Most of the complaints regarding mouldy foodstuffs are due to poor stock rotation. There is still too much carelessness in this respect but some retailers and shop assistants would be helped if all perishable food products were dated in an open and honest fashion. Consumers should know either the age of the food or how long it may be expected to keep fresh. The large increase in

the amount of food condemned was mainly due to refrigerator breakdowns; these occurred particularly during the strike of electricity workers. The stalls in the open market fall short of satisfactory construction with regard to food hygiene, and when this market moves from its present site more suitable stalls should be provided to encourage better standards of hygiene.

Your Medical Officer of Health has continued to be a member of the Joint Committee on Vaccination and Immunisation set up to advise the Health Ministers on all medical aspects of vaccination and immunisation. He has been appointed Chairman of the Smallpox Vaccination Sub-Committee and is a member of the Measles Vaccination and Rubella Vaccination Sub-Committees. He has also continued to be a member of the Public Health Laboratory Service Board. He was appointed Chairman of the Isis Group Hospital Management Committee as from April 1st. In October he had the pleasure and privilege of officially opening the Winifred Lee Health Centre at Eastbourne. He was asked to do this in recognition of the help which two deputations from Eastbourne had received during their visits to the Oxford Health Centres. Your Medical Officer of Health has received two honours during the year. In June, 1970, Oxford University conferred on him their Degree of Master of Arts by special resolution, and in January, 1971, the Royal College of Physicians admitted him to Membership without Examination under Bye-law 117. These very much appreciated honours from both academic and professional bodies have given great personal pleasure, but the recipient feels that they are a recognition of the high standing of the Oxford Health Department and therefore have been merited by the staff as a whole.

Dr. P. Harker obtained the Diploma in Public Health at the end of his course of training. Dr. Jean Bond resigned in July on the completion of her husband's training course at an Oxford theological college. She has been a most welcome addition to the staff during the last two years. Mr. H. G. Annely retired at the end of March, 1971; he joined the Corporation service in 1931 and for 38 years has occupied the important post of Chief Administrative Assistant within the Health Department. He has played a most important part in the development of the health services throughout this long period of time. Mr. Annely had already held his position for 15 years when your present Medical Officer of Health was appointed, and his detailed knowledge and experience of the department was invaluable in developing the postwar services and particularly in putting the National Health Service Act into effect. It has been a happy and fruitful partnership and no Chief Officer could have had a more loyal and hard-working senior colleague. We all wish Mr. Annely a very long and happy retirement. Mr. N. M. Baird who is welcomed as Mr. Annely's successor joined the staff at the beginning of 1971. Mr. K. England, a Senior Public Health Inspector with 38 years' service, retired at the end of the year. In thanking him for this long period of loyal and effective service, we wish him a most enjoyable retirement.

On January 1st, 1971, important services were transferred to the new Social Services Department which came into existence on that date. A brief outline of the history of these services is included as an appendix to this introductory letter. Many of the staff of the transferred services have occupied their posts for long periods and they leave the Health Department with our most grateful thanks for work well done and with best wishes for the future. A photograph of the five most senior colleagues heading the transferred services is included as a tribute to the fine service which they have rendered over so many years. We are proud of the services handed over, although much still remains to be achieved.

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

APPENDIX

Summary of Services handed over to the Social Services Department 1st January, 1971

1. Welfare

All the welfare services under the National Assistance Act, 1948, were delegated to the Health Committee as from July 5th, 1948. The Welfare Division of the Health Department has been headed by a Chief Welfare Services Officer. For the last 19 years Mr. J. C. Davenport has occupied this important post and he can now look back on a job well done. The result of Mr. Davenport's able and pioneering leadership is demonstrated by the excellent service now handed over to the Social Services Department.

The development of the welfare service within the Health Department has meant that all important policy decisions have been carefully considered from both the medical as well as the social worker viewpoints. It has been a happy and fruitful partnership with medical control very much in the background, but with medical advice quickly avail-

able when needed. The medical and social services are complementary to each other and must work closely together to achieve the maximum benefit to those in need. The following are some of the more important milestones in the development of the welfare services since 1948.

- 1948 Schemes prepared under Sections 21 and 29 of National Assistance Act.
 Almoner for blind welfare appointed to work halftime for Eye Department of United Oxford Hospitals and halftime for the Health Department.
 Register for partially sighted started.
 Department of Otolaryngology of United Oxford Hospitals undertook to supervise and assist the hard of hearing.
- 1949 Home Teacher for the blind added to staff.
 Oxford Diocesan Association accepted responsibility for welfare arrangements for the deaf and dumb.
- 1951 Introduction of a blind home workers' scheme.
- 1952 Frilford House, providing 26 beds for old people, opened in February.
 Appointment of an additional welfare officer resulted in the more regular home visiting of old people.
 Blind retail shop reorganised.
 Short-stay admissions to Old People's Homes started.
- 1953 Barton End opened in April.
 Oxford Council of Social Service sponsored a chiropody service at each of nine old people's clubs.
- 1955 Commencement of a laundry service for incontinent home bound patients.
- 1956 Purpose-built ground floor extension (20 beds) to Barton End Old People's Home came into use in December.
- 1957 Deaf Centre opened in December (joint venture by Oxford Diocesan Association for the Deaf, Deaf and Dumb Centre, Hard of Hearing Club and Parents of Deaf Children's Society).
 Provision of a Centre for spastic children at the Churchill Hospital by the Oxford and District Association of Parents of Spastic Children.
- 1958 Conversion of the Red Barn into a sheltered workshop.
- 1959 Townsend House purpose-built Old People's Home (60 beds) opened in January.
 Shotover View purpose-built Old People's Home (60 beds) opened in June.
 Home No. 1 at The Laurels closed.
 Approximately 800 aged and infirm persons now receiving regular domiciliary care from the welfare staff of the Department, with voluntary bodies giving much valued assistance.
 New shop premises at Red Barn completed.
 Big extension and improvement in the meals-on-wheels service.



HEALTH DEPARTMENT TO SOCIAL SERVICES DEPARTMENT JANUARY 1st 1971

Chief Mental Health Officer
D. A. PURRETT
Appointed 1962

Chief Welfare Services Officer
J. C. DAVENPORT
Appointed 1952

Matron, Botley Road Day Nursery
MISS G. M. NIXEY
Appointed 1942

Matron, Florence Park Day Nursery
MRS E. PEARCE
Appointed 1942

Home Help Organiser
MISS P. E. URBAN-SMITH
Appointed 1956

- 1960 Marston Court purpose-built Old People's Home (60 beds) opened in July.
- 1961 Homeless Families' Unit established at Slade Park.
- 1962 The Laurels finally closed in February.
Cutteslowe Court purpose-built Old People's Home (60 beds) opened in February.
- 1963 Oseney Court purpose-built Old People's Home (60 beds) opened in May.
Domiciliary service now responsible for over 2,000 aged and infirm persons.
Bathing service introduced.
- 1964 Iffley House purpose-built Old People's Home (60 beds) opened at the end of the year.
Meals-on-wheels service expanded.
- 1965 Bathing service reached full strength by the acquisition of a special vehicle and the recruitment of a male attendant.
- 1966 Responsibility for homeless families with children transferred to the Children's Department on April 1st.
Site for handicapped persons' centre obtained at Rectory Road, St. Clements.
- 1967 Responsibility accepted for the day care service pioneered by the Oxford Council of Social Service.
Longlands purpose-built Old People's Home (60 beds) opened towards the end of the year and Frilford House closed.
A book finishing service for the printing trade commenced at the Handicapped Workshop in June.
- 1968 Further increase in the provision of meals-on-wheels.

2. Mental Health

The Voluntary Association for Mental Health employed a home teacher in 1923. The first training centre opened in 1928 in a Mission Hall in Paradise Square, moving successively to the Methodist Hall in Headington, and the Old Headington Isolation Hospital where the premises were shared with the special school for E.S.N. children.

By 1948 the staff of the mental health service comprised 2½ duly authorised officers, and a home teacher, whilst the training centre was attended by 55 persons of all ages. The following are some of the more important events since 1948.

- 1954 Purpose-built Mabel Prichard Training Centre opened in January, and visited by the Minister of Health (the Rt. Hon. Iain MacLeod M.P.) in September. An active Parents Association inaugurated.
- 1956 Closer liaison established between the psychiatric hospitals and members of the medical, health visiting and mental health staff of the department.

- 1957 The Park Hospital became a child psychiatric unit and Dr. Ounsted was appointed child psychiatrist to the hospital as well as being medical director to the child guidance clinic.
- 1958 A new classroom added to the Training Centre to provide a workshop for the men and older boys.
- 1959 Mental Health Act, 1959, came into operation, with increased emphasis on community care. The duly authorised officers became mental health officers.
- 1961 Four mental health officers in post.
- 1962 Mabel Prichard School now housed 68 persons and had a staff of supervisor and six assistants.
- 1964 Mental health services rapidly expanding and additional mental health officer and trainee appointed.
St. Nicholas House purpose-built hostel (20 places) for severely subnormal children opened in July.
- 1965 Purpose-built Industrial Training Unit (60 places) opened in September.
- 1966 Special care and nursery unit at Mabel Prichard School completed in October.
- 1968 Eastfield House, purpose-built hostel for 25 mentally handicapped adults, opened in October.
- 1969 First mini-hostel (grouped home) opened at 27 Brasenose Driftway for seven men.
- 1970 Playgroup for severely subnormal children moved from 60 St. Aldate's, where it started the previous year, to the South Oxford Health Centre.
An extension to double the accommodation at the Industrial Training Unit was started.

Mr. D. A. Purrett, who joined the staff in 1951, was promoted to head the Mental Health Division in 1962. As the major expansion of the mental health service has taken place in the last ten years, Mr. Purrett can take pride in the present service which has developed under his general and hard-working leadership. He has built up a happy and effective relationship with the psychiatric hospital services and with the very active voluntary bodies in this area.

3. Home Helps

This service started in Oxford in 1936 as a scheme for the provision of domestic help in domiciliary maternity cases. In 1945, in conjunction with the W.V.S. and working from their headquarters, a scheme to cover general emergency cases was initiated. In 1947, a full-time Organiser and Deputy were appointed and inservice training introduced. In that year, 443 maternity cases and 244 other cases were helped and these figures can be compared with the 57 maternity cases and 1,081 other cases (911 over 65 years of age) who were helped in 1970. The establishment of home helps in 1945 was 33 full-time and two part-time, and this can be compared

with the present number of two full-time and 144 part-time (equivalent 63 full-time). Miss P. E. Urban-Smith was appointed Organiser in April, 1956, and has been responsible for the development of the service since. She is to be congratulated on organising a most efficient and valuable service in spite of the constant difficulty of adequate recruitment.

4. Day Nurseries

Thwartime nurseries started in 1941 and two years later there were 11 nurseries catering for 550 children up to five years of age. When reorganisation took place in 1946, seven nurseries were transferred to the Education Committee for use as nursery schools, two were closed, and two, namely Botley Road and Florence Park, were retained by the Health Committee. Each of these two nurseries provides day care for 30 children up to three years of age. In 1948 both nurseries were recognised as training schools for the National Nursery Examination Board Certificate. Both nurseries have remained in the same not very satisfactory buildings and each has enjoyed the advantage of having the same Matron and Deputy Matron for over 20 years. Mrs. E. Pearce, Matron, Florence Park, and Miss G. M. Nixey, Matron, Botley Road, are to be congratulated on their devotion to duty and the efficient and happy way in which they have run their nurseries throughout this long period of time. They have helped a great many underprivileged children and their parents, and have very ably taught a large number of nursery students.

5. Private Nurseries and Child Minders

When the Nurseries and Child Minders Regulation Act, 1948, was implemented, there were eight premises providing care for 136 children and one child minder looking after nine children. Rules were drawn up in relation to hygiene, staff, equipment and avoidance of infection. More recently there has been a change in the purpose of these nurseries towards providing a community service for pre-school playgroups. There are now 26 registered premises providing facilities for 707 children (including some who are handicapped), together with 83 persons registered as child minders and responsible for 166 children. The health visiting staff have been mainly responsible for advising and supervising this service and have done so with great credit.

SECTION I

(a) COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Alderman WOODWARD*Vice-Chairman:* Alderman MEADOWS, A.I.S.T., M.R.S.H.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	Mrs. CARR, B.A.
"	BROMLEY (Deputy Lord Mayor)	"	Mrs. ELLIS, S.R.N., S.C.M.
"	Mrs. HARRISON HALL, J.P., M.B., Ch.B.	"	Mrs. GEE
"	SIMPSON, M.B.E. J.P.	"	Mrs. HAMILTON
"	Miss SPOKES, M.A.	"	MACBETH, M.A., D.M.
Councillor	ANDREWS	"	WALSH
"	BLUNDELL	"	WILCHER, C.B.E., B. Litt., M.A.
	Mrs. M. HOUGHTON } Representing the Oxford County and Mr. J. C. HOWSE } City Executive Council Mrs. M. MCCARTHY } Representing the United Oxford Hospitals		

HEALTH AND WELFARE SERVICES SUB-COMMITTEE

Chairman: Alderman MEADOWS, A.I.S.T., M.R.S.H.*Vice-Chairman:* Alderman SIMPSON, M.B.E., J.P.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	Mrs. CARR, B.A.
"	BROMLEY (Deputy Lord Mayor)	"	Mrs. GEE
"	Mrs. HARRISON HALL, J.P., M.B., Ch.B.	"	Mrs. HAMILTON
"	Miss SPOKES, M.A.	"	WILCHER, C.B.E., B.Litt., M.A.
"	WOODWARD		Mrs. M. HOUGHTON

GENERAL PURPOSES SUB-COMMITTEE

The Chairmen and Vice-Chairmen of the Health and Health and Welfare Services Sub-Committees, together with Alderman Mrs. ANDREWS, M.B.E., Alderman BROMLEY (Deputy Lord Mayor), Alderman Miss SPOKES, M.A. and Councillor WILCHER, C.B.E., B.Litt., M.A.

COWLEY INDUSTRIES SUB-COMMITTEE

Alderman	BROMLEY (Deputy Lord Mayor)	Alderman	WOODWARD
Alderman	SIMPSON, M.B.E., J.P.	Councillor	MACBETH, M.A., D.M.

Representatives of the Council on City and County Joint Ambulance Committee

Alderman	Mrs. HARRISON HALL, J.P., M.B., Ch.B.
"	MEADOWS, A.I.S.T., M.R.S.H.
"	SIMPSON, M.B.E., J.P.
"	WOODWARD

Councillor WILCHER, C.B.E., B.Litt., M.A.

Representatives of the Council on Oxford Voluntary Care Committee for Tuberculosis and Chest Diseases

Alderman	MEADOWS, A.I.S.T., M.R.S.H.
Councillor	Mrs. ELLIS, S.R.N., S.C.M.
"	Mrs. HAMILTON
"	WALSH

Representatives of the Council on Health Centres Joint Committee

Alderman	SIMPSON, M.B.E., J.P.
Councillor	WILCHER, C.B.E., B.Litt., M.A.

HOUSING COMMITTEE

Chairman: Alderman INGRAM

Vice-Chairman: Councillor GRIFFITHS, M.A.

Alderman FAGG	Councillor Miss HANDS, M.A.
Councillor BOWDERY	„ Miss HARVEY, B.A.
„ Mrs. ELLIS, S.R.N., S.C.M.	„ JACKSON
„ Mrs. GEE	„ WHITE
„ Mrs. GREEN	„ WILLIAMSON, M.A.

(b) HEALTH DEPARTMENT STAFF

Medical Officer of Health

J. F. WARIN, M.A.(Oxon), M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health

E. P. LAWRENCE, M.B., B.Ch., D.P.H., D.T.M. & H.

Principal Medical Officer

JOAN GRAY, M.B., Ch.B., D.P.H.

Senior Medical Officers

VERA M. HOLLYHOCK, M.B., B.Ch., D.P.H.

J. S. RODGERS, M.B., Ch.B., D.P.H.

Departmental Medical Officers

M. JEAN BOND, M.B., Ch.B. (ceased 31.7.70)

DIANE E. GURD, M.B., Ch.B. (commenced 1.9.70)

P. HARKER, M.B., B.S., D.P.H.

CYNTHIA M. PHILLIPS, B.M., B.Ch. (part time)

Principal Dental Officer

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

Health Education Officer

D. F. LEWIS, D.L.C., D.H.E., M.R.S.H.

Chief Public Health Inspector

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

Deputy Chief Public Health Inspector

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

Senior Public Health Inspectors

R. CROSSLEY (a) (b) Housing

K. ENGLAND (a) (b) retired 31.12.70.

K. O. KEIGHLEY (a) (b)

J. P. MULLARD (a) (b)

J. G. SCOTT (a) (b) (e) (d)

D. WATSON (a) (b) (d)

District Public Health Inspectors

I. P. GLISTER (g)

I. F. KING (b) (f) (on full-time degree course)

N. I. MASON (b) (f) (Housing) (commenced 19.10.70)

D. J. TURNER (g) (commenced 1.1.70)

Authorised Meat Inspector

P. G. ALLEN (h)

(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 Inspectors Certificate Public Health Inspectors Joint Board.

(g) Public Health Inspector's Diploma, Public Health Inspector's Educational Board.

(h) Meat Inspectors Certificate.

Technical Assistants

D. G. CROSS, City & Guilds Certificate
 J. A. WIRDNAM, City & Guilds Certificate

Pupil Public Health Inspectors: 3

K. DALTON
 C. WILKINSON
 Vacant (1)

Pest Control Officer

G. A. WILLIAMSON

Pest Control Operators

A. G. BARNESLEY
 R. A. BECKET

Superintendent Nursing Officer

*Miss E. P. GILBERTSON (a) (c) (d)

Deputy Superintendent Health Visitor

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

Senior Health Visitors

Miss J. BARNETT (a) (c) (d)
 Miss D. BREE (a) (c) (d)
 Miss N. CROOKALL (a) (d)

Health Visitors

Miss E. J. BLACKLER (a) (c) (d)
 Miss J. M. BOWYER (a) (c) (d) (commenced 2.3.70)
 Miss P. A. BROADBENT (a) (c) (d) (ceased 1.2.70)
 Mrs. L. M. CHESTER (a) (c) (d) (e) (commenced 5.10.70)
 Miss J. A. CLARKE (a) (c) (d)
 Mrs. D. A. DOWLING (a) (d)
 Miss E. DUDSON (a) (c) (d) (e)
 Miss B. A. ELLIS (a) (d) (e) (commenced 1.6.70)
 Miss P. M. FIGGINS (a) (c) (d) (commenced 9.2.70, ceased 14.7.70)
 Miss E. J. FRAMPTON (a) (c) (d)
 Miss E. N. GATLIFFE (a) (c) (d)
 Miss D. M. KING (a) (c) (d) (e)
 Mrs. A. PENDRY (a) (d) (part-time) (commenced 1.10.70)
 Miss H. RANKIN (a) (c) (d)
 Miss B. J. ROBERTS (a) (c) (d) (commenced 7.7.70)
 Miss H. L. ROBINSON (a) (c) (d)
 Mrs. M. F. STEIN (a) (c) (d) (ceased 1.2.70)
 Miss D. A. TATTERSALL (a) (c) (d)
 Miss M. E. TILLIN (a) (c) (d) (e) (part-time) (from 3.8.70)
 Mrs. N. P. WELCH (a) (d)
 Miss M. WITTEN-HANNAH (a) (d)

*School Nurses: 4 (part time)**Student Health Visitors: 1st year 6. 2nd year 2.**Non-Medical Supervisor of Midwives*

Miss P. MILLAR (a) (c)

Assistant Non-Medical Supervisor of Midwives

Miss D. B. INNESS (a) (c)

Senior District Midwife

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

Midwives

Miss P. D. DAYMOND (a) (c) (ceased 29.7.70)
 Mrs. B. C. EVANS (b) (c) (commenced 20.4.70)
 Miss C. FISHER (a) (c) M.T.Dip.
 Miss J. HEPWORTH (a) (c)
 Mrs. E. GABRIEL (a) (c) (e) (commenced 19.7.70, ceased 11.11.70)
 Miss C. HARVEY (a) (c) (commenced 13.11.70)
 Miss J. K. HUSK (a) (c)
 Mrs. J. M. NORRIS (a) (c)
 Miss D. R. PADWICK (a) (c)
 Miss D. E. REEVE (a) (c)
 Miss J. O. SPIERS (a) (c)
 Miss V. A. STOLTON (a) (c)
 Mrs. S. J. OAKEY (a) (c) (part-time)
 Mrs. A. B. PARKINSON (a) (c) (part-time)

Deputy Superintendent District Nurse

Mrs. M. ANGELL (a) (e)

Senior District Nurses

Mrs. E. M. MOBEY (a) (c) (e)
 Miss M. G. SYMONDS (a) (c) (e)
 Miss E. W. TURRILL (a) (c) (f)

District Nurses

Miss S. ANDREWS (a) (e) (ceased 5.7.70)
 Miss M. J. BANNISTER (a) (e) (ceased 14.8.70)
 Mrs. D. M. BELCHER (a) (e) (commenced 16.3.70)
 Mrs. R. E. BUSFIELD (a) (e)
 Mrs. V. N. CARTER (a) (c) (d) (e)
 Miss J. S. COOK (a) (commenced 29.6.70)
 Mrs. S. D. DANCE (a) (e)
 Miss C. M. ELY (a) (c) (e) (f) (commenced 23.3.70)
 Miss C. W. GREEN (a) (commenced 3.8.70)
 Mrs. I. M. HUTCHINSON (b)
 Mrs. E. M. MEDCRAFT (b) (e)
 Mrs. D. M. MOORE (b) (commenced 28.9.70)
 Miss A. P. MORGAN (a) (e) (ceased 8.9.70)
 Mrs. B. E. MOSOLF (b)
 Miss B. MOSS (a) (e)
 Mrs. H. NORRIS (a) (e) (ceased 31.1.70)
 Miss B. M. PARKER (a) (e)
 Miss H. M. PETTET (a) (e) (ceased 1.2.70)
 Miss E. J. PLUMMER (b) (ceased 4.3.70)
 Mrs. A. RANDALL (a) (commenced 6.4.70) (ceased 27.9.70)
 Mrs. J. E. RUSTON (a) (e) (commenced 16.2.70)
 Mrs. C. J. SASTRY (a) (c) (e) (ceased 23.2.70)
 Mrs. J. E. SKEETE (a) (c) (e)
 Mrs. H. J. SCHOFIELD (a) (c) (e) (ceased 5.9.70)
 Miss L. G. SCOTT (a) (c) (commenced 3.8.70)
 Mrs. L. J. SMITH (b) (commenced 29.6.70)
 Mrs. N. M. WHEELER (a) (c)
 Mrs. A. WILKINS (a) (c) (e)

Part time District Nurses

Mrs. J. BURDEN (a) (e)
 Mrs. V. HARRIS (a) (c) (e)
 Mrs. A. MATCHETT (a)
 Mrs. R. QUIGLEY (a) (retired 1.11.70)
 Mrs. F. ROPER (a) (e)
 Mrs. M. SHENTON (a) (ceased 3.6.70)
 Mrs. R. WILSON (a) (c)
 Mrs. E. WINNING (a)

Nursing Aides

Mrs. M. C. ANDREWS (Part-time)
 Mr. M. CLARKE (commenced 14.12.70) (part-time)
 Mrs. E. STAFFORD (commenced 31.3.70) (part-time)
 Mrs. O. WEBSTER (part-time)
 Mrs. E. WOODLEY (part-time)
 Mrs. S. HORSMAN (commenced 12.1.70) (part-time)

Nurses & Midwives' Headquarters

Mrs. H. M. WARBURTON, Warden/Housekeeper
 Mrs. R. J. STROUD, Clerical Assistant (part-time)
 Miss M. E. WOOD, Clerical Assistant
 Mrs. B. E. RUNIS, Telephonist

*Health Centres**Blackbird Leys*

Mrs. E. THOMSON, Secretary/Receptionist
 Mrs. U. A. CLARKE, Clerk/Receptionist (part-time) (commenced 8.6.70)
 Mrs. D. L. FOX, Clerk/Receptionist (part-time)
 Mrs. P. M. KING, Clerk/Receptionist (part-time) (ceased 14.5.70)
 Mrs. S. ROBERTS, Clerk/Receptionist (part-time)
 Mrs. J. M. STONE, Clerk/Receptionist (part-time)

East Oxford

Mrs. A. MACDONALD, Secretary/Receptionist
 Mrs. C. STANDEN, Clerk/Receptionist
 Mrs. J. M. BAYCOCK, Clerk/Receptionist (part-time)
 Mrs. S. A. BRADBURY, Clerk/Receptionist (part-time) (commenced 1.9.70)
 Mrs. S. HUBBLE, Clerk/Receptionist (part-time) (ceased 31.8.70)
 Mrs. E. D. BURNHOPE (a), Surgery Nurse (part-time)
 Mrs. K. VINES (a) (e), Surgery Nurse (part-time)
 Mrs. M. B. BURDEN, Nursing Auxiliary (commenced 23.2.70)

Summertown

Mrs. E. M. BALLANCE, Secretary/Receptionist
 Miss C. M. BIGGS, Clerk/Receptionist (commenced 9.2.70; ceased 16.8.70)
 Mrs. I. Cripps, Clerk/Receptionist (part-time)
 Mrs. B. ENGLAND, Clerk/Receptionist (ceased 21.1.70)
 Mrs. J. M. DAVIES, Clerk/Receptionist (part-time)
 Mrs. J. WITHERS, Clerk/Receptionist (commenced 23.9.70)

*Nurseries**Botley Road Day Nursery*

Miss G. M. NIXEY (f), Matron
 Miss G. M. THOMAS (f), Deputy Matron
 Miss S. G. BAILEY (f), Nursery Nurse (commenced 6.1.70; ceased 2.9.70)
 Miss M. S. DAWSON (f), Nursery Nurse
 Mrs. S. P. PAGLIARO (f), Nursery Nurse
 Miss P. M. SMITH (f), Nursery Nurse (commenced 1.9.70)

Florence Park Day Nursery

Mrs. E. PEARCE (a) (c), Matron
 Miss F. BOLTON (f), Deputy Matron
 Mrs. L. BUCKINGHAM (f) Nursery Nurse
 Mrs. J. HIGGS (f) Nursery Nurse
 Miss J. A. WATKINS (f) Nursery Nurse (commenced 1.6.70)

Home Help Service

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

Chief Chiropodist

F. W. WHATMORE, M.C.S.P., L.P.M.E., M.Ch.S.

Senior Chiropodist

Mrs. F. LYON, M.Ch.S. (commenced 1.9.70)

Occupational Therapists

Miss J. A. GOULD, S.R.O.T., Head Occupational Therapist
 Mrs. C. M. EDMONDS, S.R.O.T., Senior Occupational Therapist (ceased 1.11.70)
 Mrs. R. DEACON, S.R.O.T., Senior Occupational Therapist

Medical Social Worker

Mrs. B. J. MERCER (Venereal Diseases) (part-time)

Mental Health

*D. A. PURRETT, Chief Mental Health Officer
 †F. F. VIPOND, Deputy Chief Mental Health Officer from 1.4.70.
 L. A. CLINKARD, Senior Mental Health Officer from 1.4.70.
 D. W. MACINTOSH, D.P.S.A., Senior Mental Health Officer from 1.4.70.
 †J. T. NIX, Senior Mental Health Officer from 1.4.70 (ceased 31.12.70)
 †D. E. HOE, Mental Health Officer (ceased 27.9.70)
 †I. A. MAUND, Mental Health Officer (commenced 19.10.70)
 Mrs. V. SHERVINGTON, Dip.Soc.S., Mental Health Officer
 Miss S. WATTS, B.A., Dip.Soc.S., Mental Health Officer (temporary) (commenced 29.6.70)

Mabel Prichard School

Miss J. I. FORSHAW, Dip.N.A.M.H., Head Teacher
 Mrs. M. CORRIGAN, Dip.T.M.H., Deputy Head Teacher from 1.4.70
 Miss V. BUTT, Dip.N.A.M.H., Deputy Head Teacher (ceased 31.3.70)
 Miss S. E. BROWN (f), Teacher
 Miss J. L. HUCKIN (f), Dip.T.M.H., Teacher (commenced 8.9.70)
 Miss P. TUCKWELL, Teacher (commenced 14.4.70)
 Miss P. C. WALLIS, Dip.N.A.M.H., Teacher (ceased 30.11.70)
 Mrs. J. WEBBERLEY, R.M.N., R.M.P.A., Teacher
 Mrs. M. E. FINLAY, Nursery Assistant
 Miss I. HEATH (f), Nursery Assistant (commenced 1.9.70)
 Mrs. R. R. ALLEN, Clerical Assistant (part-time)

Industrial Training Unit

I. J. PRICE, Dip.N.A.M.H., Manager
 J. A. HOPE, Senior Instructor
 M. M. BACON, Dip.N.A.M.H., Dip.T.M.H., Instructor
 D. A. FOSTER, Dip.N.A.M.H., Dip.T.M.H., Instructor (commenced 1.2.70)
 Mrs. A. M. HEAD, Instructor
 W. W. HOLLAND, Instructor
 S. R. JUDGE, Instructor (commenced 1.10.70)
 *Mrs. S. R. PRICE, Instructor
 Mrs. G. M. WHYTE, Clerical Assistant (part-time)

Eastfield House (Hostel for Adults)

Mrs. P. R. HUNTER, Warden
 R. D. CLACK, Deputy Warden
 J. E. ANDERSON, B.A., Assistant Warden (temporary) (commenced 25.9.70)
 Mrs. M. J. CLACK (a), Assistant Warden
 K. P. HUNTER, Assistant Warden (ceased 31.12.70)

St. Nicholas House (Hostel for children)

L. JOHNSON, R.C.C., Superintendent
 Miss E. M. BURTON, Housemother
 Mrs. A. MCINTYRE (b), Assistant Housemother (commenced 28.1.70; ceased 29.12.70)
 Mrs. A. FINLAY (f), Assistant Housemother (temporary) (ceased 31.1.70)
 Mrs. J. E. FOSTER, Assistant Housemother
 Mrs. E. GALLOWAY, Assistant Housemother (temporary)
 Miss R. J. GODWIN, Assistant Housemother
 Mrs. E. D. MOORE, Assistant Housemother
 Miss R. J. POLLOCK (f), Assistant Housemother
 Mrs. B. M. VIPOND, Assistant Housemother

Welfare Services

*J. C. DAVENPORT, Chief Welfare Services Officer
 †R. J. CRANE, Deputy Chief Welfare Services Officer
 Miss A. C. HERBERT (a), Senior Welfare Services Officer
 †M. H. STANLEY, Senior Welfare Services Officer
 P. L. HUNT, Senior Welfare Services Officer (Welfare of the Deaf)
 †S. J. CALDER, Welfare Services Officer
 †Miss J. BARON, Welfare Services Officer (Welfare of the Blind)
 †Miss R. C. WADDLE, Welfare Services Officer (Welfare of the Hard of Hearing)
 Miss P. R. WHEELER, Welfare Services Officer
 Mrs. M. BEAVAN, Dip.Soc.S., Welfare Assistant (commenced 18.11.70)
 J. CARRINGTON, Welfare Assistant
 Mrs. M. DALE, Welfare Assistant (Old Peoples' Welfare) (ceased 30.9.70)
 Miss P. M. DELL, Welfare Assistant
 Mrs. M. E. FATHERS (a), Trainee Welfare Officer (temporary) (commenced 23.11.70)
 I. F. MAUND, Trainee Welfare Officer (Transferred to Mental Health after qualification 19.10.70)
 Mrs. D. I. TIMS, Trainee Welfare Officer (ceased 31.8.70)
 Miss J. E. ROSENTHAL, Trainee Welfare Officer
 Miss A. D. CRAWFORD, Craft Instructress (ceased 30.9.70)
 Miss M. MILHAM, Craft Instructress (commenced 2.3.70)
 N. BOWLEY, Superintendent Handicapped Workshop
 M. TRAFFORD, Foreman, Handicapped Workshop
 J. C. POCOCK, Assistant Handicapped Workshop
 Mrs. E. S. QUICK, Sales Assistant (part-time)
 Mrs. G. A. SHIELDS, Sales Assistant (part-time)
 Mrs. M. R. GLEED, Clerical Assistant
 D. HOLDBROOK, Maintenance Engineer, City and Guilds (Plumbing) (ceased 6.3.70)
 R. W. TITCOMBE, Maintenance Engineer (commenced 10.2.70)

* Declaration of Recognition of Experience, Council for Training in Social Work.

† Certificate, Council for Training in Social Work.

*Old Peoples Homes**Barton End*

Mrs. M. C. COLLISON (b), Matron
 Mrs. S. K. O'FLANAGAN (neé Chaffin) (b), Deputy Matron

Cotteslowe Court

Mrs. C. M. AVERY (a), Matron
Mrs. S. M. AMOR (b), Deputy Matron

Iffley House

Mrs. E. G. FIDLER (b), Matron
Mrs. E. V. WARD (b), Deputy Matron

Longlands

Mrs. P. F. GODDARD (b), Matron
Mrs. A. EVANS (b), Deputy Matron from 14.1.70.
Mrs. E. GODFREY (a) (c), Deputy Matron (ceased 20.11.70)

Marston Court

Mrs. M. SWAIN (a), Matron
Mrs. A. DEACON (b), Deputy Matron (commenced 1.1.70)

Oseney Court

Mrs. A. E. COULTER-SMITH (b), Matron
Miss M. S. HAYNES (a) (c), Deputy Matron

Shotover View

Miss A. M. BULBECK (b), Matron
Mrs. I. PAYNTER (b), Deputy Matron (ceased 6.11.70)
Mrs. M. FLATMAN (b), Deputy Matron (commenced 23.11.70)

Townsend House

Miss M. GILLESPIE (b), Matron
Mrs. E. HOLDEN, R.S.C.N., Deputy Matron

Relief Deputy Matrons, Old Peoples Homes

Mrs. C. HAYES (b)
Miss H. MIKKOLA (b)
Mrs. J. R. TYLER (a)

- (a) State Registered Nurse
- (b) State Enrolled Nurse
- (c) State Certified Midwife
- (d) Health Visitors Certificate
- (e) District Nurse
- (f) Certified Nursery Nurse

Administration

H. G. ANNELY, Chief Administrative Assistant
T. D. THOMSON, Senior Administrative Assistant
L. C. STOCKFORD, Senior Administrative Assistant (Welfare Services)
W. J. GIBBS, Administrative Assistant (General Purposes)
P. C. GOMM, Administrative Assistant (Welfare Services)
N. J. KENNEDY, Administrative Assistant (Welfare Services)
L. N. TUTT, Administrative Assistant (Mental Health) (Retired 1.11.70)
H. C. BEEDLE, Administrative Assistant (Public Health Inspectors)
Miss M. V. CRABB, Medical Officer of Health's Secretary
Mrs. E. E. SHEPPARD, Chief Welfare Services Officer's Secretary
Mrs. J. A. TAYLOR, Chief Public Health Inspector's Typist/Secretary
Miss H. M. MITCHELL, Clerical Assistant (Maternity, Child Health & Infectious Diseases)
Miss I. STONE, Clerical Assistant (Immunisation & Vaccination)
Mrs. J. TUCKER, Clerical Assistant (Welfare Services)
Miss R. BELLINGER, Shorthand/Typist (Public Health Inspectors) (ceased 9.10.70)
Miss M. WELCH, Shorthand/Typist (Public Health Inspectors) (commenced 30.11.70)
Mrs. D. DEVENPORT, Shorthand/Typist (Health Education & Welfare) (part-time)
Mrs. A. P. PEARSON, Shorthand/Typist (Mental Health) (part-time)
Mrs. M. PETERS, Shorthand/Typist (Cervical Cytology)
Miss D. SKINNER, Shorthand/Typist (Welfare Services)
Miss S. D. RICE, Shorthand/Typist (Health Administration)
Miss C. A. MCFARLAND, Audio Typist (Welfare Services) (part-time) (commenced 6.7.70)
Miss S. CALLARD, Audio Typist (Welfare Services) (part-time) (commenced 19.1.70; ceased 23.4.70)
R. P. WHITE, Telephone Operator

Clerks

- Mrs. B. BARDEN, Cervical Cytology
 Mrs. S. CLEMENTS, Chiropody and Occupational Therapy
 Miss N. M. JOHNSON, Health Visitors
 Miss L. M. GARRETT, Health Visitors (part-time)
 Mrs. V. E. GILES, Home Help
 Mrs. G. N. PAINE, Home Help
 Miss M. M. SNOWDEN, Home Help
 Miss E. MORGAN, Maternity & Child Health
 Mrs. R. SMITH, Vaccination & Immunisation (ceased 19.7.70)
 Miss A. CLUTTERBUCK, Vaccination & Immunisation (commenced 21.9.70)
 Mrs. G. A. BULL, Vaccination & Immunisation (part-time)
 Mrs. B. GRANT, Welfare Foods
 Miss C. COOPER, Welfare Foods (ceased 5.10.70)
 Mrs. G. HAGAN, Administration (part-time)
 Miss E. M. RICE, Administration
 Mrs. I. I. AVIS, Mental Health (temporary) (commenced 23.11.70)
 Mrs. E. R. BISHOP, Mental Health (part time)
 Mrs. S. TOWNSEND, Mental Health
 Mrs. S. BRIGGS, Public Health Inspectors
 Miss S. HUTT, Public Health Inspectors
 Miss N. NEALE, Welfare Services
 Miss J. C. GODDARD, Welfare Services (commenced 16.3.70)
 Miss M. MILHAM, Welfare Services (transferred to Craft Instructress 2.3.70)
 Miss P. MORRISON, Welfare Services (commenced 27.4.70)
 Miss L. SILMAN, Welfare Services (ceased 15.3.70)
 Miss E. SIMPSON, Welfare Services

(c) OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		<i>Tel: No.</i>
		Oxford
Headquarters	Greyfriars, Paradise St.	47212
Welfare Services	City Chambers, Queen St.	49811
Mental Health	City Chambers, Queen St.	49811
Public Health Inspectors	Pembroke Street	49811
District Nurses' & Midwives' Headquarters & Hostel	East Oxford Health Centre, Cowley Road.	40153
Home Helps	29/31 George St.	49811
Blackbird Leys Health Centre	Blackbird Leys Road, Blackbird Leys	78244
Donnington Clinic	Henley Avenue— Dr. Seaver Partnership Health Visitor	71313 77203
East Oxford Health Centre	Cowley Road— Dr. Neill Partnership Dr. Lawrence Partnership	42334 42109
Summertown Health Centre	160 Banbury Road— Dr. Davies Partnership	57347
West Oxford Health Centre	Binsey Lane— Dr. Bedford Partnership Health Visitor	46495 46496
Wood Farm Health Centre	5th Avenue, Slade Park— Dr. Balassa Partnership Health Visitor	63594 63593
Botley Road Day Nursery	Botley Road	43492
Florence Park Day Nursery	Florence Park	77286
Handicapped Workshop Retail Shop	} 12 Woodstock Road	57602
Domiciliary Occupational Therapy			52308
Barton End Old People's Home	Barton Road, Headington	62829
Cuttleslowe Court	„ Wyatt Road, Summertown	54446
Iffley House	„ Iffley Turn	78141
Longlands	„ Balfour Road, Blackbird Leys	79224
Marston Court	„ Marston Road	41526
Oseney Court	„ Botley Road	44592
Shotover View	„ Horspath Road, Cowley	78468
Townsend House	„ Bayswater Road, Headington	62232
Homeless Families Unit	Slade Park, Headington	78711
Mabel Prichard School	St. Nicholas Road, Littlemore	77878
St. Nicholas House	St. Nicholas Road, Littlemore	77855
Eastfield House	Barsenose Driftway, Cowley	70598
Industrial Training Unit	Brasenose Driftway, Cowley	79570
Ambulance Headquarters	Churchill Drive, Old Headington	61336

(d) CLINICS

1. *Cervical Cytology*

Bury Knowle House, Old High Street, Headington	Friday	10.30 a.m.– 12 noon
East Oxford Health Centre, Cowley Road	Tuesday	9.30 a.m.– 12 noon
Health Department, Greyfriars, Paradise Street	Wednesday	9.30 a.m.– 12 noon

2. *Child Health*

British Legion Hall, Hadow Road, New Marston	2nd & 4th Wed. in month	2.30–3.30 p.m.
Bury Knowle House, Old High Street, Headington	*Tuesday Thursday *Friday	2–4 p.m. 2–4 p.m. 2–3 p.m.
Church Hall, Bayswater Road, Headington	Wednesday	2–4 p.m.
Clinic Premises, Albert Street, St. Barnabas	Monday *Wednesday	2–4 p.m. 2–4 p.m.
Clinic Premises, Lake Street, Hinksey	*Tuesday Friday	2–4 p.m. 2–4 p.m.
Clinic Premises, Maltfield Road, Northway Estate	Thursday	2–4 p.m.
Clinic Premises, South Parade, Summertown	Tuesday Thursday	2–4 p.m. 10 a.m.– 12 noon
Clinic Premises, Temple Road, Cowley	Monday *Tuesday *Wednesday	2–4 p.m. 2–4 p.m. 9–11 a.m.
Community Centre, The Oval, Rose Hill	Thursday	2–4 p.m.
Donnington Clinic, Henley Avenue	Wednesday *Friday	2.30–3.30 p.m. 2–4 p.m.
Health Centre, Blackbird Leys Road	*Tuesday *Wednesday Wednesday *Thursday	2–4 p.m. 10–11 a.m. 2–4 p.m. 2–4 p.m.
Health Centre, East Oxford, Cowley Road	Monday *Wednesday *Thursday *Friday	2–4 p.m. 2–4 p.m. 2.30–4 p.m. 2–4 p.m.
Health Centre, Summertown, 160 Banbury Road	*Tuesday	2–4 p.m.
Health Centre, West Oxford, Binsey Lane	Tuesday	2–4 p.m.
Health Centre, Wood Farm, 5th Avenue, Slade Park	Friday	2–4 p.m.
Village Hall, Wolvercote	Thursday	2–4 p.m.
Surgery Premises, 12 Old High Street, Headington	*Wednesday	2–3 p.m.

* General Practice Clinic

3. *Immunisation and Vaccination*

Health Department, Greyfriars, Paradise St. (also at Child Health Clinics)	Tuesday	2 p.m. (by appointment)
Yellow Fever, Greyfriars, Paradise Street	Tuesday	2 p.m. (by appointment)

4. *Dental*

East Oxford Health Centre, Cowley Road	(by appointment)
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SECTION II

STATISTICS

Report prepared by H. G. ANNELY,
Chief Administrative Assistant

Area of City	8,785 acres	
Population (estimated mid-year 1970)	109,330	
Number of inhabited houses at 31.3.70	32,009	
Rateable value of City at 31.3.70	£7,327,218	
Product of a penny rate for 1969/70	£29,930	
Total cost of all health services 1969/70:—		
	Gross	Net
	£	£
Public Health Services	61,390	56,074
Local Health Authority Services	487,749	331,123
Welfare Services	448,875	264,157
	<u>£998,014</u>	<u>£651,354</u>

In addition to the above, the City Council's share of the net expenditure of the City and County Joint Ambulance Committee in 1969/70 was £83,268.

	<i>City of Oxford</i>	<i>England</i>
	<i>Average</i>	<i>and Wales</i>
	<i>1970</i>	<i>1970</i>
	<i>1960-69</i>	
Live births:—		
Number	1,384	784,482
Rate per 1000 population (recorded)	12.7	15.58
Rate per 1000 population (as adjusted by comparability factor 0.94)	11.9	16.0
Illegitimate live births per cent of total live births		
	11.0	8.0
Stillbirths:—		
Number	11	10,341
Rate per 1000 total live and stillbirths	8.0	13.0
Total live and stillbirths	1,395	794,823
Infant deaths (deaths under 1 year)	26	14,269
Infant mortality rates:—		
Total infant deaths per 1000 live births	19.0	18.0
Legitimate infant deaths per 1000 legitimate live births	18.0	17.0

Illegitimate infant deaths per 1000 illegitimate live births	26.0	20.83	26.0
Neonatal mortality rate (deaths under 4 weeks per 1000 total live births) ...	14.0	11.0	12.0
Early neonatal mortality rate (deaths under 1 week per 1000 total live births) ...	12.0	9.79	11.0
Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths)	19.0	21.0	23.0
Maternal mortality (including abortion)			
Number of deaths	—		
Rate per 1000 total live and stillbirths ...	—	0.28	
Death rate per 1000 population (recorded)	10.5	10.23	
Death rate per 1000 population (as adjusted by comparability factor 0.94)	9.9		11.7

City of Oxford *England*
Average *and Wales*
1970 *1960-69* *1970*

Death rate per 1000 population from:—

(a) Diseases of the heart and circulatory system	5.0	3.93
(b) Cancer (all forms)	2.18	2.0
(c) Influenza, Pneumonia, Bronchitis and other diseases of the respiratory system	1.67	1.39
(d) Tuberculosis (all forms)	0.04	0.04
(e) Violence (including suicides) ...	0.43	0.54

(a) BIRTHS

Of the 4,762 notified live births, 1,338 were Oxford residents and 46 births to Oxford residents occurred outside the City, making a total of 1,384 births allocated to the City. Of these 1,233 were legitimate (608 male, 625 female) and 151 were illegitimate (70 male, 81 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) Notified births

	Resident		Non-resident	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives ..	133	—	1	—
Notified by domiciliary midwives from General Practitioner Maternity Unit	282	—	257	—
Notified by Nuffield Maternity Home	469	4	1,945	24
Notified by Churchill Hospital ..	454	6	1,221	20
Notified by Coroner	—	1	—	—
	1,338	11	3,424	44

(b) Registered Births

Total live births:—

Male 2,436

Female 2,317

4,753

(Illegitimate 348)

	Resident		Non-resident	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	469	3	1,939	21
Born in Churchill Hospital ..	459	6	1,208	18
Born in General Practitioner Maternity Unit	288	—	260	—
Born in private houses	129	1	1	—
	1,345	10	3,408	39

CLASSIFICATION OF THE CAUSES OF DEATH

The following table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,148 deaths (1,155 in 1969) 593 were male and 555 female.

Two deaths were directly attributable to tuberculosis of the respiratory system, both occurred in men aged 71 and 83 years respectively. Late effects of respiratory tuberculosis also accounted for two deaths, one in a man aged 50 and the other a woman aged 63 years.

**Causes of death at different periods of Life in the City of
Oxford during 1970**

(Table of Registrar General)

Causes of Death	All ages	Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	1148	19	7	4	6	11	11	20	49	178	309	534
B5 Respiratory tuberculosis ...	2	—	—	—	—	—	—	—	—	—	1	1
B6(1) Late effects of respiratory tuberculosis ...	2	—	—	—	—	—	—	—	1	1	—	—
B11 Meningococcal infection ...	2	—	—	1	—	—	—	—	1	—	—	—
B17 Syphilis and its sequelae ...	1	—	—	—	—	—	—	—	—	1	—	—
B18 Other infective and parasitic diseases	1	—	—	—	—	—	—	—	—	1	—	—
B19(1) Malignant neoplasm, buccal cavity and pharynx ...	2	—	—	—	—	—	—	—	—	1	—	1
B19(2) Malignant neoplasm, oesophagus	5	—	—	—	—	—	—	—	—	—	4	1
B19(3) Malignant neoplasm, stomach ...	22	—	—	—	—	—	—	—	2	4	8	8
B19(4) Malignant neoplasm, intestine ...	41	—	—	—	—	—	—	—	2	6	17	16
B19(5) Malignant neoplasm, larynx ...	1	—	—	—	—	—	—	—	—	—	—	1
B19(6) Malignant neoplasm, lung, bronchus	52	—	—	—	—	—	—	—	3	22	18	9
B19(7) Malignant neoplasm, breast ...	24	—	—	—	—	—	—	—	4	10	5	5
B19(8) Malignant neoplasm, uterus ...	4	—	—	—	—	—	—	—	—	2	—	2
B19(9) Malignant neoplasm, prostate ...	13	—	—	—	—	—	—	—	—	1	7	5
B19(10) Leukaemia ...	8	—	—	1	1	—	1	—	1	1	2	1
B19(11) Other malignant neoplasms ...	74	—	1	—	—	2	1	4	8	19	22	17
B20 Benign and unspecified neoplasms	7	—	—	—	—	2	—	—	1	2	1	1
B21 Diabetes mellitus ...	7	—	—	—	—	—	—	1	—	3	2	1
B22 Avitaminoses, etc. ...	2	—	—	—	—	—	—	—	1	—	1	—
B46(1) Other endocrine etc. diseases ...	3	—	—	—	—	—	—	—	—	—	2	1
B23 Anaemias ...	4	—	—	—	—	—	—	—	—	—	3	1
B24 Meningitis ...	2	—	—	—	—	—	—	—	—	—	1	1
B46(4) Multiple sclerosis ...	1	—	—	—	—	—	—	—	—	1	—	—
B46(5) Other diseases of nervous system	11	—	—	—	—	—	—	—	—	—	4	7
B26 Chronic rheumatic heart disease	10	—	—	—	—	—	—	2	1	4	1	2
B27 Hypertensive disease ...	7	—	—	—	—	—	—	—	1	—	4	2
B28 Ischaemic heart disease ...	297	—	—	—	—	—	—	1	8	52	83	153
B29 Other forms of heart disease	36	—	—	—	—	—	1	1	—	3	8	23
B30 Cerebro-vascular disease ...	147	—	—	—	—	—	1	1	3	15	35	92
B46(6) Other diseases of circulatory system	53	—	—	—	—	1	1	1	2	4	15	29
B31 Influenza ...	12	—	—	—	1	—	—	—	—	4	3	4
B32 Pneumonia ...	90	3	—	—	—	—	—	1	2	6	15	63
B33(1) Bronchitis and emphysema ...	66	—	—	1	—	—	—	—	1	11	22	31
B33(2) Asthma ...	1	—	—	—	—	—	—	—	—	—	—	1
B46(7) Other diseases of respiratory system	15	—	5	—	—	—	—	—	1	1	4	4
B34 Peptic ulcer ...	9	—	—	—	—	—	—	—	—	—	3	6
B36 Intestinal obstruction and hernia	4	—	—	—	—	—	—	—	—	—	1	3
B37 Cirrhosis of liver ...	1	—	—	—	—	—	—	—	—	—	1	—
B46(8) Other diseases of digestive system	13	—	—	—	—	—	—	2	2	1	1	7
B38 Nephritis and nephrosis ...	2	—	—	—	—	—	—	—	—	—	1	1
B39 Hyperplasia of prostate ...	1	—	—	—	—	—	—	—	—	—	—	1
B46(9) Other diseases of genito-urinary system ...	10	—	—	—	—	—	—	—	—	1	5	4
B46(10) Diseases of skin, subcutaneous tissue ...	1	—	—	—	—	—	—	—	—	—	—	1
B46(11) Diseases of musculo-skeletal system	7	—	—	—	—	—	—	—	1	—	2	4
B42 Congenital anomalies ...	8	6	1	—	—	—	—	—	—	—	—	1
B43 Birth injury, difficult labour, etc.	7	7	—	—	—	—	—	—	—	—	—	—
B44 Other causes of perinatal mortality	3	3	—	—	—	—	—	—	—	—	—	—
B45 Symptoms and ill-defined conditions	4	—	—	—	—	—	—	—	—	—	—	4
BE47 Motor vehicle accidents ...	12	—	—	—	3	3	1	1	—	—	2	2
BE48 All other accidents ...	23	—	—	1	1	—	4	—	2	—	1	14
BE49 Suicide and self-inflicted injuries	12	—	—	—	—	3	—	3	1	1	3	1
BE50 All other external causes ...	6	—	—	—	—	—	1	2	—	—	1	2

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

Births and deaths in the City, 1923—1970

Year	Population estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging the District			
		Uncorrected No.	Net		No.	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 year		At all ages	
			No.	Rate					No.	Rate per 1,000 Net Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.3
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.8
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.5
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.1
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.0
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.7
1929	*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.0
	70,590											
1930	*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.8
	73,810											
1931	*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.7
	80,530											
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.7
1933	83,410	1460	1140	13.67	1086	13.03	220	59	37	32.46	925	11.1
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.7
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.7
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.7
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.7
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.8
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.8
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.2
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.8
1942	104,600	3124	1615	15.41	1480	14.51	519	59	54	33.5	1020	9.8
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.7
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.8
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.7
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.7
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.7
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.8
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.7
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.8
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.7
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.8
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.7
1954	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9.8
1955	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9.8
1956	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10.7
1957	104,400	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9.8
	† 104,230											
1958	104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10.7
1959	104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	10.7
1060	104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	10.7
1961	106,410	3828	1695	15.93	1781	16.74	760	44	30	17.70	1065	10.7
1962	106,560	3966	1695	15.91	1893	17.76	788	57	28	16.92	1162	10.7
1963	107,110	4283	1842	17.20	1971	18.40	897	59	27	14.66	1133	10.7
1964	108,880	4438	1872	17.19	1899	17.44	869	61	34	18.16	1091	10.7
1965	109,320	4553	1805	16.51	1994	18.24	1000	55	31	17.71	1049	9.8
1966	109,510	4636	1723	15.73	1988	18.15	934	51	28	16.25	1105	10.7
1967	109,350	4686	1687	15.43	1915	17.51	918	61	25	14.82	1058	9.8
1968	110,050	4742	1560	14.17	2088	18.97	973	75	21	13.46	1190	10.7
1969	109,720	4630	1523	13.9	2156	19.65	1062	61	32	21.0	1155	10.7
1970	109,330	4762	1384	12.7	2128	19.37	1036	56	26	19.0	1148	10.7

*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.

There was only a slight increase in the number of deaths in the respiratory diseases group, in spite of the widespread outbreak of influenza which commenced towards the end of 1969, as shown in the following table:—

	1969	1970
Influenza	11	12
Pneumonia	94	90
Bronchitis and emphysema	52	66
Other diseases of respiratory system	21	15
	<hr/>	<hr/>
	178	183
	<hr/>	<hr/>

Deaths from cancer (all sites) numbered 238 compared with 233 in 1969. Deaths from cancer of the lung and bronchus numbered 52 (45 male and 7 female), a decrease of 5 over the previous year.

No maternal death occurred and there were no deaths from measles or whooping cough.

Residents who Died in Institutions in Oxford

	1970
United Oxford Hospitals Group	580
Oxford Regional Hospital Board Group	14
Nursing Homes and other Institutions	32
Old People's Homes (Local Health Authority)	66
Old People's Homes (Private)	18
	<hr/>
	*710
	<hr/>

* = 33.4% of total deaths.

Residents who Died away from Oxford

	1970
Regional Hospital Board Group	25
Nursing Homes and other Institutions	10
Private Houses	12
Accidents, etc.	9
	<hr/>
	56
	<hr/>

Non-residents who Died in Oxford

	<i>1970</i>
United Oxford Hospitals Group	906
Oxford Regional Hospital Board Group	16
Nursing Homes and other Institutions	18
Private Houses	11
Accidents, etc.	85
	1,036
	1,036

DEATHS FROM TUBERCULOSIS
Years 1951-1970

	Respiratory						Late effects of respiratory*						Other tuberculosis							
	Total						Total						Total							
	0-	1-	5-	15-	45-	65-	0-	1-	5-	15-	45-	65-	0-	1-	5-	15-	45-	65-	Total	
1951	—	—	—	3	14	7	—	—	—	—	—	—	—	—	—	2	1	—	—	5
1952	—	—	1	4	6	—	—	—	—	—	—	—	—	1	—	—	1	—	—	4
1953	—	—	—	5	8	7	—	—	—	—	—	—	—	—	—	—	—	—	—	2
1954	—	—	—	3	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1
1955	—	—	—	2	3	5	—	—	—	—	—	—	—	—	—	—	1	—	—	2
1956	—	—	—	1	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
1958	—	—	—	—	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1959	—	—	—	3	3	3	—	—	—	—	—	—	—	—	—	—	1	—	—	2
1960	—	—	—	3	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	2
1961	—	—	—	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1962	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1963	—	—	—	1	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1
1964	—	—	—	1	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	2
1965	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
1966	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1967	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1968	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1969	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1970	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2

* The heading "Other tuberculosis, including late effects" sub-divided by Registrar General.

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 ..	130	—	1	—	—	2	—	1	6	40	48	32
Female ..	108	—	—	—	—	—	1	3	13	25	33	33
	238	—	1	—	—	2	1	4	19	65	81	65

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—
Buccal cavity and pharynx ..	—	—	—	—	—	—	—	—	1	—	1
Oesophagus ..	—	—	—	—	—	—	—	—	—	2	—
Stomach ..	—	—	—	—	—	—	—	2	2	6	2
Intestine ..	—	—	—	—	—	—	—	—	2	8	8
Larynx ..	—	—	—	—	—	—	—	—	—	—	1
Lung, bronchus ..	—	—	—	—	—	—	—	3	20	15	7
Prostate ..	—	—	—	—	—	—	—	—	1	7	5
Other sites ..	—	1	—	—	2	—	1	1	14	10	8
	—	1	—	—	2	—	1	6	40	48	32

Female

	Under 4 weeks	4 wks. & under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—
Oesophagus ..	—	—	—	—	—	—	—	—	—	2	1
Stomach ..	—	—	—	—	—	—	—	—	2	2	6
Intestine ..	—	—	—	—	—	—	—	2	4	9	8
Lung, bronchus ..	—	—	—	—	—	—	—	—	2	3	2
Breast ..	—	—	—	—	—	—	—	4	10	5	5
Uterus ..	—	—	—	—	—	—	—	—	2	—	2
Other sites ..	—	—	—	—	—	1	3	7	5	12	9
	—	—	—	—	—	1	3	13	25	33	33

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

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969*	1970
Buccal cavity and pharynx—												
Male ..	—	—	—	—	—	—	—	—	—	—	1	2
Female ..	—	—	—	—	—	—	—	—	—	—	—	—
Oesophagus—												
Male ..	—	—	—	—	—	—	—	—	—	—	2	2
Female ..	—	—	—	—	—	—	—	—	—	—	2	3
Stomach—												
Male ..	13	17	21	13	17	16	10	8	17	16	14	12
Female ..	7	16	12	15	18	13	8	9	7	8	13	10
Intestine—												
Male ..	—	—	—	—	—	—	—	—	—	—	16	18
Female ..	—	—	—	—	—	—	—	—	—	—	28	23
Larynx—												
Male ..	—	—	—	—	—	—	—	—	—	—	2	1
Female ..	—	—	—	—	—	—	—	—	—	—	—	—
Lung, bronchus—												
Male ..	43	40	44	53	37	44	39	45	48	46	49	45
Female ..	7	6	11	9	8	18	13	12	12	6	8	7
Breast ..	27	17	27	21	22	21	12	19	27	20	28	24
Uterus ..	8	8	4	5	8	5	7	7	11	5	7	4
Prostate ..	—	—	—	—	—	—	—	—	—	—	3	13
Other sites—												
Male ..	43	56	48	60	52	52	49	57	76	50	27	37
Female ..	54	48	47	48	42	51	56	60	51	52	33	37
	202	208	214	224	204	220	194	217	249	203	233	238

*Additional headings have been included to improve comparability with annual statistics published by the Registrar General.

AGE AND SEX DISTRIBUTION OF DISEASES OF HEART AND CIRCULATORY SYSTEM

	All ages	Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Male	266	—	—	—	—	—	1	3	11	57	88	106
Female	284	—	—	—	—	1	2	3	4	21	58	195
	550	—	—	—	—	1	3	6	15	78	146	301

Analysis of deaths from diseases of heart and circulatory system:—

Male

	Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Coronary or ischaemic heart disease	—	—	—	—	—	—	1	7	41	55	69
Chronic rheumatic heart disease	—	—	—	—	—	—	1	—	2	—	1
Hypertensive disease	—	—	—	—	—	—	—	1	—	3	1
Other forms of heart disease	—	—	—	—	—	1	—	—	1	4	5
Cerebro-vascular disease	—	—	—	—	—	—	—	3	10	17	19
Other diseases of circulatory system	—	—	—	—	—	—	1	—	3	9	11
	—	—	—	—	—	1	3	11	57	88	106

Female

	Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Coronary or ischaemic heart disease	—	—	—	—	—	—	—	1	11	28	84
Chronic rheumatic heart disease	—	—	—	—	—	—	1	1	2	1	1
Hypertensive disease	—	—	—	—	—	—	—	—	—	1	1
Other forms of heart disease	—	—	—	—	—	—	1	—	2	4	18
Cerebro-vascular disease	—	—	—	—	—	1	1	—	5	18	73
Other diseases of circulatory system	—	—	—	—	1	1	—	2	1	6	18
	—	—	—	—	1	2	3	4	21	58	195

The following table shows the deaths from diseases of the heart and circulatory system under various headings for the last twelve years:—

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Coronary or ischaemic heart disease—												
Male	128	112	118	120	139	130	155	161	135	185	151	173
Female	97	89	100	111	107	90	121	127	101	160	136	124
Chronic rheumatic heart disease—												
Male	—	—	—	—	—	—	—	—	—	6	6	4
Female	—	—	—	—	—	—	—	—	—	6	13	6
Hypertensive disease—												
Male	8	9	2	6	8	11	2	—	5	7	7	5
Female	13	12	9	6	11	12	2	5	3	5	9	2
Other forms of heart disease—												
Male	28	36	34	38	25	27	33	26	25	21	19	11
Female	51	56	62	69	70	44	44	41	55	24	12	25
Cerebro-vascular disease—												
Male	54	66	54	69	42	53	36	40	44	61	40	49
Female	120	109	83	103	82	87	66	68	76	94	99	98
Other diseases of circulatory system—												
Male	26	19	17	23	30	18	18	17	18	22	22	24
Female	25	35	23	15	34	32	40	29	21	30	31	29
	550	543	502	560	548	504	517	514	483	621	545	550

HOSPITALISATION OF OXFORD COUNTY BOROUGH RESIDENTS

A Report from the Oxford Record Linkage Study

by J. A. BALDWIN, M.A., M.D., Medical Director

A further report on episodes of hospitalisation of residents of the Oxford County Borough area in N.H.S. hospitals in the same and adjacent areas has been prepared from Oxford Record Linkage Study data. As in previous years, analyses have been made of discharges from hospital in order to show trends in the use of these services and in the pattern of inpatient morbidity.

Introduction of the Eighth Revision of the International Classification of Diseases in 1968 has limited the number of years which can be compared with one another because of consequent changes in the statistical coding of diseases. For the present report, which covers the period to the end of 1969, the classification has been standardised from 1967, thus spanning the period of changeover from the Seventh Revision.

General Morbidity

Table 1 shows trends in sex specific rates per thousand population of discharges from non-obstetric beds for the broad classes of morbidity into which the International Classification is divided, while Table 2 shows comparable rates for some more specific diseases of particular interest. While Table 1 is similar to that given in previous reports, Table 2 has been completely reworked to bring out trends in some conditions which were obscured by the groupings used in earlier years.

Infective and Parasitic Diseases. The rate of discharge from hospital of patients with respiratory tuberculosis declined over the three years in each sex but the fall was not statistically significant and there was no evidence of a trend in other forms of this disease. Hospitalisation for measles was virtually eliminated by 1969, presumably as a result of the practice of vaccination which may have reduced the number of cases of serious complications as well as the total incidence. There was a statistically significant rise in the hospital discharge rate of females with infectious hepatitis between 1968 and 1969, and a smaller and non-significant rise among males. This infection has been of recent topical interest in relation to renal dialysis units, though this does not seem to have been observed in the Oxford hospitals.

Neoplasms. There continues to be a decline in the overall discharge rate for these conditions in each sex. A slight fall in the male rate for bronchial carcinoma seems to be taking place, though it is not yet large enough to reach greater than chance proportions. In females the fall noted last year in the rate for cancer of the breast has not been maintained, but the fall in the rate for cervical cancer is significant. It is tempting to suggest that cervical

screening may have played a part here but unfortunately the possibility that this may be at least partly an artefact caused by changes in coding cannot be ruled out.

Diseases of Blood. The only change worthy of note in this group was a non-significant fall in the hospitalisation rate for iron deficiency anaemia in 1969. In this group, as in the endocrine, nutritional and metabolic diseases, the increasing hospital discharge rate noted in recent years was not sustained in 1969.

Mental Disorders. In this group also, hospitalisation did not increase in 1969 as it has in earlier years and the female rate fell slightly to equal the male rate. For schizophrenia the rate fell in males and rose in females though the trends did not reach significance. A fall in the male rate for affective psychosis was, however, significant. The group of disorders associated with ageing, which includes the presenile and senile dementias, showed non-significant increases in the female hospital discharge rate. It is difficult to be sure whether this represents increasing demand for admission, a decrease in the period of time for which recent admissions are retained in hospital, or an increase in discharge or death in long-term patients. An increase in discharge might mean more success in rehabilitation, but an increase in deaths could simply reflect increasing age of the long-term hospital population. Similarly, reasons for changes in the discharge rates for schizophrenia and affective psychosis are unclear. The data available in 1969 did not permit discrimination between alternative explanations but a revised data system was instituted in 1971 which will enable these points to be watched. There were continuing increases in the male rates for alcoholism (significant) and personality disorders (non-significant,) but the significant rise in the male drug addiction discharge rate in 1968 was not sustained in 1969. In females this last rate fell over the three years, though the trend was not significant. Marked and significant falls in the hospital discharge rate for neurotic or reactive depression were observed in both males and females, but there is a suspicion that coding artefacts have contributed to this finding and confidence in any other explanation could not be high. There were also significant reductions in the mental subnormality discharge rate for each sex. Although the trend seems real enough, several alternative explanations are possible which could not be distinguished in the data available.

Circulatory System. There was a significant rise in the female rate for cerebrovascular disease in 1968. There was a significant fall in the male rate for varicose veins in 1969, and a slight non-significant decrease in the female rate over the three years. There were no other notable features of the rates for this group of disorders.

Respiratory System. The fall in discharge rates for these conditions noted in last year's report was reversed in 1969, almost certainly because of the influenza epidemic of that winter. The female rate for asthma rose significantly in 1969 as might be expected in this context.

Women's Diseases. Hospital discharge rates for chronic cystic disease of the breast and disorders of menstruation both increased significantly over the three years. As noted in the previous report, the new law on therapeutic abortion almost certainly was responsible for the significant rise in the discharge rate for this condition in 1968. The total rate did not rise further in 1969 and it seems likely that many abortions which formerly were not specified as being induced for medical or other legal reasons are now so recorded.

Musculo-Skeletal System. The upward trend in this group of conditions continued in both males and females. Discharge rates for rheumatoid arthritis rose in both sexes, the trend being significant in females. In contrast, the rate for 'slipped disc' fell.

Accidents, Violence and Poisoning. Head injuries other than skull fractures rose significantly in each sex over the three years, perhaps indicating a further increase in the practice of admitting patients with concussion to hospital overnight, as was suggested in the last report. However, the female total rate for accidents and violence increased over the three years and in males there was a marked rise in 1969. Discharge rates following admission for poisoning increased in both males and females.

Total Hospitalisation Rate. The continuing increase in the hospital discharge rate as a whole in each sex is of interest. Hospital discharges reached virtually 1% of the population at risk in 1969, though of course readmission inflates these figures and rather less than one person in every hundred will have experienced hospital care in the year. Nevertheless, this statistic is an eloquent reminder of the importance of the hospital bed in our lives.

Maternity

In Table 3 figures for births over the five years to 1969 are shown. The decline in numbers of births noted in the previous report continued in 1969. Over the five years total births fell by 19%, first births by 9%, and births at special risk of complications by 23%. The proportion of home confinements has continued to decline and there was also a small fall in the proportion of births in Consultant Units.

Accidents

Hospital discharges following accidents increased for the third successive year (Table 4). Road accidents were higher than in the previous four years, motor vehicles, motor cycles and pedestrians all sharing in the increase. Home accidents increased in numbers throughout the five year period, those in 1969 representing an increase of 66% over 1965. The much smaller numbers of sports and playground accidents increased consistently each year also, 1969 being 231% greater than 1965. Hospitalisation following accident usually means relatively serious injury. One in three such injuries occur on the roads, and one in four in the home. It is not possible to say

from these figures whether the increases in numbers of hospitalisations following most types of injury in 1969 were in parallel with a general increase in accidents or the accident rate, or whether higher proportions of accidents resulted in more severe injury.

Discussion

Much has been said recently of the high cost of hospital care and of the immense burden it places on the taxpayer. Effort is continually being directed toward reducing the length of stay in hospital so that beds can be used by more patients and waiting lists can be kept under control. Attention is also being given to the possibilities for keeping people out of hospital by treating them at home or as outpatients. Rising living standards, better home facilities, and easier transport all contribute to an increase in the numbers of people who can reduce their use of the hospital bed or avoid it altogether. In Oxford duration of stay is well below the national average and in most specialties the bed availability rate is also low. Almost certainly this means that Oxford is making good use of its hospital beds and increasing hospitalisation rates suggest improvements in use rather than increasing morbidity, and better value for money rather than extravagant use of resources.

TABLE I
 Discharge rates from hospital, in each category of the International Classification of Diseases:
 Oxford C.B.C. residents by sex, 1967-1969

Diagnostic groups	Males			Females			Both Sexes		
	Discharge rates per 1,000			Discharge rates per 1,000			Discharge rates per 1,000		
	1967	1968	1969	1967	1968	1969	1967	1968	1969
Infective and Parasitic Diseases	3.58	2.90	2.85	2.00	2.59	2.45	2.80	2.74	2.65
Neoplasms	9.27	8.36	8.06	14.70	12.99	11.22	11.95	10.65	9.62
Endocrine, Nutritional and Metabolic Diseases	0.92	1.29	1.08	2.53	2.68	1.86	1.72	1.98	1.47
Diseases of the Blood and Blood Forming Organs	0.96	0.92	0.67	0.63	0.88	0.76	0.80	0.90	0.71
Mental Disorders	5.67	5.85	5.77	5.91	5.95	5.77	5.79	5.90	5.77
Diseases of the Nervous System and Sense Organs	6.53	6.04	6.62	7.32	6.81	7.09	6.92	6.42	6.85
Diseases of the Circulatory System	8.34	8.94	8.51	8.30	9.94	9.05	8.32	9.43	8.78
Diseases of the Respiratory System	10.86	9.50	11.26	6.99	6.45	8.40	8.94	7.99	9.84
Diseases of the Digestive System	10.35	10.86	10.39	7.82	8.49	8.66	9.10	9.69	9.53
Diseases of the Genito-Urinary System	4.94	4.60	4.82	10.85	12.09	12.62	7.86	8.31	8.68
Complications of Pregnancy, Childbirth and the Puerperium	—	—	—	3.84	4.63	5.97	—	—	—
Diseases of the Skin and Subcutaneous Tissue	1.79	2.01	1.93	1.39	1.65	1.60	1.59	1.84	1.77
Diseases of the Musculoskeletal System and Connective Tissue	3.71	4.48	4.67	5.32	5.44	5.97	4.51	4.95	5.31
Congenital Anomalies	1.94	1.65	1.91	1.35	1.87	1.55	1.65	1.76	1.73
Certain Causes of Perinatal Morbidity and Mortality	0.13	0.07	0.13	0.11	0.02	0.15	0.12	0.05	0.14
Symptoms, and Ill-Defined Conditions	4.27	4.33	5.81	4.21	5.11	6.02	4.24	4.72	5.92
Accidents and Violence	12.80	12.79	15.04	8.26	9.11	9.60	10.55	10.97	12.35
Poisoning	1.83	2.28	2.81	2.59	2.63	3.63	2.20	2.45	3.22
Special Examinations and Aftercare	3.00	4.03	3.88	5.64	6.65	7.07	4.31	5.32	5.46
Total	90.90	90.91	96.22	99.76	105.96	109.42	93.38	96.07	99.80

TABLE II
 Discharge rates for selected conditions for residents of Oxford C.B.C. by sex, 1967-1969

Diagnostic Groups	Males			Females			Both Sexes		
	Discharge Rates per 1,000			Discharge Rates per 1,000			Discharge Rates per 1,000		
	1967	1968	1969	1967	1968	1969	1967	1968	1969
Respiratory Tuberculosis	0.89	0.70	0.58	0.43	0.33	0.31	0.66	0.52	0.45
Tuberculosis, other forms	0.47	0.25	0.29	0.18	0.26	0.22	0.33	0.25	0.26
Measles	0.09	0.07	0.02	0.06	0.04	0.00	0.07	0.05	0.01
Infectious Hepatitis	0.22	0.09	0.13	0.13	0.02	0.17	0.17	0.05	0.15
Glandular Fever	0.31	0.32	0.38	0.07	0.06	0.09	0.19	0.19	0.24
Malignant Neoplasm of Trachea, Bronchus, and Lung	1.86	1.83	1.75	0.43	0.31	0.42	1.15	1.08	1.09
Malignant Neoplasm of Breast	0.02	0.04	0.02	2.09	1.69	1.82	1.04	0.85	0.91
Malignant Neoplasm of Cervix Uteri	—	—	—	1.46	0.62	0.37	—	—	—
Thyrotoxicosis with or without Goitre	0.05	0.14	0.07	0.44	0.33	0.24	0.25	0.24	0.15
Iron Deficiency Anaemia	0.09	0.20	0.05	0.28	0.17	0.15	0.18	0.18	0.10
Other Deficiency Anaemia	0.07	0.04	0.04	0.07	0.18	0.17	0.07	0.11	0.10
Schizophrenia	1.47	1.31	1.19	0.98	1.07	1.34	1.23	1.19	1.27
Affective Psychosis	0.60	0.58	0.22	0.59	0.55	0.61	0.59	0.56	0.41
Ageing	0.16	0.25	0.25	0.43	0.61	0.66	0.29	0.43	0.46
Alcoholism	0.85	1.08	1.53	0.20	0.29	0.18	0.53	0.69	0.87
Organic and Other Psychoses	0.20	0.20	0.27	0.28	0.44	0.31	0.24	0.32	0.29
Drug Addiction	0.05	0.38	0.14	0.17	0.15	0.07	0.11	0.26	0.11
Personality and Behaviour Disorders	0.80	0.94	0.97	0.91	0.99	0.96	0.85	0.96	0.97
Neurotic Depression	1.12	0.85	0.76	2.33	1.32	1.23	1.72	1.08	0.99
Other Neuroses	0.71	0.61	0.76	0.76	1.07	0.98	0.73	0.84	0.87
Mental Subnormality	0.29	0.18	0.11	0.26	0.15	0.07	0.27	0.16	0.09
Other Mental Illness	0.02	0.13	0.18	0.11	0.37	0.35	0.06	0.25	0.26
Multiple Sclerosis	0.14	0.04	0.05	0.39	0.26	0.26	0.27	0.15	0.15
Acute Myocardial Infarction and Chronic Ischaemic Heart Disease	2.23	2.16	2.38	1.40	1.60	1.17	1.82	1.88	1.78
Cerebral Haemorrhage and Acute but Ill Defined Cerebrovascular Disease	0.87	0.96	0.86	0.92	1.54	1.40	0.90	1.24	1.13

TABLE II — CONTINUED

Diagnostic Groups	Males			Females			Both Sexes		
	Discharge Rates per 1,000			Discharge Rates per 1,000			Discharge Rates per 1,000		
	1967	1968	1969	1967	1968	1969	1967	1968	1969
Other Peripheral Vascular Disease	0.43	0.52	0.40	0.18	0.24	0.17	0.30	0.38	0.28
Varicose Veins of Lower Extremities	0.69	0.94	0.41	1.68	1.65	1.38	1.18	1.29	0.89
Asthma	0.81	0.88	0.58	0.54	0.53	0.98	0.68	0.71	0.77
Diseases of Oesophagus	0.11	0.11	0.14	0.18	0.13	0.31	0.15	0.12	0.23
Peptic Ulcer	0.36	0.43	0.47	0.28	0.15	0.26	0.32	0.29	0.36
Hernia of Abdominal Cavity with or without Obstruction	3.66	3.85	3.45	1.33	1.25	1.20	2.50	2.56	2.33
Calculi of Kidney and Ureter	0.27	0.41	0.36	0.30	0.20	0.22	0.28	0.31	0.29
Chronic Cystic Disease of Breast	0.02	0.02	0.00	0.57	0.64	0.94	0.29	0.33	0.46
Disorders of Menstruation	—	—	—	2.88	2.92	3.89	—	—	—
Abortions:									
Spontaneous	—	—	—	1.98	0.04	0.02	—	—	—
Unspecified as Induced or Spontaneous Induced for Medical or other Legal Indications	—	—	—	0.44	1.40	1.76	—	—	—
Induced for Other Reasons	—	—	—	0.07	0.04	0.00	—	—	—
Other	—	—	—	0.09	0.13	0.13	—	—	—
Rheumatoid Arthritis and Allied Conditions	0.27	0.32	0.36	0.68	0.70	1.14	0.48	0.51	0.75
Osteo-Arthritis and Allied Conditions	0.36	0.99	0.81	1.02	0.97	1.31	0.69	0.98	1.06
Displacement of Intervertebral Disc	0.42	0.31	0.27	0.28	0.28	0.06	0.35	0.29	0.16
Fracture of Skull, Spine and Trunk	1.56	1.28	1.41	0.59	0.77	0.66	1.08	1.03	1.04
Fracture of Upper Limb	0.72	0.81	0.81	0.44	0.70	0.55	0.59	0.75	0.68
Fracture of Neck of Femur	0.34	0.14	0.18	1.26	1.18	0.98	0.80	0.65	0.57
Other Fractures of Lower Limb	1.07	1.08	1.48	0.98	0.90	1.07	1.02	0.99	1.28
Head Injuries (excluding Skull Fractures)	5.50	5.77	7.09	2.72	2.92	3.74	4.12	4.36	5.43
Other Injuries	2.64	2.78	2.90	1.48	1.67	1.44	2.07	2.24	2.18
Burns	0.42	0.32	0.31	0.28	0.35	0.31	0.35	0.34	0.31
Total	33.21	34.30	34.44	35.62	36.22	39.33	30.97	31.68	32.18

TABLE III

Mothers Resident in Oxford C.B.C.

(a) All births by place of booking, 1965-1969

Place of Booking	1965		1966		1967		1968		1969	
	No.	%	No.	%	No.	%	No.	%	No.	%
Consultant Units	1,202	66.3	1,077	63.3	989	60.6	920	59.6	826	56.1
Consultant Units, previously booked elsewhere..	42	2.3	56	3.3	19	1.2	45	2.9	59	4.0
G.P. Unit ..	16	0.9	62	3.6	292	17.9	304	19.7	388	26.3
Home ..	531	29.3	490	28.8	326	20.0	242	15.7	176	11.9
No known booking	21	1.2	17	1.0	5	0.3	19	1.2	4	0.3
No booking ..	—	—	—	—	—	—	14	0.9	20	1.4
Total ..	1,812	100.0	1,702	100.0	1,631	100.0	1,544	100.0	1,473	100.0

(b) Primigravida* by place of booking, 1965-1969

Consultant Units ..	510	78.5	456	71.8	390	61.5	360	60.6	340	57.5
Consultant Units, previously booked elsewhere..	14	2.1	28	4.4	9	1.4	28	4.7	34	5.8
G.P. Unit ..	11	1.7	40	6.3	181	28.5	165	27.8	179	30.3
Home ..	107	16.5	101	15.9	52	8.2	29	4.9	27	4.6
No known booking	8	1.2	10	1.6	2	0.3	7	1.2	3	0.5
No booking ..	—	—	—	—	—	—	5	0.8	8	1.4
Total ..	650	100.0	635	100.0	634	99.9	591	100.0	594	100.1

*1965 single births only
1966-1969 single and multiple births

(c) High risk cases* by place of booking, 1965-1969

Consultant Units ..	491	76.4	456	74.3	461	77.0	400	76.0	360	72.3
Consultant Units, previously booked elsewhere..	10	1.6	15	2.4	1	0.2	13	2.5	14	2.8
G.P. Unit ..	3	0.5	6	1.0	43	7.2	48	9.1	75	15.1
Home ..	131	20.4	132	21.5	90	15.0	58	11.0	41	8.2
No known booking	8	1.2	5	0.8	4	0.7	5	1.0	1	0.2
No booking ..	—	—	—	—	—	—	2	0.4	7	1.4
Total ..	643	100.1	614	100.0	599	100.1	526	100.0	498	100.0

*1965 and 1966 single births only
1967-1969 single and multiple births
Includes: (1) Mothers aged 35+ regardless of parity
(2) Mothers aged 30-34, parity 0
(3) Parity 4+ (other than 1)
(4) Past obstetric history of stillbirth
(5) Past obstetric history of miscarriage
(6) Past obstetric history of Caesarean section
(7) Past obstetric history of toxæmia

TABLE IV
 Discharge of accident cases by circumstances of injury, 1965-1969

Circumstances of Injury	1965		1966		1967		1968		1969	
	No.	%	No.	%	No.	%	No.	%	No.	%
Road—Motor Vehicle ..	106	12.3	65	8.7	80	9.2	80	8.3	115	10.5
Road—Motor Cycle ..	72	8.4	81	10.9	76	8.7	50	5.2	83	7.6
Road—Bicycle ..	87	10.1	45	6.0	71	8.2	84	8.7	81	7.4
Road—Pedestrian ..	86	10.0	78	10.5	70	8.1	67	6.9	79	7.2
Road Accident—not traffic	2	0.2	8	1.1	5	0.6	7	0.7	8	0.7
All Road Accidents ..	353	41.0	277	37.2	302	34.8	288	29.8	366	33.5
Work/School ..	35	4.1	51	6.9	79	9.1	105	10.8	93	8.5
Home ..	163	19.0	187	25.2	228	26.2	252	26.0	270	24.7
Sport/Playground ..	36	4.2	48	6.5	78	9.0	91	9.4	119	10.9
*Deliberate Violence ..	—	—	—	—	21	2.4	37	3.8	41	3.8
†Other and Not Known ..	273	31.7	180	24.2	161	18.5	196	20.2	202	18.5
Total ..	860	100.0	743	100.0	869	100.0	969	100.0	1091	99.9

*Coded from 1967 onwards

†Includes Concussion, Foreign Body; excludes Poisoning

SECTION III

GENERAL HEALTH SERVICES

(a) FLUORIDATION

It is with regret that there is no progress to report. The financial situation continues to be very difficult, with no hope of including the cost of fluoridation in either the capital or revenue budget. It would in any case be impossible to implement a favourable decision on the part of the City unless both Oxfordshire and Berkshire were also in agreement.

(b) HEALTH CENTRES

A. In Operation at the beginning of the year

(1) BLACKBIRD LEYS (1960)

This busy health centre continues to serve admirably the Blackbird Leys estate now nearing completion. The general practitioner, local health authority and social services are all centred at the health centre and provide a composite service.

(2) EAST OXFORD (1967)

Both partnerships have taken on additional doctors to meet the needs of a substantial increase in the number of patients, and as a result the existing accommodation has become increasingly inadequate. There is an immediate need for two additional surgeries and for expanded office accommodation, whilst a third partnership urgently wishes to practise from the health centre. A purpose-built extension was planned for 1971/72 but was put back to 1973/74 on financial grounds and even this latter date is at present uncertain. As a result, a limited self-financing scheme has been devised and it is hoped that the necessary alterations and extensions can be undertaken during the summer of 1971/72. The work will involve the adaptation of the two health visitors' rooms as additional surgeries, the building of two new health visitors' rooms in the internal courtyard, additions to each of the reception offices, and improvement to the adjoining district nursing teaching accommodation. Part of the local authority dental accommodation will be adapted for the use of the third partnership.

The treatment room has continued to play an important role in the work of both partnerships and there has been a need for additional staff in this respect.

New charges for services have been agreed and will operate for two years as from 1st April, 1971. They have been based on actual costs since the health centre opened.

(3) SUMMERTOWN (1967)

Towards the end of the year it became clear that there was a need for larger and more easily accessible reception office accommodation. It has, therefore, been agreed that the office will move into the large consulting room on the ground floor, whilst the present office will be used as a consulting room. At the same time minor improvements to the treatment room and the adjoining laboratory will be undertaken.

The commencement of work on the Marston Ferry Link Road caused immediate difficulty for patients with car parking, and as a result it has been decided to enlarge the existing staff car park at the bottom of the garden.

New charges have been agreed and will operate for two years as from 1st April, 1971. They have been based on actual costs since the health centre opened.

(4) WEST OXFORD (July 1969)

This small purpose-built extension to the Community Association building has functioned excellently both as a branch surgery and for clinic purposes. The practice health visitor is based on the health centre.

B. In Course of Construction, Adaptation or Designation

(1) JERICHO

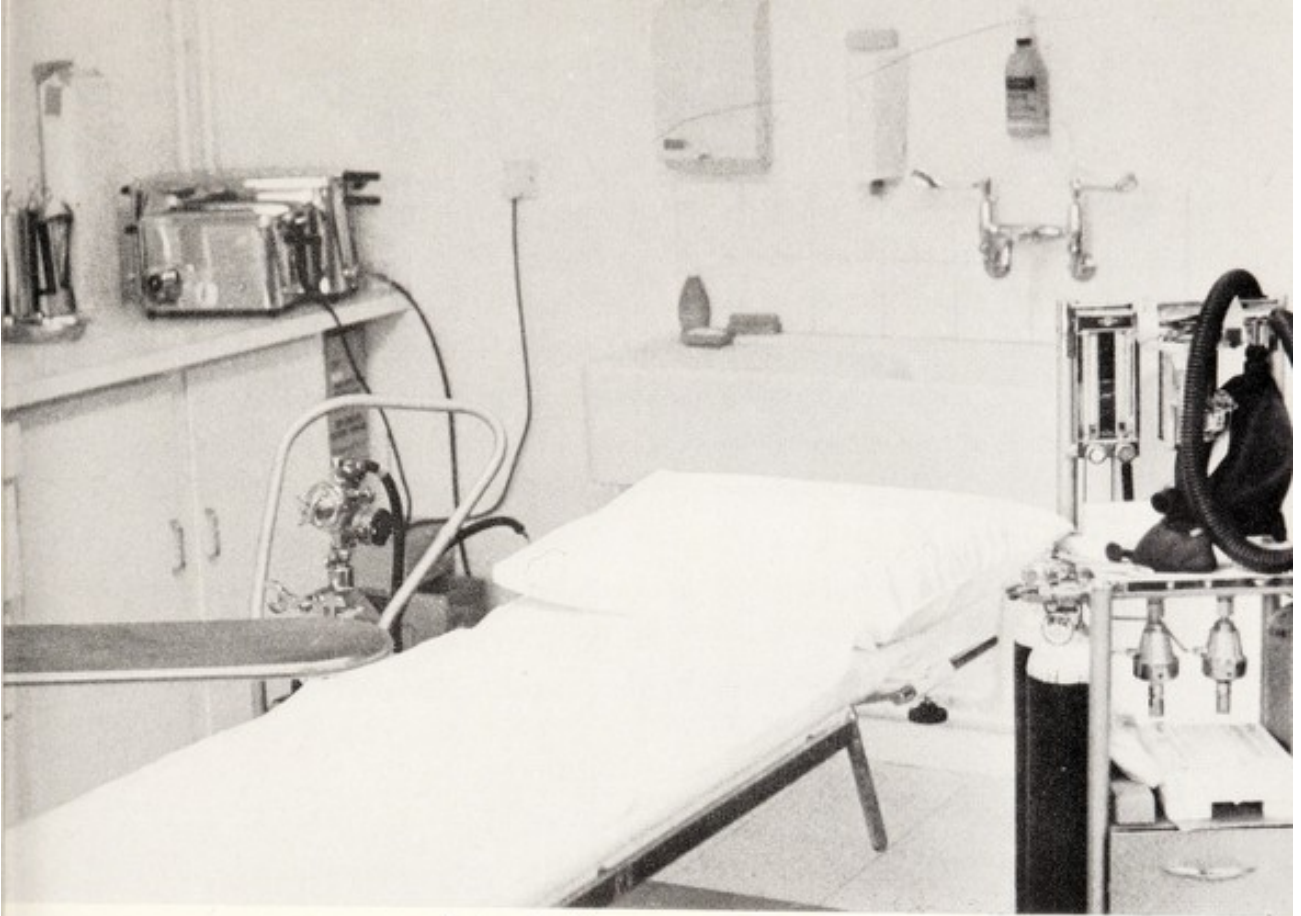
The building is nearing completion and should be ready to open in May/June, 1971. All three practices (8 doctors) serving the area will be moving into the health centre and sharing the reception office and treatment room staff. The caretaker has been appointed and will soon take up residence. Six of the flats above the health centre have been allocated to nursing staff.

(2) DONNINGTON

The interim scheme under which the largest of the three partnerships concerned was to practise from the existing clinic premises came into effect in July following minor alterations. The purpose-built extension is planned for 1972/73.

(3) NORTHWAY (1955), SOUTH OXFORD (1966) and WOOD FARM (1969)

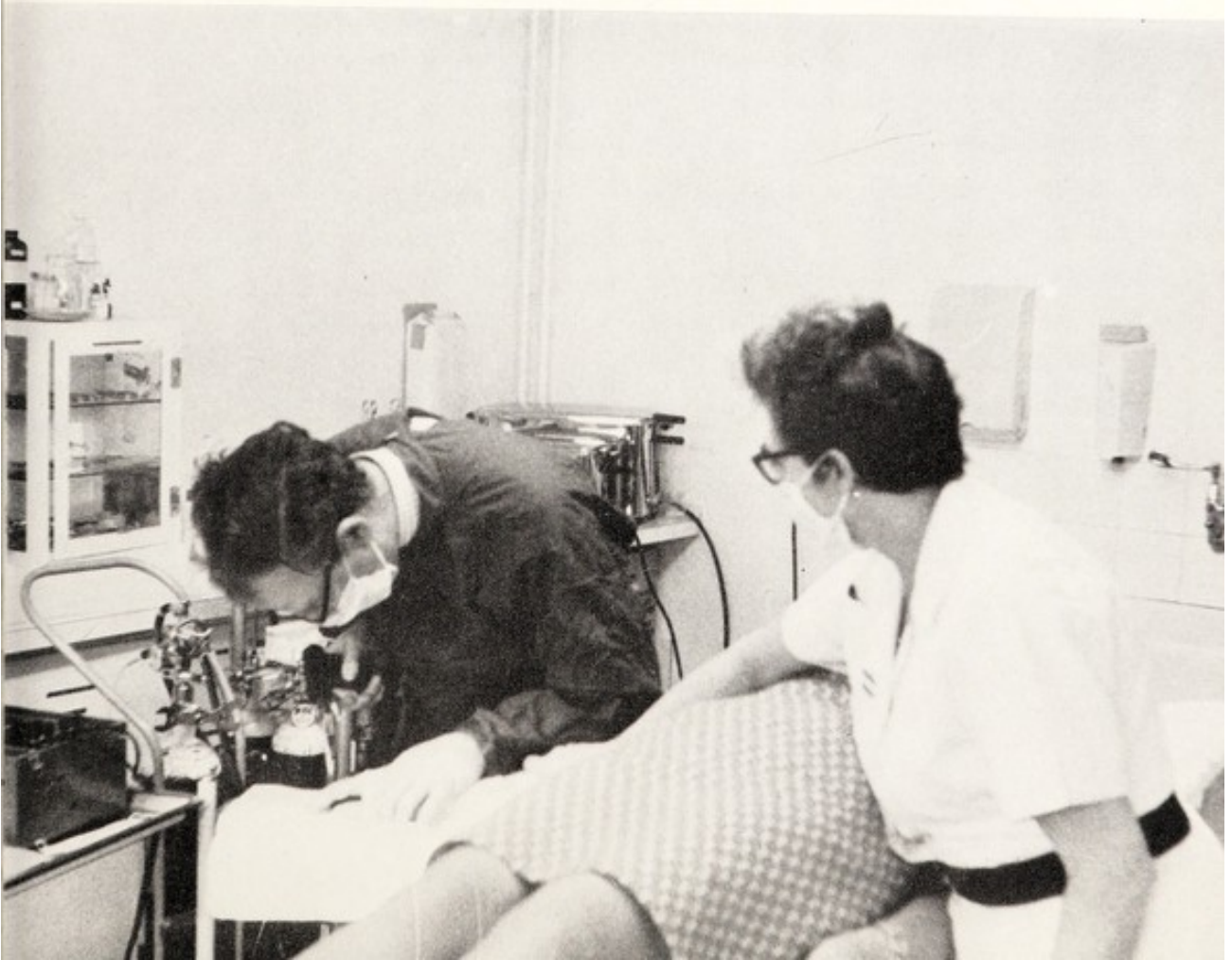
Northway and South Oxford are both purpose-built clinics which have been used as branch surgeries by general practitioners for many years. Wood Farm, which was built as a clinic but in such a way that it could be used for general practitioner surgery purposes, has in fact been so used since opening. This building has been most successful in providing excellent accommodation in an area seriously lacking in modern amenities. By virtue of their use all three premises now qualify to be redesignated as



(above) Treatment room

EAST OXFORD HEALTH CENTRE

(below) A minor operation in the treatment room



health centres under Section 21 of the National Health Service Act, and at the end of the year agreement had been reached that they should be so designated early in the New Year.

C. Future Programme

(1) *East Oxford Purpose-built Extension*

A site is available adjoining the present health centre.

(2) *Headington*

A site within the grounds of the New Hospital is available.

(3) *Cowley*

A site at the junction of Oxford Road and Temple Road is available.

(4) *Summertown*

A site has been earmarked for a purpose-built health centre to replace 160 Banbury Road.

(5) *Central*

A health centre in the centre of the City will probably be necessary but no site is as yet available.

D. Clinic Premises used as General Practitioner Surgeries

(1) *Minchery Farm (1958)*

This continues to be used by two practices for a total of three sessions a week.

(2) *Bury Knowle (1968)*

These clinic premises continue to be used by one practice for six sessions a week.

(c) AMBULANCE SERVICE

Report by Mr. C. R. LAWRENCE, Chief Ambulance Officer

Administration

The Oxford City and County Joint Ambulance Service continues to be administered by a Joint Committee representing the City and County Authorities which was established in 1966. The function of the Local Joint Consultative Committee, set up in 1969, was reviewed following the receipt of the McCarthy Report containing recommendations that Station and Authority Committees should be established. It was agreed by all concerned that the established Consultative Committee covered the specific jobs recommended in the McCarthy Report and that no useful purpose would be served by establishing Station Committees. The Local Joint Consultative Committee has continued to meet regularly throughout the year.

Stations

There has been no change in the location of the Ambulance Stations during the year. The preparatory work in connection with the extension to the Banbury Station was completed during the year and a start is scheduled for early in 1971.

Vehicles

During the year four stretcher ambulances, two sitting case vehicles and one estate car were ordered for the replacement programme. Two additional stretcher ambulances were also ordered for the Banbury Station expansion scheme. Replacement of ambulances is becoming extremely difficult to obtain, delivery of the 1969/70 vehicles being almost twelve months late, and at this stage, it would appear that the 1970/71 delivery will also be late. The sale of redundant vehicles to schools and other sections of the two authorities continues to be a satisfactory method of disposal.

Staff

The training programme as recommended by the Working Party continues. By the end of this financial year all driver/attendants with two to five years service will have attended the Hampshire Training School. Sixteen of the new entrants have attended the School for the six week course. Results have been extremely good. During the latter part of the year two driver/attendants, Mr. F. King who joined the service at the inception in 1946 and Mr. H. Badminton who joined early 1947, retired on attaining the age of 65 years. I would like to record my thanks to these two faithful employees and wish them a long and happy retirement.

A crew from the Banbury Depot, representing the service, were winners of the No. 6 Region of the National Ambulance Competition for Local Authority Ambulance Services and this was a most creditable performance. Unfortunately, they were unsuccessful in the All England final.

Location of stations and establishment

Location	Vehicles		Staff	
	Ambulance	Sitting Case Vehicle	Driver/Attendant	Leading Driver Sub. Officer
Oxford City ..	12	14	50	6
Banbury	6	5	20	4
Bicester	1	1	4	1
Chipping Norton	2	1	6	1
Crowmarsh ..	1	—	2	—
Henley	2	3	7	1
Thame	1	1	4	1
Witney	2	1	7	1
Spare Vehicles ..	4	1	—	—
Total ..	31	27	100	15

TABLE I

Quarter 1970	Ambulance		Sitting Case		Ambulance Service Vehicles Sub-total		Hospital Car Service Vehicles		Contract Car Vehicles		H.C.S. & Contract Hire Vehicles Sub-total		Gross Totals	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
March ..	14,846	114,791	24,464	97,699	39,310	212,490	15,088	170,233	19,363	142,363	34,451	312,596	73,761	525,086
June ..	15,688	123,006	26,888	101,673	42,576	224,679	16,489	192,866	19,947	151,588	36,436	344,454	79,012	569,133
Sept. ..	15,722	127,136	25,658	101,926	41,380	229,062	14,375	175,327	15,236	126,405	29,611	301,732	70,991	530,794
Dec. ..	10,227	97,918	14,023	61,002	24,250	158,920	15,982	186,700	20,820	148,525	36,802	335,225	61,052	494,145
Total ..	56,483	462,851	91,033	362,300	147,516	825,151	61,934	725,126	75,366	568,881	137,300	1,294,007	284,816	2,119,158

TABLE II

Year	Ambulance Service		H.C.S. & Contract Car		Gross Total	
	Patients	Miles	Patients	Miles	Patients	Miles
1965 ..	135,381	746,729	103,989	970,832	239,370	1,717,561
1966 ..	157,702	799,727	128,525	1,146,689	286,227	1,946,416
1967 ..	166,464	870,177	144,190	1,296,432	310,654	2,166,609
1968 ..	172,323	873,961	137,383	1,268,133	309,706	2,142,094
1969 ..	172,505	887,008	137,280	1,234,641	309,789	2,121,649
1970 ..	147,516	825,151	137,300	1,294,007	284,816	2,119,158

General

During the year numerous people have visited the Central Control and City Ambulance Station. I am pleased to find the general public and organisations such as Schools, Womens' Circles, Youth Clubs as well as Medical Students, Student Nurses and Doctors are interested in the operation of an Ambulance Service. In addition nurses from the Accident Department of the Radcliffe Infirmary have spent a day on an ambulance observing what happens to the patient before arrival at Hospital.

Through the enthusiasm and hard work of Dr. A. J. Pim of Nettlebed, 30 doctors in the southern part of the county have agreed to participate in a scheme known as the Road Accident Emergency Care Scheme. This scheme was born in Yorkshire and covered a sparsely populated rural area having heavily travelled roads running through it where obviously the most readily available source of medical care was the local general practitioner.

The Thames Valley Police, County Fire Service and Ambulance Services in Berks., Bucks. and Oxon. have agreed to co-operate in Dr. Pim's scheme. All ambulances in our fleet that could be called to an accident in the area covered by the scheme carry specialised equipment supplied through Dr. Pim by funds raised by his band of volunteer workers. To date the scheme has been working extremely well, valuable work has been done by general practitioners and there is every sign that an expansion into other areas will be forthcoming in the very near future.

Patients carried and mileage travelled

Patients carried during the year show a reduction of 24,982 on the previous year and the mileages down by 2,491. The majority of this reduction can be attributed to the Industrial Dispute lasting from 1st October to 8th November inclusive. During this period only emergency work was being undertaken by ambulance men but the Hospital Car Service and Contract Cars were working normally. The total effect of the dispute on the work load is difficult to measure but as a guide it is interesting to note that the ambulance vehicles during October conveyed 1,796 patients travelling 25,545 miles against 15,860 patients and 78,647 miles in the same month in 1969.

Table 1 shows the work carried out during the year whilst Table 2 shows a comparison of work over the past six years.

(d) DOMICILIARY NURSING SERVICES

(Dr. Gray)

(i) MIDWIFERY

1. 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	13
(b) Domiciliary midwives employed by Oxfordshire County Council in practice at the General Practitioner Maternity Unit	6
(c) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals	58
	—
	77
	—

2. Administration

Domiciliary midwifery is undertaken by full-time midwives employed by the City Council. The establishment provides for a non-medical supervisor of midwives and assistant non-medical supervisor of midwives, one senior midwife and eleven midwives. This includes two part-time midwives employed to help with the nursing care of mothers and babies discharged early from hospital and for other duties. The assistant supervisor continued to act as superintendent of the General Practitioner Maternity Unit.

The City Council provides midwives with suitable transport, either in Corporation cars, or their own cars with a car allowance on the essential user basis. Accommodation is also provided if required.

The Midwives continued to work in pairs attached to general practices, attending their general practitioner antenatal and postnatal clinics where possible.

3. The General Practitioner Maternity Unit

1970 was the fourth full year of operation for the General Practitioner Maternity Unit at the Churchill Hospital. Bookings and admissions showed only a slight increase over 1969, bookings remaining on average just below the limit of 75 per month.

539 live births took place in the Unit of which 282 were City residents. City midwives also attended 11 Oxfordshire and 8 Berkshire patients making a total of 301 deliveries as compared with 328 in 1969. Only one stillbirth occurred and five neonatal deaths, the overall perinatal mortality being 4.36. Seventy-nine patients were transferred to the Consultant Unit in labour and on eleven occasions City midwives accompanied their patients and were present at delivery.

During 1970 the hospital employed staff midwife acting as relief to the superintendent resigned, and this appointment became the responsibility of the City, as had that of the superintendent in 1969, thus the total responsibility for midwifery cover in the Unit became that of the local authority, a situation which has continued to operate smoothly and efficiently and in the best interests of patients, doctors and midwives.

4. Antenatal care

Every mother booked for delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Patients booked for delivery are carefully selected and antenatal care is undertaken by doctor and midwife in close co-operation. It is very much to the advantage of the mother that this should be started early in pregnancy. The following table shows the number of midwives' bookings according to the period when antenatal care commenced.

<i>Period of gestation</i>	<i>Number of bookings</i>	
	<i>Domiciliary</i>	<i>Unit</i>
Under 12 weeks...	69	120
12-16 weeks ...	42	77
17-20 weeks ...	5	39
21-24 weeks ...	6	15
25-28 weeks ...	2	8
29-32 weeks ...	—	10
33-36 weeks ...	—	3
Over 36 weeks ...	2	—
Unknown ...	5	10
	131‡	282*

‡ This figure excludes one Oxfordshire and 4 Berkshire patients, and two unbooked emergencies.

* This figure excludes 11 Oxfordshire and 8 Berkshire patients.

It is gratifying to note that only 4 mothers booked for delivery at home were known to have commenced antenatal care after the 24th week of pregnancy, and in the Unit 21 patients were known to have started antenatal care after that time. In most instances these patients had only recently moved into the City.

General practitioners continued to hold special antenatal clinics at their surgeries. At the end of the year doctors were participating in 17 regular weekly sessions at which a midwife or her pupil were present. This joint attendance, so valuable to patient, doctor and midwife, has been facilitated by the attachment of the midwives to general practitioners.

The number of cancelled bookings for a home or Unit confinement—i.e. the transference to a consultant unit booking, is some measure of the amount of domiciliary antenatal care that the midwives may undertake prior to a patient being transferred. During the year 11 domiciliary bookings were cancelled, 10 for medical and one for social reasons, while for the Unit, of the 67 cancelled bookings, 59 were for medical and 8 for social reasons.

Specimens for antenatal blood tests were obtained mainly at hospital laboratories or by general practitioner obstetricians at their antenatal clinics. Midwives undertake this procedure when necessary.

The concerted effort to ensure that all mothers delivered at home or in the Unit had a high haemoglobin level at term was again maintained. Almost every mother has routine iron in pregnancy and the haemoglobin level is re-tested at 34–36 weeks. A study of the records of the 415 cases delivered during the year shows the following distribution of late pregnancy haemoglobin readings:

<i>Hb.</i>	<i>Number of cases</i>	
	<i>Domiciliary</i>	<i>Unit</i>
61–65%	—	—
66–70%	—	3
71–75%	4	13
76–80%	22	58
81–85%	46	85
86–90%	31	51
91–95%	9	42
96–100%	4	12
101% or over	5	3
No record	12	15
	<u>133</u>	<u>282</u>

It is satisfactory to record that out of a total of 388 recorded cases, only three patients booked for delivery in the Unit had haemoglobin level of 70% or under in late pregnancy.

5. Maternity Medical Service Bookings

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

	<i>Domiciliary</i>	<i>Unit</i>
30–40 cases	—	1
20–29 cases	—	—
10–19 cases	2	8
5– 9 cases	8	15
1– 4 cases	27	16

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

6. Work of the individual midwives

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

A third table gives an analysis of all domiciliary deliveries carried out during the year, and a fourth an analysis of all deliveries at the General Practitioner Maternity Unit.

Tables showing the work of the individual midwives during the year

Domiciliary cases

	Doctor present at delivery	Doctor not present at delivery	Total	Assessment visits	Antenatal visits	Postnatal visits—domiciliary cases	Postnatal visits—hospital cases	Total visits
Midwife A	7	15	22	192	128	290	144	754
Midwife B	3	16	19	169	115	234	8	526
Midwife C	5	13	18	60	247	354	46	707
Midwife D	2	14	16	124	191	275	121	711
Midwife E	6	8	14	145	138	55	54	392
Midwife F	3	6	9	176	136	179	—	491
Midwife G	2	10	12	157	299	230	119	805
Midwife H	3	7	10	109	137	250	95	591
Midwife I	2	1	3	19	28	57	22	126
Midwife J	—	1	1	3	2	17	4	26
Midwife K	6	—	6	33	25	34	44	136
Midwife L	—	8	8	113	153	262	130	658
Assistant Supervisor	—	—	—	12	—	1	10	23
Part-time midwives	—	—	—	187	3	6	1,720	1,916
Corresponding figures for 1969	39**	99**	138	1,499	1,602	2,244	2,517	7,862
	40	110	150	1,467	2,560	3,016	2,709	9,752

** These figures include deliveries of 1 Oxfordshire and 4 Berkshire patients.

§ Resigned 29.7.70 † Appointed 19.7.70—Resigned 11.11.70 * Appointed 13.11.70

General Practitioner Maternity Unit cases

	Doctor present at delivery	Doctor not present at delivery	Total	Antenatal visits	Postnatal visits	Total visits
Midwife A	15	18	33	412	720	1,132
Midwife B	11	16	27	291	605	896
Midwife C	26	29	55	848	1,094	1,942
Midwife D	13	17	30	462	621	1,083
Midwife E	20	6	26	465	610	1,075
Midwife F	15	13	28	566	664	1,230
Midwife G	14	14	28	414	574	988
Midwife H	11	13	24	362	673	1,035
§Midwife I	4	—	4	79	80	159
†Midwife J	2	3	5	50	123	173
*Midwife K	1	2	3	93	61	154
Midwife L	17	21	38	265	665	930
	149**	152**	301	4,307	6,490	10,797
Corresponding figures for 1969	146	182	328	5,897	7,164	13,061

**These figures include deliveries of 11 Oxfordshire and 8 Berkshire patients.

§Resigned 29.7.70 †Appointed 19.7.70—Resigned 11.11.70 *Appointed 13.11.70

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

(i) There was again a decrease in the number of domiciliary deliveries, 133 compared with 150 last year. Deliveries at the General Practitioner Maternity Unit also decreased from 311 in 1969 to 282 in the current year, thus the total number of deliveries attended by the midwives decreased from 461 to 415.

(ii) No maternal death occurred during the year.

(iii) No stillbirth or neonatal death occurred at home or in the Unit.

(iv) Of the mothers confined at home, doctors were present at 27% of the deliveries, the same figure as last year. Of the mothers confined in the Unit the doctor was present at 48% of the cases compared with 43% last year.

(v) There were no forceps deliveries in the domiciliary cases and the rate for the Unit was 3.2% compared with 1.6% in 1969.

(vi) It can be calculated from the figures that 50% of the babies born at home and in the Unit were fully breast-fed at 14 days.

7. Analysis of domiciliary deliveries

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total cases	7	29	2	95	133
Total births	7	29	2	95	133
Still-births	—	—	—	—	—
Twin deliveries	—	—	—	—	—
Death of baby at home ..	—	—	—	—	—
Forceps deliveries	—	—	—	—	—
Emergency Obstetric Service	—	1	—	—	1
Baby transferred to hospital by "premature baby flying squad"	—	—	—	—	—
Baby transferred to hospital other than by "flying squad"	—	—	—	3	3
Mother and baby transferred to G.P. Maternity Unit ..	—	2	1	1	4
Anaesthesia and analgesia:—					
(a) Pethidine	5	11	1	32	49
(b) Gas and oxygen	4	17	1	44	66
(c) Trilene	—	2	—	6	8
Antenatal care:—					
(a) General practitioner and midwife	7	29	2	93	131
(b) Unbooked emergencies	—	—	—	2	2
Feeding at 14 days:—					
(a) Breast entirely	5	17	1	44	67
(b) Breast and bottle	—	—	—	1	1
(c) Bottle entirely	2	11	1	45	59
(d) No record	—	1	—	4	5

8. Analysis of deliveries at the General Practitioner Maternity Unit

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total cases	79	57	53	93	282
Total births	79	57	53	93	282
Still-births	—	—	—	—	—
Twin deliveries	—	—	—	—	—
Death of baby in the Unit ..	—	—	—	—	—
Forceps	9	—	—	—	9
Mother to consultant unit ..	3	2	2	1	8
Baby to consultant unit ..	3	2	2	2	9
Anaesthesia and analgesia:—					
(a) Pethidine	61	29	41	50	181
(b) Gas-and-oxygen	51	32	31	42	156
Antenatal care:—					
General practitioner and midwife	79	57	53	93	282
Feeding at 14 days:—					
(a) Breast entirely	45	26	32	37	140
(b) Breast and bottle	5	2	3	4	14
(c) Bottle entirely	29	28	16	51	124
(d) No record	—	1	2	—	3

9. Transfer of domiciliary patients

(i) Domiciliary bookings

In Oxford thanks to the unfailing co-operation of the hospitals, admission of emergency cases can always be arranged without delay. During the year five mothers booked for domiciliary delivery were transferred to hospital in labour.

Three babies born at home (6 in 1969) were admitted to hospital, one of them dying of congenital heart disease at nine days.

(ii) G.P. Maternity Unit bookings

In 1970 39 mothers were transferred in labour to the Consultant Unit at the Churchill Hospital, about 14% of mothers admitted for confinement compared with 16% last year.

Eight mothers were transferred following delivery (4 in 1969) and 9 babies were transferred to the Special Care Unit (5 in 1969).

10. Administration of pethidine and inhalation analgesia

Pethidine, gas-and-oxygen or trilene is carried by all midwives and is available to every mother if required.

11. Parentcraft and relaxation classes

Evening classes were held at Cowley and East Oxford clinics in conjunction with general practitioners. Doctors, midwives and health visitors have all participated.

At the North Oxford class the health visitors and midwives are solely responsible for teaching. Mothers also continued to attend the preparation classes provided by the hospitals.

12. Neonatal deaths

A full investigation of every stillbirth and early neonatal death is undertaken to assess the factors contributing to this loss of infant life.

The following categories are considered (1969 figures in parentheses):

(1) Deaths of babies transferred to hospital following delivery at home	...	...	...	...	...	1	(1)
(2) Deaths of babies in hospital following discharge home from the G.P. Maternity Unit	...	...	...	...	...	1	(—)
(3) Stillbirths	...	...	...	...	...	—	(—)

13. Emergency Obstetric Service

This service, operating from the Nuffield Maternity Home was called upon twice during the year (four in 1969).

Calls were made to the service for the following reasons:

Antepartum haemorrhage	...	...	...	...	...	1
Retained placenta	...	...	...	...	...	1

14. Medical Aid

In the following cases the midwife called on the assistance of the patient's general practitioner.

(i) Mothers booked for delivery at home

During pregnancy	...	...	...	...	4
In relation to labour	...	...	...	...	7
Early postnatal period	...	...	...	...	7
Babies	...	...	...	...	20
					—
					38 (1969-77)
					—

(ii) Mothers booked for delivery in the General Practitioner Maternity Unit

During pregnancy	...	...	...	...	28
In relation to labour	...	...	...	...	35
Early postnatal period	...	...	...	...	34
Babies	...	...	...	...	48
					—
					145 (1969-228)
					—

These figures do not include calls when the doctor was needed for suturing only.

(iii) Mothers discharged from hospital during the puerperium

Mothers	57
Babies	31
	—
	88 (1969—123)
	—

15. Care of mothers discharged from hospital during the puerperium

During the year mothers were discharged to the care of the midwife before the tenth day on 438 occasions, compared with 579 in 1969 and 521 in 1968.

Patients referred to midwives in order to assess the suitability of home conditions for either a domiciliary confinement or early discharge number 1,196 compared with 1,226 last year.

16. Training of Student Midwives

At the beginning of 1970 the United Oxford Hospitals started an integrated training scheme for student midwives. In this scheme the students undertake their domiciliary midwifery after only 17 weeks training instead of six months as previously. Their domiciliary experience lasts for 12 weeks after which they return to hospital for the rest of their training.

The whole course is completed in 12 months of which five weeks is leave. The training is therefore more intensive and the student midwife is far less experienced when she does her domiciliary midwifery than previously.

Part II training

Eight students were admitted in March, 17 students took the Part II examination of the C.M.B., 16 passed at the first attempt and one at the second attempt.

The first set of integrated students started on the district in June 1970. Ten students were trained in the City. Their examination was held in January 1971 and all 10 passed.

17. Post-graduate education

Two midwives attended statutory refresher courses approved by the Central Midwives Board. One member of the staff started a day release course for the Midwife Teachers Diploma in Birmingham. All members attended lectures arranged by the Nuffield Maternity Home for trained staff, and by the local branch of the Royal College of Midwives.

18. 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 as follows:—

Registered births in Oxford residents occurring in Oxford

	1964	1965	1966	1967	1968	1969	1970
Hospital deliveries	1,308 70%	1,288 73%	1,188 70%	1,072 67%	1,069 69%	996 68%	937 69%
Domiciliary deliveries	551 30%	487 27%	460 27%	282 18%	230 15%	158 11%	129 10%
Domiciliary deliveries at General Practitioner Maternity Unit . .	— —	— —	46 3%	232 15%	253 16%	300 21%	288 21%

19. Maternal Deaths

No maternal death occurred during the year.

(ii) HEALTH VISITING

1. Staff

A full establishment of health visitors has been maintained throughout the year and there have been few changes of staff.

Health visitors working under contract to the City, following their year's training, were, however, reduced from the usual number of six to two and this undoubtedly affected the total number of routine visits made, particularly to expectant mothers and young children.

The work of the health visitor has changed considerably over the past five years, much more time being spent on the visiting of fewer and more difficult geriatric and mental illness cases, and on immigrant families, than on the comparatively straightforward mother and baby visits, and the work involved is much more in close contact with the general practitioner to whom she is "attached".

The Superintendent Nursing Officer has continued to serve on the Nursing Education Advisory Committee of the United Oxford Hospitals, the Public Health Nursing Officers Committee at the Oxford Regional Hospital Board, and the Old People's Welfare Committee of the Council of Social Service. She was also chairman both of the Barnett Club (for social workers) and the local branch of the Royal College of Nursing.

Two study mornings for health visitors were held during the year, one on the Future of Health Visiting with two guest speakers and one on Middle Age at which a psychiatrist and a general practitioner read short papers. These were both very successful and much appreciated by the health visitors, to judge by the lively discussions afterwards. Regular monthly staff meetings were also held and alternated between being purely "domestic" or with a speaker. A variety of subjects were covered from "The Handicapped Register" to "The New Divorce Laws".

2. Home visits by health visitors during the year

The following table shows the visits made during the year:

To expectant mothers	823	2.5%
To children born in 1970	6,080	} 59%
To children born in 1969	4,511	
To children born in 1965-1968	9,093	
To persons aged 65 years or over	6,670	20%
To mentally disordered persons	990	3%
To persons discharged from hospital (other than mental hospitals or maternity homes)	170	} 15.5%
To tuberculous households	107	
To households visited on account of other infectious diseases	506	
Other cases	4,348	
	33,298	

Comments on these figures

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

(ii) Visits to expectant mothers are mainly to hospital booked patients. The number of hospital deliveries of City mothers was 933, so that 823 visits represents a fair coverage.

(iii) There was again a decrease in the number of visits paid to children under the age of five years—19,604 compared with 25,423 last year. This is to some extent accounted for by the continuing fall in the birth rate, and by the shortage of staff delegated to this work.

(iv) Persons aged 65 years and over (1,729) were visited by health visitors on 6,670 occasions. Much valuable work is done in safeguarding the health and welfare of the elderly. Indeed the provision of the various local authority services plays a large part in keeping them mobile and happy in their own homes. Supervision allows arrangements to be made for transfer to alternative accommodation, should it become necessary. One health visitor also assisted a general practitioner at his monthly geriatric clinic where a number of elderly patients attended, transported to a Health Centre by the Department's mini-bus. Work with the elderly is important and satisfying to the health visitor but is demanding of time and effort.

(v) Nine hundred and ninety visits were undertaken to mentally disordered persons. This is regarded as an indication of the important role of the family doctor in the care of such patients in the community.

(vi) Other miscellaneous duties include the follow-up of patients discharged from hospital, investigation of certain infectious diseases and visits to newly arrived long-stay immigrants notified by Port Health Authorities. This part of the health visitors work has proportionately

increased over the years and comprises 15.5% of her total work as compared with 2% in 1965.

(vii) Comments on the work of the health visitors attached in a part-time capacity to the Chest Clinic will be found in the Infectious Diseases section of this report.

3. Health visitors work amongst immigrants

Health visitors have continued to keep a record of all immigrant and alien births occurring in their practices. The following table shows the number of children of each nationality born in the City during the past three years. (This does not take into account early neonatal deaths or babies boarded out direct from hospital by the Children's Department.)

	1968	1969	1970
Total births	1,435	1,383	1,274
West Indian	57	51	45
Indian	24	23	14
Pakistani	50	62	60
African	14	13	9
Other Commonwealth Countries	12	23	13
Italian	21	10	20
Spanish	14	9	8
German	3	6	6
U.S.A.	22	11	25
Eire	—	—	43
Others	55	52	47
<hr/>			
Total immigrant and alien births ...	272	260	290
<hr/>			
% immigrant and alien births	18.9%	18.8%	22.7%

As the total number of births has fallen, the percentage of immigrant births has risen this year.

A total number of 1,711 visits was paid by health visitors to these families.

Immigrant births tend to be concentrated in a few areas of the City. For example, one health visitor visited 44 immigrant births, including 13 West Indian and 18 Pakistani babies out of a total of 68 (24 out of 44 in 1969), and another health visitor visited 37 which included 26 Pakistani and 7 Indian babies out of 62 births (43 out of 69 last year).

The increase in the number of alien births is largely due to the fact that babies of Irish parentage have been recorded for the first time.

4. Liaison with hospitals

There is frequent contact between hospitals and health visitors. Different health visitors regularly attend the paediatric clinic and make two rounds



DISTRICT NURSING SISTER ASSISTED BY NURSING AIDE

of the maternity wards each week. One health visitor also undertakes liaison work with the venereal diseases clinic.

5. Work at child health clinics

One or more health visitors were present at all the 1,597 child health clinic sessions, including the 776 sessions restricted to practice patients.

6. Teaching and Health Education

Health visitors take part in many of the teaching programmes devised for district nurse students, student midwives, student health visitors, student child care officers and sociology students, and nurses in training at the United Oxford Hospitals.

They also take part, with midwives and doctors, in Parentcraft classes, maintain a close relationship with Playgroups and child-minders by regularly visiting, and are particularly involved in Health Education teaching in the schools. This part of their work has increased considerably in recent years and several of the staff organise regular periods of teaching and discussion groups on many subjects relevant to health hygiene and personal relationships in the senior schools.

7. Refresher Courses

An effort is made to send members of the staff to refresher courses every five years. This year two health visitors attended such a course at Bristol, while another health visitor attended the three sessions of the Fieldwork Instructor course at Chiswick Polytechnic, and is now the fourth F.W.I. on the staff.

In addition, the Superintendent Nursing Officer attended a three day course on the Training of Health Visitors and five other health visitors attended courses varying from one to five days on Psychiatry, Aural Testing, Family Planning and "The Middle Aged Man".

8. Health Visitor Training

Six students were sponsored by the City for the course commencing in September at the College of Technology. The three students of the previous year were all successful in gaining their Health Visitors' Certificate and two are now working in the Department.

(iii) DISTRICT NURSING

1. Staff

It is pleasing to report that the service has been well staffed throughout the year. On December 31st the position was as follows:

Administrative

Superintendent Nursing Officer	1	(jointly with health visitors)
Deputy Superintendent	1	
Senior District Nurses	3	

District Nurses full-time

State registered with district training	10
State registered without district training	4
State enrolled with district training	1
State enrolled without district training	4

District Nurses part-time

State registered with district training	2	} equivalent to 2 full-time nurses
State registered without district training	4	
Nursing Aides	5	} equivalent to 2½ full-time assistants

2. Equipment

The pre-packed equipment, sterilised at the Slade Hospital, provides the means for the nurses to give an efficient and hygienic service, and contributes to a considerable saving of time.

3. 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:

	1967	1968	1969	1970
General practitioners	1,996	1,924	1,854	1,817
Hospitals	129	151	124	69
Direct application	24	27	41	18
Other sources	18	19	35	12
	2,167	2,121	2,054	1,916

There has been a slight decrease in the total number of referrals during the year. This has been mainly in hospital referrals.

The number of cases nursed and visits paid in different categories and ages is shown in the following table:

Classification of patients nursed during the year

	Number of cases attended				Number of visits			
	Under 5 years	5-64 years	Over 65 years	Total cases	Under 5 years	5-64 years	Over 65 years	Total visits
Medical	41	582	1,245	1,868	191	7,372	35,944	43,507
Surgical	14	335	260	609	94	4,336	8,673	13,103
Tuberculosis	—	22	1	23	—	1,167	43	1,210
Maternal complications	—	3	—	3	—	8	—	8
	55	942	1,506	2,503	285	12,883	44,660	57,828

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

<i>Patients</i>	<i>Visits</i>
589	40,858

Also included in the above table were 118 visits paid in the late evening, 82 of which were for giving sedatives and 36 for other purposes.

Comments on these figures

New cases nursed during the year show a decrease of 138 compared with 1969, but in spite of this the total number of visits paid to patients in their own homes increased by 1,100.

Visits to patients over 65 years of age accounted for 77% of the total compared with 76% last year. Children under 5 years of age continued to provide very little work, in fact only 0.5% of all visits were to patients in this category.

There was again a slight increase in the number of visits paid to tuberculous patients, 1,210 compared with 1,161 last year.

The number of patients requiring more than 24 visits during the year increased from 544 last year to 589. The total number of visits required by these patients increased from 39,887 to 40,858. It will be observed from these statistics that patients over 65 and those chronically ill patients requiring constant visiting demand proportionately more of the nurses' time.

Types of treatment given

The following table shows the treatments given during the past four years:

	1967	1968	1969	1970
Injections—				
(1) Insulin	4,729	4,958	4,987	4,644
(2) Streptomycin	2,280	1,526	1,529	1,317
(3) Penicillin and other antibiotics	3,793	2,840	2,149	1,369
(4) Any other injections	9,316	9,468	8,284	7,755
Baths	6,899	7,225	9,287	9,737
Dressings	12,931	12,130	12,221	14,245
Enemas and bowel washouts	1,508	1,698	1,878	1,786
Genito-urinary treatments	1,017	923	793	731
General nursing care	17,071	18,723	14,738	15,702
Any other treatments	1,787	2,088	2,722	3,328
	61,331	61,579	58,588	60,614

There was an increase in the total number of treatments given compared with last year, mainly dressings, baths and general care. The administration of injections accounted for 25% of all visits. The policy of encouraging the self-administration of insulin by patients whenever this is practicable has resulted in a reduction in the number of insulin injections given by the nurses.

The increased number of baths undertaken by the nursing service was carried out mainly by the nursing aides, five of whom now work part-time with the domiciliary nursing teams, they also undertook about a quarter of the visits for general nursing care. These unqualified assistants receive in-service training from senior nurses and give aid and assistance to the trained district nurse in many ways, and invaluable help in the total care of the patient.

The type of care undertaken by the nursing aides (included in the total figures) is as follows:

Baths	...	...	...	5,426
General care	...	...	...	489
Care of feet	...	...	...	7
				<hr/>
				5,922
				<hr/>

Analysis was made of "other injections" and includes figures for the three previous years for comparison:—

	1967	1968	1969	1970
Iron	1,140	1,488	1,627	957
Vitamin	3,004	3,506	3,250	3,069
Diuretic	3,038	2,331	1,029	1,655
Sedatives	388	548	695	274
De-sensitising	184	104	55	18
Gland extract and hormonal	1,441	1,337	1,405	1,486
Prophylactic inoculations	121	154	223	296
	<hr/>	<hr/>	<hr/>	<hr/>
	9,316	9,468	8,284	7,755

Arrangements whereby nurses can treat ambulant patients at the surgeries have continued. At the end of the year seven nurses attended at six surgeries, two Health Centres and at Bury Knowle and Donnington clinic premises which are used as surgeries by two practices; in almost every instance the total number of cases treated increased.

Analysis of the work undertaken by these nurses is shown in the following table:

Classification of patients

	Number of cases				Number of visits			
	Under 5 years	5-64 years	Over 65 years	Total cases	Under 5 years	5-64 years	Over 65 years	Total visits
<i>Blackbird Leys Health Centre</i> Commenced 1960 Daily 4 p.m.								
Medical	41	233	11	285	62	379	31	472
Surgical	79	414	12	505	124	684	27	835
Tuberculosis	—	1	—	1	—	56	—	56
	120	648	23	791	186	1,119	58	1,363
<i>Summertown Health Centre</i> Commenced September 1967 Daily 11 a.m. and 4.30 p.m.								
Medical	3	143	24	170	4	430	99	533
Surgical	6	127	23	156	6	242	139	387
	9	270	47	326	10	672	238	920
<i>Manor Road Surgery</i> Commenced November 1964 Daily 4.30 p.m.								
Medical	2	321	15	338	3	728	154	885
Surgical	8	188	10	206	9	382	63	454
Tuberculosis	—	3	—	3	—	62	—	62
Maternal complications ..	—	1	—	1	—	2	—	2
	10	513	25	548	12	1,174	217	1,403
<i>Surgery, 12 Old High Street, Headington</i> Commenced February 1965 Monday and Wednesday at 5.45 p.m.								
Medical	1	363	26	390	2	723	83	808
Surgical	5	53	1	59	6	78	4	88
	6	416	27	449	8	801	87	896

Classification of patients (continued)

	Number of cases				Number of visits			
	Under 5 years	5-64 years	Over 65 years	Total cases	Under 5 years	5-64 years	Over 65 years	Total visits
<i>Donnington Clinic, Henley Avenue (formerly Surgery, 274 Iffley Road) Commenced September 1966 Tuesday and Thursday at 5 p.m.</i>								
Medical	5	297	40	342	7	566	87	660
Surgical	3	71	9	83	4	114	14	132
Tuberculosis	—	1	—	1	—	62	—	62
	8	369	49	426	11	742	101	854
<i>Surgery, 164 Oxford Road, Cowley Commenced October 1968 Daily 10.30 a.m.</i>								
Medical	5	40	6	51	17	157	43	217
Surgical	10	104	5	119	19	442	67	528
Tuberculosis	—	1	—	1	—	2	—	2
	15	145	11	171	36	601	110	747
<i>Surgery, 58 Hollow Way, Cowley Commenced November 1969 Tuesday 10.30-11.30 a.m.</i>								
Medical	2	140	20	162	2	293	56	351
Surgical	2	35	3	40	2	66	24	92
<i>Bury Knowle Clinic Premises, Headington Commenced January 1969 Wednesday, 10.30-11.30 a.m.</i>								
Medical	—	43	13	56	—	66	21	87
<i>Surgery, 44 St. Giles' Commenced November 1969 Thursday, 10.30-11.30 a.m. (when necessary)</i>								
Medical	—	18	—	18	—	22	—	22
Surgical	—	2	1	3	—	2	5	7
	4	238	37	279	4	449	106	559
<i>Surgery, 64 Godstow Road Commenced April 1970 Wednesday 4-4.45 p.m.</i>								
Medical	—	27	8	35	—	48	56	104
Surgical	—	9	3	12	—	21	16	37
	—	36	11	47	—	69	72	141

Types of treatment given

	Blackbird Leys Health Centre	Summertown Health Centre	Manor Road Surgery	Surgery, 12 Old High Street, Headington	Donnington Clinic, Henley Avenue	Surgery, 164 Oxford Rd., Cowley	Surgery, 58 Hollow Way, Cowley	Bury Knowle Clinic Premises Headington	Surgery, 44 St. Giles'	Surgery, 64 Godstow Road
Injections:—										
Streptomycin	53	2	62	—	74	3	—	—	—	—
Penicillin & other antibiotics	95	17	48	—	—	22	—	—	—	—
Insulin	—	1	—	—	—	—	—	—	—	—
Iron	33	54	2	12	7	10	11	—	—	—
Vitamin	37	119	302	39	66	97	78	10	4	54
De-sensitising	6	135	14	70	6	19	19	6	—	—
Sedatives	22	—	—	—	1	—	15	—	—	—
Diuretic	—	—	—	—	—	—	2	—	—	—
Gland and hormonal	53	15	152	—	29	21	29	—	—	—
Prophylactic inoculations	93	72	328	313	299	38	125	49	10	2
Dressings	853	384	454	86	131	542	88	—	7	38
Enemas and bowel washouts	—	—	1	—	—	—	—	—	—	—
Genito-urinary treatment	—	3	11	1	—	—	—	—	2	—
Ear syringing	30	80	2	83	78	—	40	13	6	29
Cervical cytology	—	—	—	101	65	—	—	—	—	—
Antenatal examinations	—	—	—	43	1	—	—	—	—	—
Haemoglobin estimations	—	—	—	23	—	—	—	—	—	—
Blood pressure estimation, urinalysis and weighing	—	—	—	91	12	—	—	—	—	—
Miscellaneous	90	39	38	43	83	1	36	8	—	19
	1,365	921	1,414	908	852	753	443	86	29	142

4. Training School

Two courses of training were held during the year. The examination was taken by 21 students, all of whom passed at the first attempt.

The students were classified as follows:

Staff students	...	...	...	...	...	...	8
Students sent by other Local Health Authorities...	...						14
							—
							22
							—

Of the students sent by nearby authorities, attendance at East Oxford Health Centre for one and a half-days study and demonstration per week is required. Practical in-service training is carried out in each nurse's own authority.

5. Provision of nursing equipment

The provision of incontinence pads has continued, all the pads were distributed through the district nursing service, also incontinent pants and North pads, equipment designed to help in the care of bed-ridden and incontinent patients.

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.

In the financial year 1970/1971 the City Council paid the Society a grant of £370.

Details of the equipment loaned in the City during 1970 are as follows:

Air rings	109	Infra red lamps	4
Back rests (padded) and wedges	22	Medical sheepskin	15
Bed blocks	20	Oxygen cylinders	4
Bed cradles	96	Portaids/walking trolleys	3
Bed pans	110	Ripple beds	9
Bed rests	105	Ripple cushion	1
Bed tables	7	Rubber sheets	97
Commodes (chair)	232	Rubber toilet seat	1
Crutches (pairs)	22	Scales	1
Electric bell	1	Sorbo rings	9
Feeding cups	9	Urinals	66
Fracture boards	25	Walking aids	177
Hoists, electric	2	Walking sticks	30
Hoists, independent	11	Wheelchairs	264
Hoists, personal	10		—
Hospital bed and mattress	6		1,470
Inhalers	2		—

(e) HOME HELP SERVICE

(Dr. Gray)

The end of 1970 saw the termination of over 25 years of supervision of the Home Help Service by the Health Department. The Service actually started in Oxford in 1936 as a Ministry of Health Scheme for providing domestic help in home maternity cases but it was not, initially, a success owing to the difficulty of recruiting staff.

In 1945, however, in conjunction with the W.V.S. and working from their headquarters, a scheme to cover general emergency cases was initiated and approved by the Ministry, and by the end of that year 33 full-time and 2 part-time Home Helps were being employed. By 1947, a full-time organiser with a deputy, clerical help, and 35 full-time and 20 part-time Home Helps comprised the staff. Their offices were in Turl Street and some in-service training as well as uniform were offered to recruits. In that year 443 maternity and 244 non-maternity cases were helped, in complete contrast to the statistics for 1970 detailed below.

1. Cases helped

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

	1968	1969	1970
Maternity	93	78	57
Acute illness	73	82	63
Chronic sick	93	69	90
Mentally disordered	15	11	8
Other	12	6	9
All patients over 65 years	763	841	911
Totals	1,049	1,087	1,138

(b) Patients receiving continuous help throughout the year for the past three years:

1968	496
1969	507
1970	569

2. Finance

Classification for payment during the last three years:

	1968	1969	1970
Full payment (see below)	211	205	204
Assessed for payment	251	246	252
Free	587	636	682
Total cases helped	1,049	1,087	1,138

6/- per hour from 7.1.69

7/- per hour from 4.17.0

3. Staff

The following table shows the home helps employed at the end of the last three years:

Establishment equivalent to 63 full-time home helps

	1968	1969	1970
Full-time—40 hours	4	2	2
Part-time—38–20 hours	73	70	82
Part-time—less than 20 hours	55	56	62
	132	128	146
Equivalent to full-time	61	59½	63

The organisers and two area clerks now control an annual case load of 1,138 (households), and administer 146 home helps compared with 642 and 68 respectively in 1960. In the accounts section, Mrs. Sweetzer has replaced Miss Snowden who retired after 21 years in this department.

A study of the turn-over of home help staff shows that out of a total of 116 applicants interviewed by an organiser, 50 were engaged.

During 1970, 51 home helps (part-time) left for a variety of reasons, health, and family commitments being responsible for most.

(f) FAMILY PLANNING

(Dr. Gray)

The Family Planning Association continued as agents for the City during 1970, organising and staffing all the clinics, and receiving a financial grant for their administration.

In September, the Medical Officer of Health placed before the Health Committee a report on the service, the current and future family planning needs, and recommended that the City Council should assume direct responsibility for providing a comprehensive family planning service under the National Health Service (Family Planning) Act, 1967, as from the 1st July, 1971.

This recommendation was accepted and subsequently ratified by Council. By the end of the year plans were already in operation to amalgamate the direct domiciliary service with the clinic services into a complete, direct Family Planning Service.

A. Services provided by the Oxford Branch of the Family Planning Association

Mr. John N. V. Currie, the Branch Administrator, has provided the following report:

The scheme by which the City has paid for women to have medical

examination and advice without charge at the Family Planning Association clinics has been extended to include unmarried as well as married women. This has continued to be most successful and the City's financial support for patients in medical need to have drugs and appliances without charge has also been extended to include the unmarried.

1. Clinics

- (a) *Blackbird Leys Health Centre*—Blackbird Leys Road.
Friday, 4.30–6.30 p.m.
- (b) *Churchill Hospital*—Headington.
Maternity Outpatients Department.
Thursday, 9.30–10.30 a.m.
- (c) *Child Health Clinic*—Temple Road, Cowley.
Wednesday, 1.30–3.30 p.m.
- (d) *East Oxford Health Centre*—Cowley Road.
Monday, 5.30–7.30 p.m.
- (e) *Bury Knowle Child Health Clinic*—Old High Street, Headington.
Thursday, 9.30–11.30 a.m.
- (f) *Nuffield Maternity Outpatients Department*—Walton Street.
(Radcliffe Infirmary)
Tuesday, 12.30–2.30 p.m. and 3.30–5.30 p.m.
- (g) *Child Health Clinic*—South Parade, Summertown.
Wednesday and Friday, 9.30–11.30 a.m.

2. Young People's Advisory Centres

- (a) *East Oxford Health Centre*—Cowley Road.
Thursday, 5.15–7.15 p.m.
- (b) *Child Health Clinic*—South Parade, Summertown.
Wednesday, 7.00–9.00 p.m.

3. Statistics

Patients

New patients	Transfer patients	Patient visits
2,046	205	11,447

Age at first visit

– 20	20–24	25–29	30–34	35+
468	715	509	201	153

Disability (Patients initially visited at home)

Short birth interval	...	...	...	...	...	20
Physical disability	...	...	...	...	...	3
Mental subnormality	...	...	...	...	...	2
Psychiatric illness	...	...	...	...	...	2
Socially handicapped	...	...	...	...	...	10
Problem family	...	...	...	...	...	6

—
43
—

Methods chosen

Oral contraceptives	...	...	...	...	...	42
Intra-uterine devices	...	...	...	...	...	13
Condoms	...	...	...	...	...	8
Diaphragm	...	...	...	...	...	1
Vasectomy	...	...	...	...	...	1
Tibal ligation	...	...	...	...	...	1
No method accepted	...	...	...	...	...	4

—
70
—

Four patients were already pregnant at the time of referral. Three of these mothers were in the younger age group and of Asian origin. All had language difficulties but appeared willing to accept help after the expected birth.

“Half-way” clinics

As in the previous year, small informal neighbourhood family planning sessions took place at Wood Farm, Rose Hill and Blackbird Leys.

These clinics proved popular with the patients and time saving for the staff. Two further such clinics have been inaugurated, in July at the Lake Street clinic and in October at the West Oxford Health Centre.

Both these older areas of the City house a high proportion of immigrant families and the clientele at the clinics is almost exclusively Asian.

Family spacing has just as important a role in total child care as immunisation. If mothers will come to the Health Centre for the one procedure, perhaps in time, they will be able to participate as readily in the other.

<i>Wood Farm Health Centre</i>	...	...	...	11 sessions held
New patients	...	...	...	10
Return visits	...	...	...	63
<i>Rose Hill Community Centre</i>	...	...	...	8 sessions held
New patients	...	...	...	3
Return visits	...	...	...	43
(City residents only)				

<i>Blackbird Leys Health Centre</i>	...	...	...	14 sessions held
New patients	...	...	...	10
Return visits	...	...	...	83
<i>Clinic premises, Lake Street</i>	...	...	...	5 sessions held
New patients	...	...	...	6
Return visits	...	...	...	11
<i>West Oxford Health Centre</i>	...	...	...	2 sessions held
New patients	...	...	...	2
Return visits	...	...	...	2

Patients are encouraged to move on from this personal clinic service whenever possible to the Family Planning clinics in the area, in turn, home visited families are persuaded to attend a "mini" clinic, which most will have done by the end of their first year.

Only the really intractable problem families are fully maintained at home.

In December 1970, 121 case cards (107 in 1969) were registered.

Individual follow-up visits

One hundred and fifty-three return visits were made during the year.

Forty-two families were visited on more than one occasion.

Two visits in the year	...	...	...	...	...	21
Three visits in the year	...	...	...	...	...	14
Four visits in the year	...	...	...	...	...	7
						—
						42
						—

Pregnancies

(i) *Conventional methods*

Three pregnancies occurred in families to whom condoms were supplied regularly. All admitted to not always using the method.

One patient was subsequently fitted with an intra-uterine device after her fourth confinement. Another accepted tubal ligation following the birth of her sixth child. But the third presented a problem for the service—a child has been born in each of the previous four years but the husband is adamant that only a method under his own control shall be used. He seems to use pregnancy as a method of punishment for his wife.

(ii) *Oral contraceptives*

Three pregnancies were reported amongst pill users. In all cases the regime was not followed correctly. Offers of termination were refused.

(g) CERVICAL CYTOLOGY

(Dr. Gray)

The screening of women aged 20 years and over for carcinoma in situ of the uterine cervix continued throughout the year, together with those recalled patients due for a repeat examination. This recall scheme,

organised in conjunction with Dr. Spriggs of the Laboratory of Clinical Cytology operates on an age basis, i.e.:

Women under 40 years are recalled every 5 years.

Women between 40 and 50 years are recalled every 3 years.

Women over 50 years are recalled every year.

In August, the recall of the original patients who received their first test when the City scheme started in 1965, also began.

During the year 1,997 new patients and 1,800 recall patients were examined, the total number of 3,797 examinations being 645 more than last year, and the number of new patients being 169 more than in 1969.

The number of clinics also increased from 284 to 297, an average of approximately six a week throughout the year.

Publicity continued as before and efforts were made to attract those married women over 40 years of age who had not previously attended for examination.

In January, a mobile caravan-clinic was loaned by the Women's National Cancer Control Campaign and parked for one week in the Cowley shopping centre. Pamphlets, posters, etc. were on show and a member of the Department's staff was present to answer queries and make appointments. On four occasions a doctor attended to take smears "on the spot", but unfortunately, the response, despite prior publicity, was poor, which may have been in some part due to the severe weather at the time.

In September one general practitioner with a nurse attempted a domiciliary service, visiting women in their own homes, but again, despite individual notices being sent of their intended visit, few remained at home to be available for examination.

The planning and administration of these schemes is considerable and together with the increased number of sessions organised and appointments sent out during the year, there has been an increasing burden on the clerical staff, and the resulting poor acceptance rates are a disappointment for all concerned. For example, of 2,911 appointments sent to recall patients only 1,800 were kept, an acceptance rate of 60% (in most instances, these patients had originally requested the examination themselves). Of the remaining 40%, 19 had died, 31 had had a hysterectomy 34 had moved but the vast majority just failed to attend.

Employers again co-operated by allowing clinics to be held in places of work, and apart from Local Authority and general practitioner clinics women also received the test at hospital gynaecological and postnatal clinics, and at Family Planning clinics.

The total number of examinations carried out during the year are shown in Table I.

The ages and parity of the new patients are shown in Table II. The greatest number receiving the test is still those women under 25 years. This is accounted for by the fact that many doctors request a smear to be

taken as part of a postnatal examination and also prior to prescribing oral contraceptives.

TABLE II

Age and parity of new patients

Age (years)	Number of children													Not stated	Total
	0	1	2	3	4	5	6	7	8	9	10	12			
-25	372	119	57	14	1	-	-	-	-	-	-	-	-	-	563
26-29	72	52	79	24	6	3	-	-	-	-	-	-	-	-	236
30-34	32	47	110	68	19	8	2	1	-	-	-	-	-	-	287
35-39	18	39	101	49	27	10	8	-	-	-	-	-	-	-	252
40-44	26	34	84	51	31	6	4	2	1	1	-	1	-	-	241
45-49	31	33	52	32	22	5	1	-	1	-	-	-	-	-	177
50-54	12	26	39	13	12	-	1	1	-	-	-	-	-	-	104
55-59	12	17	28	13	6	1	1	-	-	-	-	-	-	-	78
60+	9	13	13	9	2	-	2	1	1	-	-	-	-	-	50
Not stated	3	3	1	-	1	-	-	-	-	-	-	-	1	-	9
Total	587	383	564	273	127	33	19	5	3	1	-	1	1	-	1,997

The age and parity of recalled patients because of the age criteria laid down for their examination shows the greatest number attending was over 50 years of age (Table III).

TABLE III

Age and parity of recall patients

Age years	Number of children													Not stated	Total
	0	1	2	3	4	5	6	7	8	9	10	12			
-25	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
26-29	1	1	6	1	-	-	-	-	-	-	-	-	-	-	9
30-34	1	7	17	8	2	-	-	-	-	-	-	-	-	-	35
35-39	-	4	18	9	3	3	-	-	-	-	-	-	-	-	37
40-44	28	41	58	49	11	10	5	-	2	-	-	-	-	-	204
45-49	44	64	96	46	18	10	2	5	2	-	-	-	-	-	287
50-54	61	96	154	93	33	13	8	2	2	1	-	-	-	-	463
55-59	66	104	134	73	39	8	7	3	1	-	-	-	3	-	438
60+	48	74	96	44	21	9	5	3	3	-	1	1	-	-	305
Not stated	2	7	7	2	2	-	-	-	-	-	-	-	1	-	21
Total	252	398	586	325	129	53	27	13	10	-	1	1	4	-	1,800

This includes 114 five-year recalls beginning in August 1970.

The following results for new patients were obtained compared with the two previous years.

	1968	1969	1970
Negative smears	1,704	1,792	1,971
Suspicious smears confirmed by biopsy	12	6	6
Suspicious smears not confirmed by biopsy	5	4	5
Suspicious smears not confirmed by repeat smears	1	3	—
Doubtful smears not confirmed by repeat smears	5	6	5
Suspicious smears awaiting further investigation	4	5	1
Doubtful smears awaiting further investigation	12	9	8
Doubtful smears—follow-up not possible	—	3	1
Other gynaecological abnormalities detected...	167	175	130

Of the 1,800 recall patients examined, 2 had doubtful smears not confirmed by repeat smears, 3 had doubtful smears and are still awaiting further investigation. One patient had a suspicious smear and is awaiting further investigation and one recall patient in the 50+ age group had a confirmed carcinoma in situ.

Other gynaecological abnormalities detected in recall patients were 178.

Of the 1,800 recall patients examined, 1,206 were Oxford residents.

The age and parity of the seven patients with confirmed carcinoma in situ are shown in Table IV.

TABLE IV

Age and parity of all patients with confirmed carcinoma in situ.

Age (years)	Number of children					Total
	1	2	3	4	7	
20-24	1	—	—	—	—	1
25-29	—	—	—	—	—	—
30-34	1	—	1	—	—	2
35-39	—	1	—	1	—	2
40-44	—	—	—	—	1	1
45-49	—	—	—	—	—	—
50+ (recall)	—	—	—	1	—	1
Total	2	1	1	2	1	7

The incidence of carcinoma in situ was 6 in 1 in 1,997 new patients examined or 3 per thousand compared with the similar figure of 3.28 in 1969.

It is of interest to note that of these 6 patients one was aged less than 25 years, four between 30 and 40 years and one between 40-45 years, a much younger age incidence than is normally anticipated.

Amongst the 12,178 new patients examined for the first time since the

scheme started in 1965 there have been 54 confirmed cases of carcinoma in situ. The age and parity of these 54 patients are indicated in Table V.

TABLE V
Age and parity of total number of new patients with confirmed carcinoma in situ since March 1965.

Age (years)	Number of children							Total
	0	1	2	3	4	5	7	
-25	—	1	—	—	1	—	—	2
26-29	—	1	1	—	—	—	—	2
30-34	1	2	1	2	—	—	—	6
35-39	—	4	1	2	2	1	—	10
40-44	2	2	5	2	1	—	1	13
45-49	1	2	3	4	—	1	—	11
50+	—	3	1	1	3	2	—	10
Total	4	15	12	11	7	4	1	54

The results of the five years of the service are summarised in Table VI.

TABLE VI
Percentage age distribution of total number of smears and positive smears in new patients.

	Total No. of smears taken	% aged 45 years and over	% aged 35-45 years	Below 35 years	Positive smears
1965 (9 months only)	1,370	25%	35%	40%	8 (5.8 per 1,000)
1966	3,039	28%	33%	39%	13 (4.3 per 1,000)
1967	2,201	26%	27%	47%	9 (4.08 per 1,000)
1968	1,743	27%	24%	49%	12 (6.8 per 1,000)
1969	1,828	26%	23%	51%	6 (3.28 per 1,000)
1970	1,997	21%	25%	54%	6 (3.0 per 1,000)
Positive smears ..	54	38%	42%	20%	54 (4.43 per 1,000)

In all, since the service started a total of 15,282 examinations have been carried out, a yearly average of 3,056 examinations.

(h) RECUPERATIVE HOLIDAYS (Dr. Gray)

Recuperative holidays were arranged for 8 persons during the year, all were recommended for holidays by general practitioners.

Applicants were assessed to pay as follows:

Persons making payment in full	...	...	...	—
Persons making part payment	...	...	...	8

The cost to the City Council was £132. 16. 0., this includes travelling expenses for three adults and four children.

Applicants were accommodated at the following homes:

				<i>Male</i>	<i>Female</i>
Bell Memorial Home, Lancing	...	...	...	—	6
Convalescent Home, Broadstairs	...	...	...	1	—
St. Osyth's Priory Cheshire Home, Clacton on-Sea	...	...	...	—	1
				<hr/>	<hr/>
				1	7

The responsibility for assessing the need and arranging such holidays became the responsibility of the Welfare Division of the Social Services Department on January 1st, 1971.

(i) HEALTH EDUCATION

(Mr. D. F. Lewis)

If the efforts to promote successful health education are not to be squandered, there must be a careful examination of all the demands upon the slender resources available. By diffusing effort over too great a variety of areas there exists the danger of spreading these resources too thinly and so achieving little of real and sustained value. The trend of increasing demands for assistance means that the time may be rapidly approaching when only an increase in staff will avoid this undesirable situation.

It has been necessary to settle upon certain priorities, and with a view to the future, health education in schools has been given first place. An account of this work has been presented in the Principal School Medical Officer's Annual Report.

Exhibitions

Contributions were made to three large-scale exhibitions. The Central Council for the Disabled kindly agreed to mount an exhibition of about three hundred articles designed to assist the disabled with eating, dressing, the toilet, recreation and a variety of other household activities. Many of the articles could easily be constructed by the average handyman. Local organisations and professional bodies associated with the physically handicapped were invited to the display. Further publicity and information were provided through photographs and articles in the local press.

The display celebrating the centenary of the 1870 Education Act included a section on Dental Health. The collection of work in junior

schools, human and animal skulls illustrating the different dental formations, photographs of dental surgeries past and present, harmful and healthy foods, decayed teeth and the continuous showing of films on the subject, attracted the attention of many people.

The theme chosen by the World Health Organisation for emphasis during 1970 was, 'early detection of cancer saves lives'. In co-operation with the Cancer Information Association a one-day exhibition on this theme was presented at the Town Hall.

Talks and Lectures

The Mental Health Department and the Sandford Sewage Works again arranged for their staff to see a film, followed by a short practical session on 'Mouth to Mouth Resuscitation'. This is an aspect of first aid which is so vital to everyone's knowledge and so quickly learnt, yet for which there still remain too few requests for instruction.

With accidents in the home resulting in over 7,000 deaths a year in England and Wales, every opportunity needs to be grasped to encourage the public to be safety conscious. Among the talks given on the subject was one to the staff of a Nursing Home. Arrangements were made for the staff to see a selection of slides on safety, and to discuss their relevance to the situation in the Nursing Home. With elderly people more at risk than other age groups, education in this sphere becomes increasingly important in such Homes.

The subject of drug abuse continues to be a source of concern to the public. Talks have been given to schoolchildren, youth clubs, students, parents, mothers clubs and professional workers. Common to most of these meetings has been the earnest wish to understand the social and personal factors which may lead on to drug mis-use.

Health education may be promoted through many media, but that of the small informal discussion group is probably among the most effective. It is pleasing to see mothers clubs, such as the one in Northway, compiling programmes of talks which include such health topics as anti-smoking, infectious diseases, venereal diseases and dental health. Surveys, films, discussion, all help to increase understanding and develop sound attitude towards health.

Lectures have been given to medical students, college of education students, and student health visitors and district nurses. By speaking to such professional groups on aspects of health education, it is hoped that they in turn will seek opportunities to disseminate knowledge and information in this field of preventive medicine. Requests have also been received from Birmingham, Essex, Bromley and Bedfordshire to lecture to headteachers and assistant teachers on health education in schools.

Members of the department have given many talks on a great variety of topics, as is evident from the 238 occasions on which the film and slide projectors have been used. The Health Education Officer alone having

given 68 talks. One particularly interesting series of talks has been given by a Health Visitor to immigrant mothers. The subjects chosen included nutrition, immunisation, sterilisation and common ailments.

Fireworks

National publicity warning of the dangers of fireworks probably reached its highest point ever this year with special showings of B.B.C. television films on the subject. At local level posters were extensively distributed to schools, clinics, offices, factories, shops and community centres. Slides were shown in local cinemas during the week prior to November 5th. Talks and reminders were broadcast over Radio Oxford. After such endeavours it was discouraging to find that it was still necessary for the Eye Hospital to treat five cases and the Radcliffe Infirmary four cases of burns, during a period of four weeks around November 5th.

The support by local radio of the fireworks campaign, illustrates the contribution which the media could offer in health education. It is hoped that these opportunities will not be allowed to go begging.

Courses

The Home Helps course on budgeting and preparation of diets was again successfully repeated. Twelve Home Helps put theory into practice in considering food values, balanced diets, budgeting and subsequently preparing the actual meals. The importance attached to hygiene in the care and preparation of food was also included.

Due to constant demand it has been necessary to purchase a new 16mm film projector. Short courses on the use of the projector continue to be much in demand by different sections of the department.

The Health Visitor Study Days, initiated the previous year, have now become a regular twice yearly event. The first study day in April was on 'The future of Health Visiting', with consideration being given to the future structure of the health visiting service and the role of the Health Visitor. In October the theme was 'Middle Age', when a consultant psychiatrist spoke on emotional problems and a general practitioner on preventive screening. The latter clearly illustrated the successful manner by which he was systematically carrying out a periodic examination for all the men in his practice between the ages of 45 and 50. It was interesting to speculate on the differing interpretations of which years were considered, middle age!

Parentcraft classes

The fluctuating attendance at these classes during the year led to their being transferred to different clinic premises. Donnington closed in April. Blackbird Leys opened in May, but failed to attract sufficient numbers to make it worth continuing after the summer. The East Oxford clinic which began at the beginning of the year does seem to have established itself.

By the end of the year the total number of attendances at all clinics had risen slightly on the previous year.

The classes continue to follow a basic pattern designed to provide the mothers with reassurance, information and advice leading to the birth of their child. A team of doctors, health visitors and midwives cover such topics as female anatomy, foetal development, labour, aids during labour, feeding, layette, the fathers role and family planning. Following the session at several of the clinics, mothers are given relaxation exercises.

Parentcraft Classes

	No. registered	Total attendance
Blackbird Leys	12	47
Donnington	8	9
East Oxford	38	149
Summertown	65	259
Temple Cowley	80	202
Total	203	666

Year	1965	1966	1967	1968	1969	1970
No. registered	129	179	222	184	243	203
Total attendance	448	819	617	718	641	666

Cervical Cytology

In an endeavour to boost the numbers attending for examination it was decided to organise a small localised campaign in the Cowley and Blackbird Leys area. The Women's National Cancer Control Campaign kindly made their mobile caravan unit available to the department for the second week in January. It was decided that the caravan should form the focal point of the campaign and that despite the bitterly cold weather, the unit would not only be used for publicity purposes, but made available for examinations without appointments, when staffing arrangements permitted.

Through the courtesy of the Cowley Traders Association the caravan was parked in the middle of the Cowley Shopping Centre, where it would be noticed by the maximum number of women.

Information on cervical cytology was presented in a collection of ways.

- (i) Large display of posters in shops, clinics and surgeries in the area.
- (ii) Production of a small leaflet, for distribution by local newsagents with the daily paper.
- (iii) An article in the Cowley Church Chronicle.
- (iv) Talks and showing of the film 'Calling All Women' to women's organizations.

- (v) Letter to general practitioners in the area informing them of the campaign.
- (vi) Posters and book markers available in the two libraries serving the areas.
- (vii) Presence of the mobile unit in the shopping area.

The caravan was manned throughout the week for women to 'call in' while shopping and either have the examination at that precise moment or complete an appointment card for attendance at a clinic later.

During the four weeks following, women attending 29 cervical cytology clinics in the city were asked to complete a questionnaire giving the source of information which prompted them to attend for examination.

<i>Source of information</i>	%
Leaflet through the door	0
Leaflet from other source	6.7
Posters	2.5
Press	7.9
Personal advice	59.0
Caravan publicity	13.5
Talk or film show	7.4
Other	3.0
Total	100.0

General

The distribution of posters and leaflets on current topics has continued. Advice and information in preparing talks and selecting visual aids has been continually sought and made available. Visitors to the department have come from many parts of this country as well as from Greece and Germany. Such visits are always profitable in terms of the two-way exchange of information.

(j) DOMICILIARY OCCUPATIONAL THERAPY

(Dr. Vera Hollyhock)

The work of this section again increased, there being 25% more new referrals compared with last year. There has been an associated increase in clerical and administrative duties which have mainly to be undertaken by the Occupational Therapists themselves and there is now a clear need for additional clerical assistance. The Occupational Therapists have reduced the amount of time spent on craft work in order to cope with the major part of their duties which are now concerned with Aids to Daily Living. This is reflected by a decrease in the sale of patients' work.

The following report has been submitted by Miss Gould, the Head Occupational Therapist:

"The service had a full complement of staff during the year up to the end of October, when Mrs. Edmonds left as she and her husband were by then living in Newbury. The new member of staff did not commence until early in January 1971.

The total number of patients seen during the year showed a further increase, owing to the continued trend of discharging patients from hospital as soon as possible provided that adequate equipment and domiciliary services are available in the home. A high proportion of the visits by the occupational therapists are made prior to a patient's discharge to arrange for the supply of such equipment and to give the necessary advice to the relatives at home.

	1968	1969	1970
Total patients (as at 31st December)	241	254	297
New Referrals	142	168	211
Withdrawn	120	155	168

The following table summarises the aids and equipment recommended and/or provided by the service.

	1968	1969	1970
Bathing Aids (rails, seats, mats etc) ...	66	108	149
Adaptations to furniture	15	20	29
Toilet aids (rails, raised seats etc) ...	43	52	54
Small gadgets for dressing, feeding etc.	11	18	39
Walking aids	20	24	23
Advice & assessment for rails, ramps etc.	43	59	60
Hoists (electric & hydraulic)	1	2	9
Total	199	283	363

The sale of patients work shows a decrease again this year as more time is now taken up by assessment and provision of aids to daily living so there is less time available for craft work instruction.

	1968	1969	1970
Total sales	£3,443	£2,622	£2,170
Cash return to patients	£1,905	£1,110	£932

The service continued to compile the inpatient folders used throughout the United Oxford Hospitals. This year 19 patients were employed doing this work and they completed 20,000 folders.

The Social Group held once per fortnight continued throughout the year, though for a period of 3 months it was held at the Wood Farm Health Centre while alterations were being made to the rooms normally used at Dorset House School of Occupational Therapy. This was a most

suitable venue and thanks are due to Miss Robinson, the health visitor, for her help and co-operation during this period. The enlargement of the rooms at Dorset House are greatly appreciated, and with the additional space it would be possible to increase the number of patients attending if more transport was available. The two Welfare vehicles are used regularly, the rest of the transport being undertaken by voluntary drivers to whom we are most grateful, and by the three occupational therapists. The meetings are held at Dorset House by the kind permission of the Principal, Miss E. M. Macdonald, and this affords a practical instructional period of training for her students.

The occupational therapists have continued to take several students on domiciliary visits during the course of the year, as part of their training. Some local and visiting occupational therapists have also been taken on visits, including an occupational therapist from Japan.

The Head occupational therapist has visited the Ormerod School for Physically Handicapped Children and in consultation with the headmistress and the school physiotherapist has been able to assess and advise on some Aids to Daily Living for some of the children. She hopes to continue to make an occasional visit when necessary. The Head occupational therapist and the school physiotherapist spend a day visiting Cheyne Walk Spastic Centre in London where they were able to see the work of the Centre with particular reference to special methods of physiotherapy and Aids to Daily Living.

(k) CHIROPODY

(Dr. Vera Hollyhock)

This service continues to grow as the demands made upon it continue to increase. Unfortunately the part-time chiropodist left early in the year, but we were very pleased to welcome Mrs. Lyon as a full-time senior chiropodist in September. Re-organisation was carried out with a view to improving the quality of the service and as a result more clinics are now held in Health Centres.

Miss Cooper who had most ably assisted this service for very many years retired during the year, but kindly agreed to continue to undertake one session a week at an Old People's Home. We are most grateful to Miss Cooper for all her willing help and wish her many years of happy retirement. We hope to be able to recruit a further part-time chiropodist in the near future because we require to replace the sessions which Miss Cooper has given up.

Although there has been a re-organisation and change in venue of many of the chiropody sessions we still have a great deal of assistance from our voluntary helpers and for this we are extremely grateful.

The following report has been submitted by Mr. F. W. Whatmore, Chief Chiropodist:

"There are now five well equipped chiropody clinics conveniently situated around the City whilst four Old People's Clubs continue to serve the people in the central area. It is anticipated that the patients at present seen at the George Street Club will eventually attend the St. Barnabas Clinic in Albert Street, where better conditions can be provided for them. All the clinics are working to full capacity, although some patients fail to attend on occasions due to illness or bad weather conditions. Such failed appointments have not been very great considering the elderly type of patient dealt with.

No opportunity is lost of making full use of new techniques where this is thought necessary to overcome the very limited resources at our disposal. The demand for treatment has again increased with an overall intake of 393 new patients.

It was decided to double the transport sessions from two to four per week. This was felt to be advisable in order to avoid further expansion of the domiciliary service which is relatively costly in time and money. There is now a weekly transport chiropody session based on the Wood Farm and Blackbird Leys Health Centres, and Cutteslowe Court and Oseney Court Old People's Homes, and this has been greatly appreciated by those receiving the service. A shortage of chiropodists has been felt acutely during much of the year.

Mr. Lewis who came into the service in November 1969, and was providing five sessions per week, left suddenly in February. Miss Cooper who for many years had undertaken sessions at three Clubs and two Old People's Homes retired in October, but kindly agreed to continue one session per week at the Home nearest to her residence for a further period. The part-time staff was thus reduced to two private chiropodists each providing one session per week. The vacant senior grade full-time post was eventually filled by Mrs. F. Lyon who commenced her duties on 1st September.

The changes in the service have greatly added to the clerical work involved. The patients of three centres, namely Rose Hill, Regal Residents and Beveridge House, were absorbed into the direct service. Where a patient was unable to attend within the new timetable provision has been made for attendance at another clinic. Regretfully, owing to the re-arranging of clinic days, the voluntary helpers in two Clubs were unable to continue their offer of help. However the recruitment of some new voluntary helpers has been very successful and their services are greatly valued by staff and patients alike.

Considerable improvement in liaison both with hospital departments and general practitioners has brought a better understanding of chiropodial capabilities, as well as greater benefits to the patient.

Some time has been devoted to foot health education by attendance at Career Conventions organised by the Ministry of Employment. Talks have also been given to young wives groups on footwear for themselves and their children.

Summary of Work 1963-1970

Year	Patients	Treatments	Sessions
1963	770	2,979	476
1964	849	3,661	575
1965	1,017	4,666	754
1966	1,069	4,999	724
1967	1,054	4,886	727
1968	1,262	4,864	635
1969	1,529	5,076	717
1970	1,852	5,022	768

Comparison between 1969 and 1970

Place of treatment	1969				1970			
	Patients	Treatments	Sessions	Av. treatments per session	Patients	Treatments	Sessions	Av. treatments per session
Clubs and Clinics	626	2,285	305	7.4	748	2,359	334	7.0
Transport Sessions	308	635	91	6.9	462	943	153	6.2
Patients' own home	133	523	130*	—	182	507	127*	—
City Homes	462	1,633	191	8.5	460	1,213	154	7.9
Totals	1,529	5,076	717	7.0	1,852	5,022	768	6.5

*A nominal figure based on 4 domiciliary treatments per 3-hour session.

Chiropody at Old People's Clubs

Club	Voluntary Worker	Chiropodist	Time	Patients	Treatments	Sessions	Av. treatments per session
Beveridge House, Wood Farm Estate	The Warden	Miss E. Cooper	Thursday, 4-6 p.m. (fortnightly)	72	192	20	9.6
Cowley Friendship Club, Congregational Hall	Mrs. K. Lewis, 58 White Road	Mr. T. McGarrity	Wednesday, 2.15- 5 p.m. (weekly)	60	304	43	7.1
Regal Residents Hall, Shelley Road	Miss D. Parr, 13 Winchester Road	Miss E. Cooper	Monday 2.30- 5 p.m. (fortnightly)	35	174	21	8.3
Rose Hill Community Centre, The Oval	Mrs. S. Eeley, 11 Howard Street	Miss E. Cooper	Tuesday, 3-5 p.m. (weekly)	67	326	41	7.9
Senior Citizens, George Street	Mrs. L. E. Smith, 1 Pinnocks Way	Mr. F. Whatmore	Wednesday, 2.15- 5 p.m. (weekly)	58	241	37	6.5
			Totals	292	1,237	162	7.6

Chiropractic at Clinics and Health Centres

Clinic or Health Centre	Voluntary Worker	Chiropractist	Time	Patients	Treatments	Sessions	Av. Treatment per session
Blackbird Leys Health Centre.	—	Mr. Whatmore	Wednesday 2.30-5.30 p.m. (fortnightly)	101	193	30	6.4
Northway Clinic	Mrs. M. Bloomfield, 1 Stainfield Road	Mr. Whatmore	Mondays, 9.15-12.30 p.m. (fortnightly)	48	124	20	6.2
South Oxford Clinic	Mrs. W. Bull, 120 Wytham St.	Mr. Whatmore (from September Mrs. F. Lyon)	Wednesday, 2.30-5.30 p.m. (fortnightly)	71	209	29	7.2
Summertown Clinic	—	Mr. Whatmore	Tuesday 9.15-12.30 p.m. (weekly)	139	354	54	6.6
Wood Farm Health Centre	Mrs. Quigley, 71 St. Lukes Road	Mr. Whatmore	Thursday 2.30-5.30 p.m. (fortnightly)	97	242	39	6.2
			Totals	456	1,122	172	6.5

(l) DOMICILIARY RENAL DIALYSIS

(Dr. Vera Hollyhock)

One further City patient has been accepted for domiciliary renal dialysis. The home conversion was paid for by the City Council under Section 28 of the National Health Service Act, 1946, the work being carried out under the supervision of the Regional Hospital Board Works Buildings Department. The kidney machine and associated equipment were supplied by the United Oxford Hospitals. There are now four City patients on home dialysis.

As a result of the extreme care taken in monitoring patients and keeping a very strict watch over the techniques, there has been no case of serum hepatitis associated with the Dialysis Unit at the Churchill Hospital. During the summer a number of patients from the Unit were able to go to Lymington in Hampshire for their holiday and dialyse in the Unit's caravan sited there. It is hoped that there will be a second holiday dialysis caravan available next year and that even more patients may thus be able to go away for a holiday with their families.

The programme of home dialysis is enabling patients to lead near normal lives and frequently to continue working, although of course it must be realised that there is a great deal of disruption in what would be the pattern of life for a normal person. The fact of having to dialyse three nights a week interferes very considerably with the private life of both the patient and his family. Inevitably there are some medical ups and downs from time to time necessitating time off work and periods in hospital. There is also a financial strain on these patients resultant upon the fact that they need a modified and more expensive diet than normal. The spells in hospital may result in increased expenses and decreased income. A further factor to be borne in mind is that they are not able to take out normal insurance policies or plan for the future for either themselves or their families. Nonetheless an increasing number of people can now continue to live and work who previously would not have been able to do so.

(m) HOUSING ALLOCATION ON MEDICAL GROUNDS

(Dr. Vera Hollyhock)

The appropriate senior medical officer has continued to advise on applications for rehousing where a doctor, either the general practitioner or a hospital consultant, has considered that there were medical grounds justifying rehousing. The number of such cases has risen and each requires a careful investigation. The cases are considered not only with reference to the particular medical condition of the patient, but also having regard to the total set up of the whole family and its circumstances. The Housing Committee makes 50 dwellings available for allocation on medical grounds and this enables all cases where the need is felt to be very acute to be

rehoused forthwith. Such cases are those where the conditions represent a severe danger to life or health. There is a further group where, although there are strong grounds for recommending rehousing the matter is not quite so urgent and these cases are given an Intermediate or High Intermediate priority and are usually rehoused within a matter of months. In addition there are a large number of cases where the accommodation in which the applicant lives is far from satisfactory in view of the medical condition, but does not in fact represent a serious danger to life or health; these cases are considered by committee and either approved for rehousing or deferred for reconsideration at a later date. Approval for rehousing is dependent upon the information available as to the severity of conditions and the urgency of need of one case as opposed to others on the list. All cases which are deferred are automatically brought back at a stated time, but could be considered at an earlier date if the medical officer has reason to believe that change of circumstances has created a greater degree of urgency. The medical officer is very much helped in this work by the general practitioner and practice health visitor who are able to advise immediately there is any such change.

Unfortunately the housing position in Oxford is such that it is impossible to rehouse quickly all cases for which rehousing would be desirable.

Cases investigated

	1968	1969	1970
Applications received	148	115	142
Recommended for rehousing ...	116	90	103
Not recommended	27	13	11
Applications withdrawn or dealt with by another procedure	5	12	28

Priority of cases recommended for rehousing

	1968	1969	1970
High priority	5	14	5
Intermediate	46	44	55
Others	65	32	43

During the year the Housing Management Sub-Committee considered 106 cases which included some previously deferred for various reasons, with the following results:

Permanent accommodation ...	53
Deferred	44
Rejected	4
Warden accommodation ...	3
Applicant made alternative arrangements	2
	<hr/>
	106
	<hr/>

Unfortunately well before the end of the year the allocation of 50 dwellings had been reached but the committee agreed that further dwellings should be allocated as necessary. It was also agreed that cases where the priority was low should in future be discussed between the medical officer and the housing manager, who would keep them continually under review and bring them to committee if there should be any change in the circumstances rendering a case more urgent. This procedure would enable the committee to save time by considering only the more serious cases.

The need is apparent for more accommodation for elderly people either in small flatlets or warden type accommodation. There are in the City a number of elderly people who by reason of medical conditions related to old age, such as heart failure and arthritis, are no longer able to cope with their large old houses. They are not able to climb stairs easily, nor to deal satisfactorily with the conditions of cold and damp which, when they were younger they could take in their stride. Cases such as these make up a large proportion of the applications for rehousing on medical grounds.

Three 3-bedroomed purpose built bungalows for seriously disabled persons were nearing completion towards the end of the year and applications were invited. The senior medical officer considered all cases, taking into account the various medical and social aspects, and the committee then allocated the bungalows to three disabled persons with families, after considering the medical officer's recommendations.

(n) NURSING HOMES (Dr. Vera Hollyhock)

There has been no change in the Register of Nursing Homes, which at 31st December 1970, was as follows:

Home	No. of beds	General Purpose	Registration
Acland 23/25 Banbury Road	30	Acute medical and surgical cases	Nuffield Nursing Homes Trust 1962
St. John's, St. Mary's Road, Cowley	61	Elderly, frail and chronic sick women	Anglican Sisters 1950
St. Luke's, 20 Linton Road	47	Convalescent and rehabilitation patients for short term. Elderly and infirm on a long term basis. There is a contractual arrangement with the Regional Hospital Board.	Re-registered 1967

Six statutory inspections were carried out during the year—two to each Home. At the Acland Nursing Home two beds are allotted for abortion cases under the Abortion Act, 1967.

Informal visits were also made to the Homes to give advice to the staff on matters relating to public health. At the time of the electricity shortage during the work to rule in December, the medical officer was called on for help and advice by one of the Nursing Homes. Arrangements were made with the Health Education Adviser to talk to the staff at another of the Homes about safety measures.

(o) AID IN SICKNESS CHARITIES

(Dr. Vera Hollyhock)

The Medical Officer of Health has continued to be represented on the Committee of the Charity by a senior medical officer. This officer attends committee meetings three times a year. Aid is provided under the following headings.

1. Domiciliary Physiotherapy

Physiotherapy treatment in the home has continued to be given to patients who can benefit but who are unable by reason of health to make regular visits to the hospital. For financial and other reasons these patients are unable to employ a private physiotherapist but they are requested to make a contribution towards the cost of each treatment, which at the moment works out at £1.6.5d. During the year 27 new patients were accepted and with 33 carried over from the previous year, a total of 60 patients received 1,218 treatments.

2. The Lying-in Charity

No grant was made from this fund.

3. Other Charitable Grants

The Charity was able to provide three night storage heaters on loan to persons in need. These were patients who could not afford adequate heating and they were thus enabled to utilise cheap rate electricity for heating although they were unable to find the capital outlay for a storage heater. In addition grants can be made to help with the costs of heating. Grants in aid can be made to help with other unavoidable expenses incurred as a result of sickness and one such grant was made during the year.

(p) LICENSING OF DRIVERS SUFFERING FROM EPILEPSY

(Dr. E. P. Lawrence)

In April, the Ministry of Transport issued memorandum No. 42/70 giving guidance to licensing authorities about epilepsy and driving (Regulation 22 (2) of the Motor Vehicles (Driving Licenses) Regulations 1970).

The intention is that applicants for driving licences who suffer from epilepsy may be granted a licence if they have had no fits whilst awake for three years, and are therefore unlikely to be a source of danger to the public. Fits whilst asleep need not disqualify an applicant provided the pattern has been longstanding (of more than three years duration). Applicants are asked to provide the Medical Officer of Health with details about their epilepsy, and the latter has authority to recommend the granting of a driving licence if medical reports from the family doctor are satisfactory. In doubtful cases, a Consultant opinion may be needed.

These regulations came into effect on June 1st and two persons who had suffered from epilepsy in the past, applied for driving licences. Both applicants were approved.

There were 31 notifications of scarlet fever, half occurring in school children of primary school age. All were sporadic cases.

Cases of whooping cough occurred towards the end of the year, in the same time as in previous years throughout the country. There were 24 cases of which 20 occurred during the last quarter. During a period of nine months in 1967 and 1970, no case of whooping cough was notified in Oxford and over a period of 18 months only eight cases were notified.

The last notification of diphtheria was 21 years ago and of poliomyelitis four years ago. The latter was a single isolated case in an adult, an child has suffered from poliomyelitis within the past year.

There were 66 notified cases of measles, compared with 193 last year. Thirty-two were school children, between 2 and 10 years of age, and 34 were of pre-school age. One small outbreak occurred at a day hospital, started by an unimmunised child admitted from Aylesbury; the non-immunised children, all from other areas, contracted the disease.

The last epidemic of measles in Oxford occurred in 1962, and since then there has been a continued decline, as shown in graph 1. This can be attributed to the steady acceptance of measles vaccination as a routine procedure since 1966. Almost 10,000 children have been protected since that date, and the vaccination rate, averaged in two-year-old children in now reaches 75%. Most other parts of the country started measles vaccination later than Oxford and there were widespread outbreaks over the supply of measles during 1969 from which Oxford escaped. As a result

SECTION IV

INFECTIOUS DISEASES

Report by Dr. E. P. LAWRENCE,
M.B., B.Ch., D.P.H., D.T.M.&H.
Deputy Medical Officer of Health

(a) EPIDEMIOLOGY

There were no changes in notification procedure. Glandular fever remains a notifiable disease as the Order, dated 1st January, 1967, made by the City Council under Section 147 of the Public Health Act 1936 was renewed for a further period of three years as from 1st January, 1970.

Streptococcal Infection

There were 21 notifications of scarlet fever, half occurring in school children of primary school age. All were sporadic cases.

Whooping Cough

Cases of whooping cough occurred towards the end of the year, at the same time as an increase throughout the country. There were 34 cases of which 29 occurred during the last quarter. During a period of nine months in 1969 and 1970, no case of whooping cough was notified in Oxford and over a period of 18 months only eight cases were notified.

Diphtheria and Poliomyelitis

No cases occurred. The last notification of diphtheria was 21 years ago, and of poliomyelitis, four years ago. The latter was a single isolated case in an adult; no child has suffered from poliomyelitis within the past 13 years.

Measles

There were 66 notified cases of measles, compared with 193 last year. Thirty-two were school children, between 5 and 10 years of age, and 23 were of pre-school age. One small outbreak occurred in a City hospital, started by an unimmunised child admitted from Aylesbury; five more unvaccinated children, all from other areas, contracted the disease.

The last epidemic of measles in Oxford occurred in 1965, and since then there has been a continued decline, as shown in graph 1. This can be attributed to the ready acceptance of measles vaccination as a routine procedure since 1966. Almost 10,000 children have been protected since that date, and the vaccination rate, assessed in two-year-old children has now reached 76.5%. Most other parts of the country started measles vaccination later than Oxford and there were widespread difficulties over the supply of vaccine during 1969 from which Oxford escaped. As a result

300,000

200,000

100,000

75,000

50,000

25,000

0

QUARTERLY NOTIFICATIONS OF MEASLES
OXFORD AND ENGLAND AND WALES
1965-1970

OXFORD. - · - · -
ENGLAND AND WALES. ———

800

700

600

500

400

300

200

100

0

OXFORD

ENGLAND AND WALES

1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4

1965

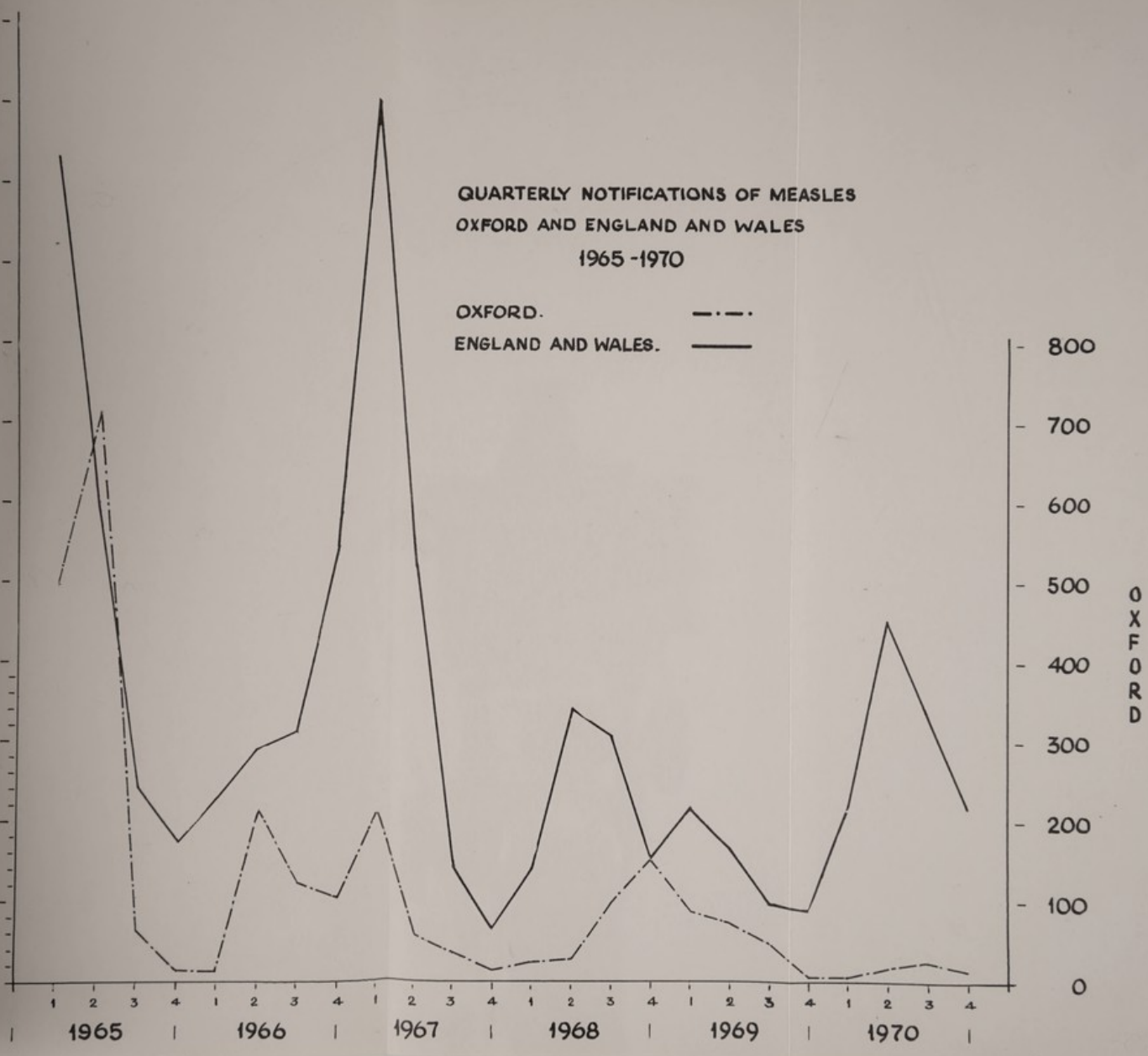
1966

1967

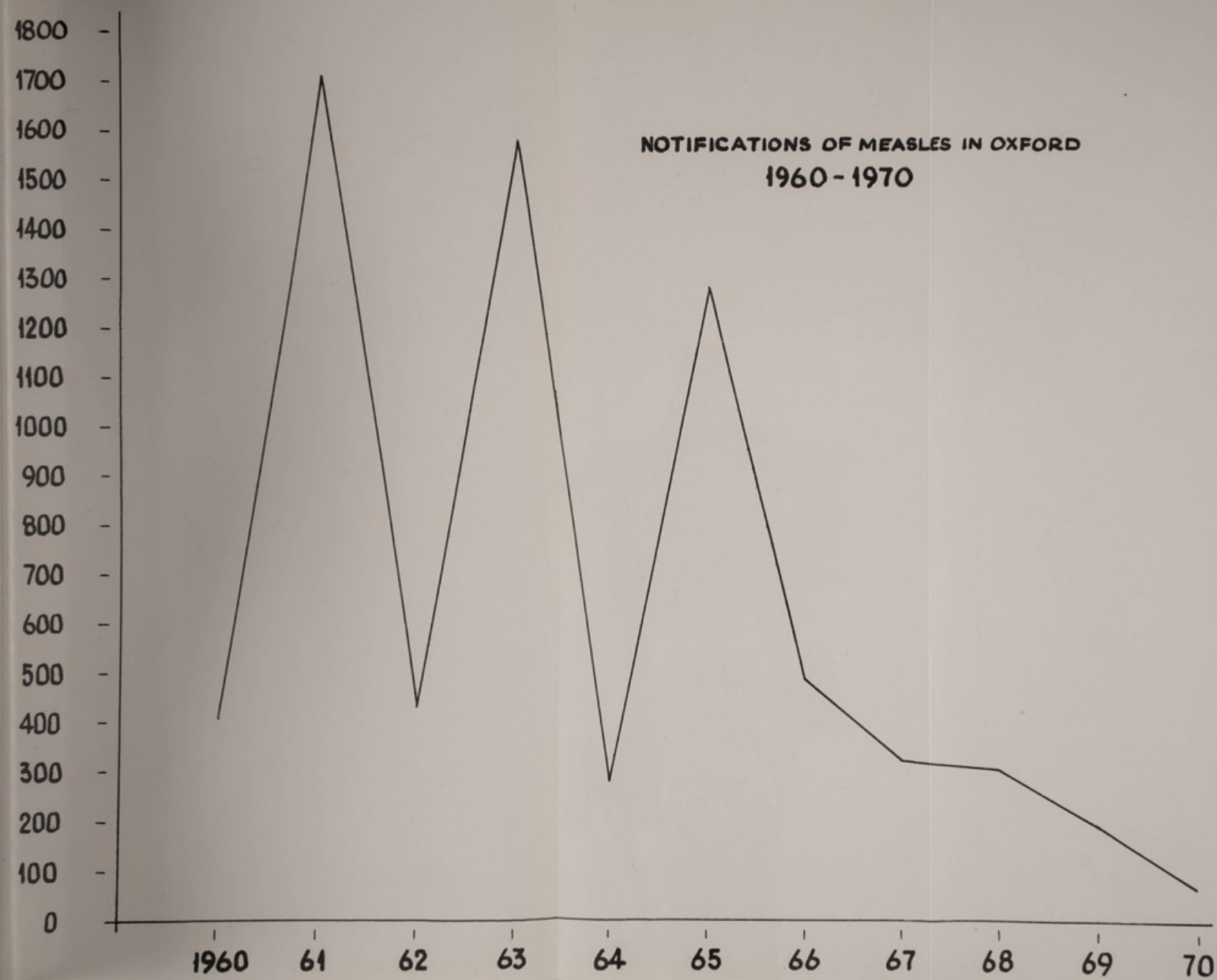
1968

1969

1970



NOTIFICATIONS OF MEASLES IN OXFORD
1960 - 1970



there was a national epidemic of measles this year but by contrast a diminished incidence in this City. This is demonstrated in graph 2, which compares quarterly notifications of measles in Oxford, and in England and Wales. Further evidence of the effectiveness of a high vaccination rate is shown in Table 1 which compares the notification rates for the local health authorities in the Oxford Region and it will be seen that the incidence of measles in Oxford is lower than that in all the other neighbouring authorities. It is of interest that the authority with the next lowest incidence is Oxfordshire.

TABLE 1
Measles notifications in Oxford Region 1970
(Figures from Registrar General's weekly reports)

	Number	Rate per 1,000 children
		0-15 years
England & Wales	304,736	26.2
Oxford	66	3.03
Oxfordshire	388	5.8
Berkshire	1,799	12.8
Reading	528	16.7
Buckinghamshire	1,973	13.0
Northamptonshire	1,850	22.9
Northampton	991	33.8

Measles vaccination produces good protection, at least on a short term basis. Since 1966, only 70 (0.7%) previously vaccinated children have so far contracted measles, mostly in a very mild form. In only 12 cases was the disease of moderate severity, and there were no severe cases of measles amongst the vaccinated.

As well as being effective, a vaccine should also produce few reactions. In this respect, measles vaccine is less than ideal. In a survey in the City, which is continuing, all children vaccinated are followed up to discover the pattern of reactions. One third have been reported as unwell, with fever occurring in 14%, whilst 11% have a rash. This relatively mild level of reaction rate seems to be acceptable to parents.

An article describing the experience of measles vaccination in Oxford has been submitted for publication.

Acute Meningitis

Three cases were notified. A girl of six and a boy of three had meningococcal meningitis and in a girl of two the causative organism was haemophilus influenzae.

Acute Encephalitis

Two cases occurred following an attack of mumps, and in a third case the causative organism was not identified.

Bacillary Dysentery

There were 51 cases, a slight increase compared with 40 last year, and a quarter were due to the flexner strain. Nearly three-quarters of all the cases of dysentery were in infants or school children, and one school had a small outbreak which was, as usual, of great nuisance value but little real danger to health. Control was based mainly on the exclusion of children with diarrhoea rather than the time-consuming and tedious operation of supervised hand washing, frequent application of disinfectants and widespread stool sampling which seems in practice to have little effect on the course of an epidemic.

A small outbreak of dysentery in the special situation of a children's psychiatric hospital did however necessitate closure of the hospital school for two weeks and postponement of new admissions until the outbreak stopped.

Typhoid and Paratyphoid Fevers

A girl aged 3½ was admitted to the Slade Hospital with an undiagnosed fever which on investigation proved to be typhoid. Ten days later her brother aged 5 also developed the disease. Fortunately, both were mild cases with rapid and complete recovery.

Investigation of the family, who were Persians but who had lived in Oxford for a number of years, revealed no less than four possible carriers of the disease, three having definitely had typhoid in the past. The final conclusion was that an aunt, one of the carriers who lives in Persia, had infected her niece during a short visit to the Oxford household. It seems likely that the niece then passed on the germ to her brother. The aunt seems to have been a long-term carrier; she had typhoid during a pregnancy ten years ago, and five years later probably infected her daughter. After a further five years she seems also to have infected her niece. She returned to Persia taking ampicillin in an effort to eradicate the carrier state and is under surveillance.

The third case of typhoid this year was an undergraduate who returned from a continental holiday with this unwelcome passenger. He also had a mild illness and fortunately antibiotics were effective in rapidly eliminating the organism.

A single case of paratyphoid occurred in a young physiologist who had been working on the circulatory system of tortoises. Investigations failed to incriminate these animals as a source of his infection, but did provide an opportunity to learn more about the tortoise trade. The source of the paratyphoid infection was not discovered.

There are two known typhoid carriers in the geographical area of the City, both of whom excrete the organism intermittently. One added to our administrative difficulties by changing her name by marriage and her residence to Oxfordshire County by the simple expedient of living in a house on the other side of the road. Both chronic carriers have many and

The following table gives details of the organisms causing food poisoning in 1970
Particulars of Outbreaks

Causative agent	General outbreaks		Family outbreaks		Sporadic cases notified or ascertained	TOTAL CASES
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained		
Salmonella:						
(a) anatum	—	—	—	—	1	1
(b) enteritidis	—	—	2	4*	—	4
(c) ibadan	—	—	—	—	1	1
(d) infantis	—	—	2	6	—	7
(e) java	—	—	—	3*	—	3
(f) typhi-murium	—	—	1	2	5	7
(g) wien	—	12	—	—	1	1
Cause unknown	3	—	—	—	1	13
	3	12	5	15	10	37

* 2 cases of Salmonella enteritidis and 3 cases of java are connected with the same outbreak.

frequently changing contacts in the form of numerous young relatives. We have tried to keep up-to-date with T.A.B. vaccination of contacts and surveillance continues.

Food Poisoning

There were 24 cases of salmonella infection occurring as 10 unrelated sporadic cases, and five small family outbreaks. Two isolated cases and a family of four were thought to have been infected abroad; the remainder acquired their food infection in this country.

The 13 cases in which no organism was detected included one isolated person and three separate groups of diners at restaurants, and all had symptoms strongly suggestive of staphylococcal food poisoning. In two of the restaurant outbreaks, fried rice came under strong suspicion, and the very short incubation period raised the possibility of "Kwok's Quease" or a toxic chemical poisoning. However, the clinical picture did not quite fit the classical description of "Kwok's Quease" and no toxic chemicals were detected by the City's Analyst.

Leprosy

Two patients remain on the register, both having outpatient hospital care. There have been no new cases.

Infective Hepatitis

The number of cases notified has risen from 129 last year to 298 this year. As most of the cases occurred in the first nine months of the year, the epidemic which began in March, 1969, appears to be on the wane. In those areas where this disease has been notifiable for some years, the incidence rises to a peak about every six years, taking about a year to reach the peak and another year to fall back to normal levels. This seems to have happened in Oxford in the present epidemic.

The disease has largely been confined to the Blackbird Leys estate where nearly threequarters of the cases have occurred; there was some spread to the east of the City, but very little in the north and west. It has been a disease mainly of school children and young parents, with half the cases occurring in children of school age and a further quarter amongst adults between 20 and 34 years of age, many being the parents of young children. Family spread was fairly common; in 66 families where there was more than one case, 85 family contacts caught the disease, giving an attack rate of 1 in 2.4. The attack rate for the Blackbird Leys estate was 1 in 47, and for the City as a whole 1 in 370. These rates are higher than in 1969 as the peak of the epidemic was reached in the early months of 1970. Outside the family, a history of contact was less often reported, only 28% knowing of a possible source of the infection. This can be attributed to the occurrence of asymptomatic and subclinical cases which are responsible for the unwitting transmission of the disease.

In 207 cases in which adequate data was obtained, the symptoms were as follows:

<i>Symptom</i>	<i>Cases</i>	<i>Percentage</i>
Anorexia	189	94
Nausea	171	85
Vomiting	164	81
Abdominal Pain	164	81
Fever	119	60
Headache	47	23
Rash	19	9
Sore Throat	17	9

Control of the disease is difficult, as subclinical cases occur and the incubation period is relatively long. This results in a scatter of cases both in time and space. In Blackbird Leys, the main centre of the epidemic, less than 5% of the school population were affected in any one school, so that there were no readily identifiable foci against which control measures could be directed.

Spread of the disease is largely from bowel to mouth, so attention to personal hygiene is important. Vaccination with human immunoglobulin confers passive immunity and is effective if given soon after contact, in certain well-defined situations. Four such have occurred during the year, and immunoglobulin has been used with good results. On each occasion (Mabel Prichard School, a children's home, a residential hostel for the mentally subnormal, and a family in South Oxford), there was a clearly defined initial case of the disease, and a limited and known period of contact for the people at risk. A total of 20 children and 40 adults were given immunoglobulin in these four situations, and only one further case of jaundice occurred. This was in a boy who had been exposed to the disease at the same time as the index case, and developed jaundice the day after receiving the immunoglobulin; there was no spread to the rest of the family.

The few food handlers who suffered from this disease were advised to abstain from such work until they had fully recovered. As persistence of the causative virus in the body after recovery is of uncertain duration, and as its precise relationship to the virus of serum hepatitis has still to be ascertained, those who have suffered from infective jaundice are advised never to become blood donors.

One case of jaundice attributable to blood transfusion occurred in a haemophiliac receiving treatment in Oxford. The incidence of jaundice in

the City has been discussed with a research team working in the new Drug Addiction Centre at Littlemore Hospital and it appeared that a few patients notified as having infective hepatitis were also known to take drugs by injection. It is therefore likely that there is a significant under-reporting of jaundice acquired by the parenteral route.

Leptospirosis

Two cases in school children were notified; both were mild illnesses, with complete and rapid recovery. A boy became infected after swimming in various parts of the Thames and Cherwell a week to ten days previously. A girl who had been playing in a stream near her home developed jaundice which was thought to be due to leptospirosis but laboratory tests failed to confirm this. She also had a pet dog which could have caused the illness, if she did in fact have leptospirosis and not infective hepatitis.

Glandular Fever

There was little change in the pattern of this disease. There were slightly fewer cases notified, but the proportion of young adults in the age group 15 to 25 years was 84%, exactly the same as last year. Cases were sporadic, a little less than half the total being in undergraduates from 22 different colleges. Six nurses were reported to have had the disease.

The constancy of the epidemiological picture of glandular fever which has emerged over the past four years serves as a valuable base line for further research. It now seems that young adults who have escaped infection by an organism called the E.B. virus in childhood are particularly susceptible to glandular fever. The Health Department is currently helping a team from the Public Health Laboratory Service in the investigation of the relationship of this virus to glandular fever. Infection by the E.B. virus seems to be widespread during early childhood, and by taking samples from groups of children of different ages to ascertain those who have been infected and then checking their medical histories for any common factor, it is hoped to throw some light on the curious susceptibility of young adults and undergraduates in particular, to glandular fever.

Influenza

The epidemic which started in December, 1969, continued into January and was the subject of report last year; otherwise there was no epidemic of influenza this year. Advice concerning vaccination remains unchanged; it being recommended only for patients with chronic heart, chest or kidney disease who should consult their family doctor. There is still insufficient evidence of benefit to warrant the routine vaccination of medical, nursing and public services staff and an entirely satisfactory vaccine is still not available.

Malaria

A student and a young school girl were admitted to hospital with fever shortly after arriving in this country from Africa. They were found to have malaria and responded rapidly to treatment.

CASES OF INFECTIOUS DISEASE NOTIFIED FROM HOSPITALS

	Slade Hospital	Radcliffe Infirmary
Sonne dysentery	14	—
Whooping cough	2	—
Infective hepatitis	21	4
Serum hepatitis	1	—
Glandular fever	9	10
Acute encephalitis	2	1
Food poisoning	7	4
Measles	8	—
Typhoid fever	2	—
Paratyphoid B	1	—
Acute meningitis	—	1
Scarlet fever	—	1
Leptospirosis	1	—
Malaria	2	—
	70	21

Notifiable infectious diseases since 1951

Disease	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Smallpox	76	102	136	35	23	24	29	56	94	118	56	70	37	23	14	13	38	29	—	21
Scarlet Fever	15	18	20	21	16	1	10	8	8	13	17	8	12	7	8	12	—	4	—	—
*Erysipelas	64	126	117	105	149	116	93	100	47	47	41	26	41	78	37	17	8	11	—	—
*Puerperal Pyrexia	13	18	47	47	37	64	64	50	14	18	18	4	1	2	1	—	3	6	2	—
Ophthalmia neonatorum	3	1	2	—	1	—	1	—	1	2	2	—	—	—	—	—	—	—	—	—
Pemphigus neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	1294	461	2376	13	1001	888	1220	139	1117	409	1711	429	1593	280	1285	449	321	306	193	66
Measles	741	71	367	302	90	29	213	23	40	55	80	2	41	87	21	33	180	78	6	34
Whooping Cough	96	64	91	71	81	65	71	51	56	22	34	22	38	16	11	11	22	14	—	—
*Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic	4	4	6	2	13	1	6	1	—	—	1	—	—	—	—	—	1	—	—	—
Non-Paralytic	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-infectious	1	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	4	2	5	3	6	—	2	3	2	2	3	1	1	1	—	3	1	1	2†	3
Typhoid Fever	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	2	1	—	—	3
Paratyphoid	—	—	—	2	2	—	—	—	2	2	1	—	2	1	—	—	1	2	1	1
Bacillary Dysentery	255	68	79	233	66	526	127	28	90	125	101	20	68	79	116	50	79	106	40	51
Amoebic Dysentery	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	21	40	25	37	119	154	21	72	26	23	6	13	100	39	68	11	7	210	35	37
Infective Hepatitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28	26	129	298
Glandular Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	85	98	100	77
Leptospirosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2

*Ceased to be notifiable w.e.f. 1st October, 1968.

†Meningococcal infection includes all diseases notified as Acute Meningitis w.e.f. 1st January, 1969.

(b) THE SLADE HOSPITAL. Infectious Diseases Department

The Medical Officer of Health has continued to hold a part-time (two sessions) appointment as Consultant Physician (Infectious Diseases) to the Board of Governors of the United Oxford Hospitals. With the assistance of his Deputy he is responsible for the clinical control of 25 beds at the Slade Hospital.

Dr. I. McD. Jessiman, M.B., B.Chir., D.C.H., Resident Medical Officer, resigned in August and the following report, 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, has been prepared by his successor, Dr. A. Maheson, M.B., B.S.

"The total number of admissions was 431, of which children (under 15 years) constituted 253 and adults 178. The general pattern of admissions was similar to 1969. Non-specific gastroenteritis was the most common illness, followed by infectious jaundice.

There were 98 cases of non-specific gastroenteritis in children, an increase of 30% over the previous year. Most cases occurred in the winter and early spring. About 40% of the cases had preceding or coincidental respiratory tract or ear infection. There were 16 cases of infantile gastroenteritis associated with *escherichia coli* and amongst the types that were isolated were 026, 086, 0114, 0119 and 0128. There were 18 cases (mostly children) of dysentery due to *shigella sonne*.

The 36 cases of infective hepatitis were divided equally between adults and children. One third of the cases came from the Blackbird Leys area of Oxford. A 4-year-old boy had a prolonged and severe illness and was transferred to the Paediatric Department.

Glandular fever was again a relatively common disease, especially during university terms, most of the patients being undergraduates. A 30-year-old woman was admitted as a possible case of glandular fever but subsequent investigation proved that she had acute myeloid leukaemia.

In spite of vaccination, there were 17 cases of measles. A 6-year-old girl had encephalitis but she made an uneventful recovery.

There were 15 cases of mumps of which 9 were complicated by meningo-encephalitis and 4 by orchitis.

Pneumonias were similar in number to last year but there were only six cases of upper respiratory tract infection. The group of bronchitis, bronchiolitis and laryngotracheobronchitis increased by over 50%, most of the cases occurring amongst children under 4 years of age.

Pertussis accounted for seven cases, the *bordetella* organism being isolated from a nasal swab in four of these.

There were four cases of illness due to streptococcal infection of which two had scarlet fever. There were 20 cases of tonsillitis or quinsy all of whom were referred from the E.N.T. Department, Radcliffe Infirmary.

There were seven cases of typhoid and two of paratyphoid B. A 28-year-old lady from Portugal and her two children aged 5 and 2 years who had come to England on a holiday, developed typhoid fever and were in hospital for nearly two months. A 7-year-old West Indian girl born in England was treated for typhoid fever complicated by severe anaemia and peritonitis. She had probably been infected by her grandmother who was a well-known carrier in Oxford. Two children aged 5 and 4 years of Persian origin were also treated for typhoid fever. They were infected by a visitor from Persia who was a chronic carrier.

There were 18 cases of food poisoning, of which eight were due to salmonella typhimurium, two to salmonella enteritidis, and one each to salmonella panama and salmonella stanley. A school teacher who had returned from holiday in Majorca had prolonged diarrhoea due to salmonella virginia and salmonella oramienburg.

Amongst the tropical diseases were three cases of malaria from Africa, two were caused by plasmodium falciparum and one by plasmodium ovale.

There was one case of brucellosis in a youth of 17 who worked on a farm in Oxfordshire. He had a prolonged illness and brucella organisms were cultured from his blood.

Amongst the less common infectious diseases there was one case of hand, foot and mouth disease in a 1½-year-old boy, coxsackie A16 virus being grown from his faeces. Toxic epidermal necrolysis was diagnosed in a 2-year-old boy, a profuse growth of staph. aureus being obtained from the skin lesions. A 15-year-old boy presented as a case of meningitis, but subsequent investigations revealed that he was suffering from leptospirosis icterohaemorrhagica.

A number of cases of diarrhoea and vomiting or prolonged fever which were admitted turned out to be acute medical or surgical emergencies. For instance, a 7-week-old baby admitted with vomiting and diarrhoea was found to have congenital pyloric stenosis and was immediately transferred to the Radcliffe Infirmary where surgery was undertaken. Two other children admitted with vomiting and diarrhoea were later transferred to the Radcliffe Infirmary where an intussusception was reduced. Three children with suspected infective diarrhoea were cases of cystic fibrosis. A 4-year-old boy developed acute renal failure following prolonged vomiting and diarrhoea; he had the haemolytic uraemic syndrome but made a good recovery following peritoneal dialysis. There was an unusual case of ectopic pregnancy in a 37-year-old woman who presented with severe diarrhoea; she was subsequently transferred to the Maternity Unit at the Radcliffe Infirmary for surgery after blood transfusion.

There were three deaths, one adult and two children. A man of 73 with Parkinson's disease was admitted from another hospital because he was excreting salmonella dublin, and he died from a cerebral haemorrhage. A 7-month-old baby who had cystic fibrosis was transferred from the Churchill Hospital following gastroenteritis associated with escherichia

coli, and died of bronchopneumonia. A 17-day-old baby with meningo myelocele was transferred from the Radcliffe Infirmary with diarrhoea associated with escherichia coli 0125, and died suddenly.

Miscellaneous cases included scabies, Steven-Johnson syndrome, and erythema nodosum.

**Summary of Admissions to the Infectious Diseases Wards
at the Slade Hospital during 1970**

	<i>Adults</i>	<i>Children</i>	<i>Total</i>
Gastroenteritis—non-specific	29	69	98
Infectious jaundice	20	17	37
Tonsillitis and quinsy	15	5	20
Bronchitis, bronchiolitis, laryngotracheobronchitis	6	12	18
Dysentery	6	12	18
Glandular fever	15	2	17
Measles	2	15	17
Infantile gastroenteritis (escherichia coli)	—	16	16
Mumps	9	6	15
Salmonella infection	10	4	14
Pneumonia	4	8	12
Chickenpox	2	8	10
Herpes zoster	9	—	9
Otitis media	—	9	9
Typhoid and paratyphoid	3	6	9
Pertussis	—	7	7
Upper respiratory tract infection	1	5	6
Urinary tract infection	6	—	6
Virus meningitis	4	2	6
Influenza	3	1	4
Pyrexia of uncertain origin	2	2	4
Herpes simplex	—	3	3
Malaria	1	2	3
Erysipelas	2	—	2
Rubella	2	—	2
Scarlet fever	1	1	2

There were single cases of brucellosis, leptospirosis, toxic epidermal-necrolysis and hand, foot and mouth disease."

(c) TUBERCULOSIS

B.C.G. scheme for the University and Colleges of Further Education

Undergraduate members of the University, Oxford Polytechnic and Colleges of Further Education are offered protection against tuberculosis

by means of B.C.G. vaccination. A clinic is held at Greyfriars in November, and the following February, and students are invited to attend for Heaf test and B.C.G. vaccination if necessary.

Details of the undergraduates who attended are as follows:

	1967		1968		1969		1970	
	No.	%	No.	%	No.	%	No.	%
Attending for Heaf test ..	124		201		89		123	
Attending second session for reading	110	89	184	91	75	85	119	97
Given B.C.G.	76	69	127	69	46	61	88	74
Heaf positive	34	31	57	31	29	39	31	23
Heaf positive due to previous B.C.G. ..	7		7		5		13	
Corrected Heaf positive reactors	27	21	50	24	24	32	18	15

The follow-up of positive reactors did not reveal any active tuberculosis.

Vaccination is offered to all freshmen, and they are encouraged to attend by the University Registry. A gradual decline in acceptance is to be expected, since B.C.G. vaccination is now offered in most British schools, both state and public. On the other hand there is a considerable number of overseas students who have not been vaccinated, and many of these avail themselves of the service.

New cases and mortality during 1970

Age periods	New cases			
	Respiratory		Other forms	
	Male	Female	Male	Female
0-	—	—	—	—
1-	—	—	—	—
2-4	1	—	—	—
5-9	—	2	—	—
10-14	—	—	—	—
15-19	3	1	—	—
20-24	2	2	—	—
25-34	3	3	—	1
35-44	4	2	—	1
45-54	3	—	—	2
55-64	2	1	—	1
65-74	3	—	—	—
75 and over	2	—	—	1
	23	11	—	6

Progress of notification

Year	Respiratory	Other forms	Total
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
1964	97	17	114
1965	71	5	76
1966	52	7	59
1967	60	8	68
1968	43	8	51
1969	50	15	65
1970	34	6	40

Dr. W. S. Hamilton, Consultant Chest Physician to the United Oxford Hospitals, reports as follows:

Incidence

Tuberculosis notifications at 40 were 32% less than the average for the last five years. Three were Pakistani children in a family of four whose mother had pulmonary, glandular and possibly spinal tuberculosis. Six women but no men had non-pulmonary disease. There were 2 women with tuberculous cervical glands as well as pulmonary disease. One young woman of 21, not X-rayed during pregnancy, was found to have extensive pulmonary tuberculosis and a positive spit when admitted to the Maternity department; an extensive check was underway within hours of diagnosis and appropriate prophylactic measures carried out. This incident could have led to a catastrophic infection of new-born infants and emphasises the wisdom of routine chest X-rays for pregnant women. The risks of a properly taken chest X-ray in pregnancy have recently been stated by an expert, to be approximately equal to a 3½ mile car journey or smoking one-sixth of a cigarette.

University Survey

X-ray examination was offered to 6,680 members and staff of the University during the academic year 1969-70 and 5,546 (83%) accepted. The survey revealed 19 cases with presumptive healed tuberculosis but no case with active tuberculosis. However, during the first three months of 1970, a post-graduate student in one of the colleges, and a member of the Bodleian staff were both notified as open cases of pulmonary tuberculosis, having reported to their doctors with symptoms.

As there is still a substantial amount of tuberculosis in the community it is considered important to continue the survey during the next academic year and to pay particular attention to older age groups among the staff of the University and colleges.

Grateful thanks are offered to the radiological staff of the United Oxford Hospitals for undertaking this onerous task.

Tuberculosis in immigrants

In addition to the Pakistani woman and her three children, there were 10 other immigrants, distributed as follows:

Pakistani	...	...	4
Indian	...	...	2
Tibetan	...	...	1
Spaniard	...	...	1
Venezuelan	...	...	2

The proportion of immigrants, 14 out of 40 total notifications was about the same as last year. The number of immigrants skin tested and subsequently given B.C.G. or chest X-ray is given in the following table (1969 figures in brackets).

Total attendances	...	...	74	(148)
X-rayed	...	...	22	(80)
Tine tested	...	...	74	(140)
Negative	...	...	50	(71)
Positive	...	...	25	(69)
Vaccinated	...	...	49	(69)

Contacts

A total of 732 new contacts were examined at the Chest clinic. A student nurse repeatedly X-rayed after heavy exposure to a very infectious patient before diagnosis, was found on X-ray eighteen months after exposure to have a small lesion and a pleural effusion. She was the second student nurse infected by this patient. One was tuberculin positive on beginning her training, the other had had B.C.G.

Deaths

There were 14 (10 male, 4 female) deaths of persons on the register, but only two of these were directly attributable to tuberculosis. One man aged 50 who had had a thoracoplasty died in an acute exacerbation of his chronic bronchitis. Two women died who had had a pneumonectomy 20 years ago, one aged 56 with diabetes and pneumonia, the other aged 59 with cor pulmonale and hypertension who died of cardio-respiratory failure.

In the remaining 9 patients aged 60-83, tuberculosis was not a direct cause.

Smoking

The recent report from the Royal College of Physicians gives further evidence of the part played by smoking in the causation of disease, particularly chest disease. This has again drawn attention to what is only too apparent to those dealing with chest patients, namely that it is rare to find someone with serious chest disease amongst those who do not smoke. The government has been disappointingly slow in acting on this report. May I suggest that Oxford City should take whatever positive steps are open to them to prevent smoking in public buildings. Smoking and associated chest infection are of undoubted importance in the spread of tuberculosis.

General

Tuberculosis remains a relatively common infectious disease and failure to recognise, isolate and treat an infectious patient can lead to a trail of secondary cases for the next generation and beyond. We cannot afford to relax any of our prophylactic and therapeutic activities though we must constantly review the way we use our resources.

The Care Committee continues to play an important part in helping fill the gaps in the Welfare State's provisions for the disabled. I sincerely hope that this year someone with time, ability and enthusiasm will come forward to help in raising funds for the most valuable work of the Committee. Many have helped in the past but we are increasingly in need of more funds.

Finally I have to report the retirement of Dr. Ridehalgh after nearly 20 years as senior chest physician in Oxford. Already well known amongst chest physicians, he steadily enhanced his reputation in Oxford, throughout this country and internationally, serving on many local national and international committees. In the last four years particularly he has played an important part in maintaining the status of chest medicine and in gaining its recognition as an important and expanding Speciality.

Many patients and colleagues have much for which to be grateful to him and we wish him and Mrs. Ridehalgh a happy retirement.

The work of the Chest clinic will continue along the lines that have been developed in the last 20 years and we welcome Dr. Donald Lane as Consultant in place of Dr. Ridehalgh. We hope that with the help of his training, experience and expertise in Pulmonary Function Testing and research, we shall expand our activities in these fields; while maintaining our emphasis on the importance of the patient as an individual in his own particular environment, as the fundamental concept in medicine.

(d) VENEREAL DISEASE

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 medical social worker 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 and compares this year with the three previous years. It should be noted that the figures given in the table include patients from a wide area around Oxford served by the Radcliffe treatment centre.

	1967		1968		1969		1970	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis—								
primary	1	—	2	—	1	—	11	1
secondary	7	—	3	—	2	1	3	—
cardio-vascular ..	—	—	—	—	1	—	—	—
of the nervous system	—	2	1	—	—	—	3	3
latent	9	1	8	8	4	8	12	—
congenital—								
under 1 year ..	—	—	—	1	—	2	—	—
congenital—								
under 15 years ..	—	—	—	—	—	—	—	—
Total	17	3	14	9	8	11	29	4
Gonorrhoea	107	28	156	43	145	61	149	82
Other conditions ..	378	114	391	165	530	268	697	599
Undiagnosed	8	6	4	10	1	—	13	3
Total new patients	510	151	565	227	684	340	888	688
Total attendances	1,653	572	1,795	795	1,987	1,178	2,420	1,578

The incidence of new cases of venereal disease in City residents 1951–1970 is given in the following table:

	Males		Females	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
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
1964	6	125	3	38
1965	10	119	5	47
1966	13	95	2	24
1967	13	64	1	15
1968	9	96	6	29
1969	6	93	7	40
1970	21	84	2	58

Dr. J. M. D. Gallwey reports:

Dr. P. C. Mallam retired as Consultant (Venereal Diseases) to the United Oxford Hospitals at the end of February, 1970. He will be very much missed and all his colleagues wish him a pleasant retirement.

Dr. H. A. Dempsey, the Senior Clinical Assistant, also left the Department in September, but hopes to return, if his general practice commitments allow, in 1971. Dr. Stephanie James, Dr. Gwenda Pritchard and Dr. A. E. Finnigan have continued as Clinical Assistants, and Mrs. Mercer as the Medical Social Worker.

The incidence of venereal disease has continued to rise in 1970. The number of new cases seen in the clinics was 54% higher than in 1969 with a consequent increase in the total number of attendances. This has placed very great pressure on the medical and nursing staff. Arrangements have been made to increase the number of clinics, both for men and women, early in 1971, in order to maintain an adequate service. It should be remembered that the clinics at the Radcliffe Infirmary serve a large area there being, at present, no other treatment centre in Oxfordshire.

The number of cases of syphilis has risen from 19 in 1969 to 33 in 1970. This is largely an increase in early infectious syphilis and a high proportion of the cases occurred in homosexual males. All except three cases were in the over 25 age group. The figures for syphilis are still very low and this increase is not a cause for undue concern. As in the country as a whole the condition appears to be under control.

The figures for gonorrhoea in men are approximately those of the previous year. There has, however, been an 18% rise in the number of cases of gonorrhoea diagnosed amongst women patients. This is certainly partly attributable to improved contact tracing and it is hoped will be reflected in a fall in male gonorrhoea figures.

17% of the cases of gonorrhoea occurred in the 16-20 age group. 7.5% of male cases were found in this age group against 35% of female cases. At the other end of the scale 50% of male cases were in the over 25 age group against less than 25% of female.

The sexually transmissible diseases other than gonorrhoea and syphilis continue to rise. The most important problem is the great increase in non-specific genital infection. Non-specific urethritis alone has increased by 70% from 178 cases in 1969 to 295 in 1970, and has now overtaken gonorrhoea as the commonest cause of urethritis in male patients in Oxford. It is most important that doctors and patients realise that this is an infectious disease transmissible by sexual contact and that sexual partners do require examination, specialised investigation and treatment. In no other way can the present epidemic situation be controlled.

The purchase of a new microscope and the provision of laboratory technicians has made diagnosis of many conditions possible at the first attendance. This is a great advantage to the patient, allowing specific treatment to be given, where necessary, and reassurance of the anxious patient who has been exposed to risk.

The policy of making attendance at the clinic as simple and pleasant as possible has continued. Whilst a strict confidentiality is maintained, attendance at the Special Treatment Clinics is as far as possible no more upsetting than attendance at any other Out-Patient Department. Indeed some patients arriving as contacts of infected patients or referred by their general practitioner, pass through the department without realising its true nature.

The work of the Social Work Department is of particular importance in venereal disease. The patients include a high proportion of unhappy disturbed people whose attendance provides an opportunity to offer help. In addition many attend through no fault of their own but because of the promiscuity of a partner. The help and reassurance which the medical social worker can give is of considerable value in preventing the breakdown of personal relationships which easily follows infection with a sexually transmissible disease.

The education of nurses and midwives has continued but post-graduate attendance at the clinic has been considerably limited by the pressure of work.

Once again thanks are due to the nursing, secretarial, portering and laboratory staff who have worked long and inconvenient hours in difficult circumstances.

Mrs. B. J. Mercer reports:

The medical social worker has seen a total of 370 patients, comprising 265 females and 105 males. More female patients are seen because it is the policy of the doctors to refer many more of them for assessment and supportive casework. The majority of males however, are referred with a specific request for contact-tracing. It remains a source of regret that it is not possible to offer the same casework service to the male clinic, mainly because of the vast difference in numbers. Also, because of the pressure of numbers, and the lack of time it is often not possible to see each patient more than once or twice at the most. This means that follow-up of some patients who may need it, is difficult to achieve, although it has been possible to refer a few to other social workers in the community, or for psychiatric help.

It is the social isolation and sheer loneliness of many of the patients who attend the clinic which causes the social worker most concern. It seems to be mainly the single, divorced or separated men and women who become involved in a casual or promiscuous sexual relationship. These people often seem to be depressed and lacking in confidence with perhaps a very low opinion of themselves. They are often inarticulate and find it difficult to express their thoughts and feelings about attending the clinic, preferring to try and pass it off as an experience of little significance in their lives.

Some of the younger patients, however, do have considerable anxiety about their sexual relationships, and sometimes appreciate the chance to talk about their problems, anxieties and uncertainties. Others may be

'acting out' their reaction to difficult family and emotional relationships at home.

The older patients, men and women, tend to be the ones with marital problems. Husbands, who have attended the clinic following extra-marital exposure to infection, often reveal a crisis in a long-standing marital problem which might have benefited from earlier help. All too often however, patterns of behaviour have become established and those who are already separated or divorced may become promiscuous in their search for affection and security.

Several female patients have been referred to Family Planning Clinics for contraceptive advice. Others come when they are already pregnant and requesting an abortion. A few of these have been referred to the Special Gynaecological Clinic with a request for termination of pregnancy, but others have failed to return to the clinic and follow-up has been difficult.

A small but significant number of patients come to the clinic for a check-up after reading articles in newspapers or magazines about venereal disease. These people often need help with their excessive guilt feelings about real or imagined sexual relationships, which may in reality have been quite innocuous, but which have caused great anxiety to the patient. Such people rarely have any indication of sexually acquired disease, but have often suffered great anxiety over a long period, before finding the courage to attend the clinic. Many of them are agreeably surprised to find that they are accepted by the staff as their own sense of guilt makes them anticipate a judgmental attitude. Often they respond with relief to a little explanation and reassurance and go away feeling that they can once more fulfil a normal role in society.

Only a small number of patients seen by the medical social worker include those for whom deviant sexual behaviour is a problem. Because of social attitudes, they often have to resort to means of social contact which they themselves find difficult to accept. This causes an inner conflict which can in itself be very distressing, and such people also welcome the chance to talk to the social worker about subjects which cannot easily be discussed outside the clinic.

Traceable contact slips are now issued to patients by nursing and medical staff and the social worker, and the favourable effect on the figures for contact-tracing is shown in the following table. Much of the credit for this is due to the unfailing help and co-operation which we receive from Miss Bree and Miss Henry, the two specially designated health visitors for Oxford City and Oxfordshire, who are always so diligent in their search for contacts who are difficult to find or who have defaulted. Once again, we would like to express our thanks and appreciation for their help.

Attendances and Diagnosis of Contacts

	1969		1970	
	Male	Female	Male	Female
1. Contact slips issued to patients with:				
(i) Syphilis (primary and secondary)	—	—	5	2
(ii) Gonorrhoea	68	—	145	79
2. Contacts attending with:				
(i) Syphilis (primary and secondary)	—	—	4	2
(ii) Gonorrhoea	13	25	29	50
(iii) Other conditions	18	64	80	203

As the only full-time member of staff of the clinic, our secretary, Mrs. Kelly, often has to deal with problems and crises which arise in the day to day running of the clinic. She always does this with a pleasant and calm efficiency which many patients have cause to respect and appreciate. She is also responsible for keeping in order our ever increasing number of records, and for calculating the figures which make up these annual statistics. We all appreciate her warm and comforting presence.

As part of our aim to make the atmosphere of the Special Treatment Clinic more human and less 'special', we have started this year to refer to our patients by name instead of by number. We find that this does not in any way detract from the confidential nature of the clinic and our records, but it does help the patients to feel that they have some identity, which for many of them is so vital.

AGE GROUPS

(a) New cases of primary and secondary syphilis

	1967		1968		1969		1970	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 16 years	—	—	—	—	—	—	—	—
16—17 years	—	—	—	—	—	—	—	—
18—19 years	1	—	1	—	—	—	—	—
20—24 years	2	—	1	—	—	—	2	1
25 years and over	5	—	3	—	3	1	12	—
	8	—	5	—	3	1	14	1

(b) New cases of gonorrhoea

	1967		1968		1969		1970	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 16	—	—	—	—	—	1	—	—
16—17 years	1	5	2	9	3	8	2	12
18—19 years	8	4	2	6	16	15	9	16
20—24 years	32	11	69	17	63	22	65	35
25 years and over	66	8	74	11	63	15	73	19
Total	107	28	156	43	145	61	149	82

(e) Vaccination and Immunisation

Dr. J. S. RODGERS

Routine immunisation in infancy has continued to follow the now well established local schedule, as follows:—

- 4th, 5th and 6th month—triple antigen
- 7th, 8th and 9th month—oral poliomyelitis vaccine
- 10th month —measles vaccine
- 12th month —smallpox vaccine

This schedule has the advantage that it is easy for parents to remember, and it establishes a pattern of regular visits to clinic, which in turn encourages high acceptance rates for all immunisation procedures. In addition, immunity to whooping cough is bestowed on the child at an age when this disease tends to be most severe. Defaulters from the schedule are encouraged to attend by the health visitors, upon whose enthusiasm the high immunisation rates enjoyed by the City ultimately depend.

1. Immunisation against Diphtheria, Pertussis and Tetanus

The following table shows the number of primary immunisations, and reinforcing injections given.

Number of Children who completed	Children born in years					Others under 16	Total for 1970	Total for 1969
	1970	1969	1968	1967	1963-1966			
A. Primary Immunisation								
1. Triple Antigen (DTP/Vac) ..	545	846	27	9	3	—	1,430	1,389
2. Combined Dip/Tetanus Prophylactic (DT/Vac/PTAH) ..	2	6	5	5	39	6	63	105
Totals	547	852	32	14	42	6	1,493	1,494
B. Booster injections								
1. Triple Antigen (DTP/Vac) ..	—	—	6	1	14	—	21	12
2. Combined Dip/Tetanus Prophylactic DT/Vac/PTAH ..	—	2	10	1	1,372	41	1,426	1,234
Totals	—	2	16	2	1,386	41	1,447	1,246

General practitioners were responsible for giving 8 of the primary courses, and 21 of the booster doses of vaccine. The remainder were given at the child health clinics, either by family doctors or the departmental medical staff. General practitioners are subsequently notified on Form E.C.7 when children on their lists have completed a course of immunisation.

Adsorbed triple antigen has been used throughout the year, and reactions have been recorded by the clinic doctor or health visitor, at the next visit to the clinic. Reports have been received for at least 80% of injections given. The table below shows the number and percentage of reactions following each of the injections given.

	General reaction				Local reaction			
	1st injection	2nd	3rd	Total	1st injection	2nd	3rd	Total
Number	136	91	23	250	136	97	26	259
Percentage of each injection	9.5	6.4	1.6		9.5	6.8	1.8	
Percentage of all injections				5.8				6.0

Reactions are not particularly troublesome with this vaccine. General reactions usually involve the child being miserable for a few hours on the day of injection. Only in 4 cases (1.6%) were screaming attacks reported, and there were no reports of neurological disturbances. Of the local reactions recorded, 231 (89%), were painless nodules in the arm muscle. These are to be expected with an adsorbed vaccine, and do not cause any anxiety to parents if they are forewarned of the event.

A survey of health visitors' records of two year old children at the end of the year showed that 96% of these children had received full courses of triple antigen. This compares well with the previous years, as can be seen below.

1961	...	...	...	...	...	91%
1962	...	...	...	...	...	92%
1963	...	...	...	...	...	89%
1964	...	...	...	...	...	90%
1965	...	...	...	...	...	93%
1966	...	...	...	...	...	93%
1967	...	...	...	...	...	92%
1968	...	...	...	...	...	94%
1969	...	...	...	...	...	96.5%
1970	...	...	...	...	...	96%

The 4% unprotected represents only 51 children.

There was a slight increase in the number of cases of whooping cough notified, from 6 last year to 34, which is a reflection of the national increase of the disease this year. All except 4 cases occurred in the last three months of the year.

Of the 34 cases, 23 occurred in previously immunised children, the majority being of school age. Of 11 cases in unprotected children, 5 were too young to have started immunisation. Details of the 34 cases are as follows:—

Age at Notification	0-	1-	2-	3-	4-	5-	10-	Total
Immunised ..	2	2	3	1	2	13	-	23
Unimmunised	5	1	1	-	2	2	-	11

Mild or moderate cases, assessed on the number of paroxysms per 24 hours, accounted for most of the cases. There was one severe case in a 20 month old child, who had been immunised between three and five months. The following tables show the severity in the immunised and unimmunised, and the time interval between the last injection and the onset of the illness.

Severity	Very Mild	Mild	Moderate	Severe	Total
Immunised	4	7	11	1	23
Unimmunised	3	5	3	-	11

Time interval	0-6 mths.	6 mths.-1 yr.-	2-	3-	4-	5-	6-	7-	Total	
Cases	2	-	3	2	1	6	3	5	1	23

2. Poliomyelitis vaccination

The following table shows the number of primary courses completed, and the number of reinforcing doses given.

	Sabin vaccine	
	Full course	Booster doses
Children born in 1970	237	—
Children born in 1969	1,079	1
Children born in 1968	76	5
Children born in 1967	20	2
Children born in 1963-1966	112	1,530
Others (under 16 years)	13	26
Others (over 16 years)	34	62
Total	1,571	1,626

A number of children entering school are given a full course of vaccine, if there is doubt about their immunisation state. 97 received a full course this year, compared with 153 last year, and 123 in 1968. A small number of adults also receive a full course, particularly when they have

only had Salk vaccine in the past, or if they are immigrants. Reinforcing doses are given at school entry, and are advised for adults travelling outside Europe.

The immunisation rate for poliomyelitis, as judged on the health visitors' returns for children born in 1968, is 95.5%; the same as last year. The position for the last ten years is shown below.

Year	Vaccination Rate	Comments
1961	over 96%	Estimated rate for all children born since 1943. Salk vaccine.
1962	60%	Based on figures for babies 1-2 years of age. Sabin vaccine introduced March 1962.
1963	67%	
1964	68%	
1965	91%	Based on health visitors' review of 2 year old children.
1966	93%	
1967	91.6%	
1968	93%	
1969	95.5%	
1970	95.5%	

Local factories and hospitals are supplied with vaccine, the United Oxford Hospitals receiving 2410 doses, and factories 50 doses.

3. Measles vaccination

The majority of children are now vaccinated against measles towards the end of their first year of life. The publicity resulting from a national epidemic of measles led to 77 school children being vaccinated, compared with 24 the previous year.

The following table shows the number of children vaccinated in each year, and the number of notified cases of measles.

Year	Number vaccinated	Cases of measles notified	Cases in the vaccinated	Comments
1966	2,167	448	8	Intensive measles vaccination started in May.
1967	2,397	321	14	Epidemic year in surrounding areas.
1968	2,113	306	19	Change from Killed and Live to Live vaccine alone in June.
1969	1,398	193	21	Expected epidemic did not appear in Eng. & Wales.
1970	1,544	66	8	Epidemic year in surrounding areas.
Total	9,619	1,334	70	

An analysis of the records of children born in 1968 showed that 76.5% had been vaccinated. A further 4.5% had previously contracted the disease, making a total of 81% immune to measles. The vaccination rates for the last four years are as follows:—

<i>Year</i>							<i>Vaccination Rate</i>
1967	...	...	...	...	...	...	53%
1968	...	...	...	...	...	...	66%
1969	...	...	...	...	...	...	76%
1970	...	...	...	...	...	...	76.5%

During the year 8 cases of measles occurred in children previously vaccinated. Six were assessed as mild, and one as moderate by the health visitor. The remaining case had a moderate attack of measles which was complicated by a convulsion necessitating admission to hospital. This eighteen month old boy subsequently developed an abscess in the leg, but he was eventually discharged with no sequelae. The time interval between vaccination and onset of disease is shown in the following table.

Time interval	1-6 ms.	6-12 ms.	1-2 yrs.	2-3 yrs.	3-4 yrs.	Total
Number of cases	3*	1*	1	3	-	8

* Live vaccine only — the remainder received killed and live vaccine

The community vaccination scheme begun by the Medical Research Council in 1966 ended in March, when vaccine ceased to be free to local authorities. However, because of the uncertain state of knowledge about reactions, the City agreed to organise a system of vaccine surveillance, in return for a continuing supply of free vaccine from the MRC. This scheme which began in June, involved parents returning to the clinic three weeks after the injection to report any reaction. Not all parents unfortunately remember to return, and health visitors have to visit the home in about one third of the cases. Nevertheless the scheme has worked satisfactorily, and 864 vaccinations, (94%) have been followed up. The results have followed the pattern of previous surveys, including the one undertaken in the City in 1969, and reported in the medical press (Rodgers and Lawrence, *Medical Officer* 1970, 123 227.), in that 34% of children were to some extent unwell following measles vaccine, with 13% having a fever, and 11% a rash. Three children developed convulsions following vaccination, of whom two were within ten days. The third case however occurred after 26 days, which probably meant that the vaccine did not cause the convulsion.

4. Vaccination against smallpox

Primary vaccination against smallpox is usually the last of the routine immunisation procedures in infancy, and is performed about the age of 12 months. The following table shows the numbers vaccinated.

Age at date of vaccination	Primary	Re-vaccination
0- 2 months	—	—
3- 5 months	5	—
6- 8 months	13	—
9-11 months	137	—
12-23 months	870	—
2- 4 years	137	25
5-14 years	28	234
15 and over	2	24
Total	1,192	283

General practitioners performed 47 primary and 255 re-vaccinations during the year.

The health visitors records of two year old children showed that 73.5% had been successfully vaccinated against smallpox. This percentage shows a further increase on last year's high figure. The table below shows the comparable figures for the last ten years.

Year	Vaccination Rate	Comments
1961	66%	Based on figures for babies under 2 years of age.
1962	92%*	
1963	21%†	
1964	57%	
1965	67%	
1966	69%	Based on Health visitors' review of 2 year old children.
1967	62%	
1968	67%	
1969	71.5%	
1970	73.5%	

* This high rate was due to outbreaks of smallpox in the country.

† National policy changed; vaccination recommended in second year of life.

Smallpox vaccination tends to be the 'Cinderella' of the immunisation procedures, the national rate being only 32%. A rate of 73.5% in the City thus reflects the enthusiasm of the health visitors in persuading mothers to accept protection for their children. Only three health visitors failed to achieve a rate of at least 60%.

There were no serious reactions or complications following vaccination. With one particular batch, number 2734, there were reports in eight cases (8.2%) of larger than usual reactions. In these cases the lesion produced was about twice the normal size, with an associated increase in erythema, but there were no general upsets, and the lesions rapidly resolved. The Lister Institute did not feel that this was more than a normal variation in potency.

Reports on the potency of batches of lymph have been supplied to the Lister Institute, as in previous years. The results of the ten batches used are shown below.

Batches of Lister Vaccine tested in 1970

Vaccine batch number	Number of vaccinations	Number inspected	Number of successful results	Number of failures	% of successful results
1,842	115	115	113	2	98
1,935	68	68	67	1	98
2,117	90	90	90	—	100
2,332	67	67	64	3	96
2,451	100	96	94	2	98
2,574	75	74	70	4	95
2,644	107	102	99	3	97
2,734	98	98	98	—	100
2,782	89	89	86	3	97
2,944	69	69	65	4	94
	878	868	846	22	97

As in previous years, there were few failures. Only 2 children failed to produce a satisfactory response after a second attempt at vaccination.

General practitioners have been supplied with vaccine on request throughout the year, and this scheme has worked smoothly.

5. Rubella vaccination

With the availability of rubella vaccine, it was decided to offer vaccination to the departmental nursing staff, and pupil midwives. Venous blood was taken, in order to determine the individual's existing immunity, and vaccine was given to those who proved to be seronegative for rubella. A total of 28 nurses have had blood tests, of whom 20 (71%) were seropositive. Vaccine was given to 5 nurses, and the remaining 3 decided that they did not need to be vaccinated, because of their age. There are still some nurses for whom blood tests have to be arranged.

Testing is performed by the Public Health Laboratory Service, and in order not to overload the facilities at present available, only about 10 blood samples can be submitted per week. Within this limitation, it is hoped during the coming year to offer tests and vaccination where necessary to women teachers in City schools.

6. Vaccination for travellers

(a) *Yellow Fever*

Oxford is one of the approved centres for yellow fever vaccination, and a clinic is held weekly on Tuesdays at 2.0 p.m. A fee of £1 is charged.

A total of 1120 vaccinations were performed in 1970. This is an increase over previous years, as the following table shows:—

1965	...	...	...	...	...	816
1966	...	...	...	...	...	667
1967	...	...	...	...	...	845
1968	...	...	...	...	...	978
1969	...	...	...	...	...	1073
1970	...	...	...	...	...	1120

The vaccination is required for travellers going to equatorial Africa and South America. Many people are travelling on business or are emigrating, but an increasing number of people spend holidays 'on safari' in East Africa. The centre serves a large area, the next nearest centres being about 40 miles away.

(b) *Other Diseases*

Travellers are asked to consult their family doctor for any other immunisations needed. Advice is given to many people as to the necessity for other prophylactics, both at the clinic and by telephone.

(f) INFESTATION

The management of cases of scabies and pediculosis, which was last revised in 1966, was reviewed and brought up-to-date this year. The emphasis is on treatment of cases and all the family contacts in the home whenever possible. For vagrants and those few persons whom it is impossible to treat satisfactorily at home, special arrangements are made with the Chief Public Health Inspector, the Superintendent Nursing Officer or the Slade Infectious Diseases Hospital.

Benzyl benzoate is the treatment of choice for scabies and remains effective provided it is left on the body and not immediately removed by bathing.

Much the same applies to the use of D.D.T. or Gamma benzene hexachloride for the treatment of lice infestation. These preparations were thought recently to be less effective against head lice, but it was discovered that well intentioned enthusiasm for cleanliness resulted in the insecticides, which are long-acting, having no chance to exert their residual effect before they were washed out from the hair. As soon as this error was rectified, the lice succumbed once more. There is no evidence of the existence of "resistant lice" in Oxford so far.

(i) *Scabies*

Twenty-six cases involving 11 families were reported. Treatment was arranged for all cases and contacts.

(ii) Pediculosis

(a) *Head Lice*. Inspections were made by school nurses with the following results:—

	1968	1969	1970
Number of inspections made	26,081	25,366	24,292
Number of children inspected	11,185	10,460	12,942
Number of children infested	107	133	137
Percentage incidence	0.96	1.3	1.0

The 137 infested children (87 girls, 50 boys) came from 108 families compared with 95 families last year.

(b) *Body Lice*. The Chief Public Health Inspector's department dealt with 25 men who were infested with body lice. About half the cases were detected at the Simon Hostel, some at the Church Army Hostel and a few were vagrants sleeping rough.

Two cases were treated at the Slade Hospital.

(g) LABORATORY SERVICES

Your Medical Officer of Health has continued to serve as one of the three Medical Officers of Health on the Public Health Laboratory Service Board for England and Wales.

Bacteriology

Dr. W. H. H. Jebb and his staff at the Public Health Laboratory, Walton Street, Oxford, carry out examinations of specimens from cases of infectious disease and from contacts and suspected carriers. We are very grateful to them for their ready co-operation.

Virology

Dr. F. O. MacCallum, Consultant Virologist, United Oxford Hospitals, and his staff have been of the greatest assistance in connection with the increasing problem of the investigation of virus diseases.

Food and Drugs

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, and has at all times been most helpful.

SECTION V

CHILD HEALTH

REPORT BY DR. J. GRAY

M.B., Ch.B., D.P.H.

Principal Medical Officer

1. Premature babies

Birth notifications included 88 live-born and 5 still-born premature infants weighing $5\frac{1}{2}$ lbs. or less and were subsequently classified as premature. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1969 were 121 live births and 5 stillbirths.) They are classified according to weight, place of birth and survival in the accompanying table (overleaf).

Comments

(i) The 88 live-born premature babies represent 6.6% of the 1,338 notified live births to Oxford residents compared with 8.2% in 1969.

(ii) Five of the 11 notified stillbirths to Oxford residents were premature.

(iii) Only one of the 88 premature live births took place at home, this infant was nursed at home and survived 28 days. It is evident that the policy of arranging for as many as possible of premature births to take place in hospital has again been followed with a considerable degree of success. Premature babies remain in hospital until they are well established.

Of the whole group of 88 premature babies 78 (or 89%) survived 28 days.

2. Child Health Clinics*(a) Staff*

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

The medical staff is composed as follows:

Full-time staff of the Health Department	8 sessions per week
Part-time staff of the Health Department (not in general practice)	8 sessions per week
General practitioners	15 sessions per week

(b) *Attendances at clinics*

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

Comparing clinic attendances with those for last year, it will be seen that the total attendances decreased by 1,272 and the number of children by 406. To save professional time but to continue providing child health clinics in all areas of the City, hours of attendance were reduced from two to one in three clinics.

The number of clinic sessions held during the year numbered 1,597. Thirty-one regular sessions were held each week, 15 of which were for practice patients only and attended by the general practitioner concerned.

(c) *Medical work at clinics*

The medical officers at child health clinics continued to keep a record of their work. There were 1,597 sessions at which a doctor was present and altogether children under 5 years of age were seen by a doctor on 16,965 occasions (16,663 in 1969).

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

Immunisation and vaccination	...	...	...	7,846	42%
Routine medical examinations:					
Initial	...	...	...	1,417	} 26%
6 months	...	...	...	642	
1st year	...	...	...	1,093	
2nd year	...	...	...	784	
3rd year	...	...	...	586	
4th year	...	...	...	391	
Consultation in relation to a problem	...	...	...	5,870	32%

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor:

Feeding problems	...	...	...	339
Physical illness or defect	...	...	...	4,446
Fitness for prophylaxis	...	...	...	605
Behaviour problem	...	...	...	182
Other	...	...	...	298
				<hr/>
				5,870
				<hr/>

Attendances at Child Health Clinics

	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
	1970	1969	1968-65		Under 1 year		1 but under 2 yrs.	2 but under 5 yrs.				
			1970	1969					1968-65			
Bury Knowle, Headington	90	79	107		1,013	177	133	1,323	53	25.44		
Bury Knowle, Headington (General Practice clinic—2 clinics weekly)	74	65	123		1,008	191	180	1,379	102	12.54		
Barton	36	47	76		670	154	92	916	52	17.50		
Cowley	59	61	93		830	207	171	1,208	48	25.17		
Cowley (General Practice clinic A)	41	37	107		592	172	214	978	52	18.81		
Cowley (General Practice clinic B)	37	35	122		501	253	349	1,103	52	21.21		
East Oxford	81	90	83		1,029	242	129	1,400	48	29.17		
East Oxford (General Practice clinic A)	72	68	112		1,009	205	219	1,433	52	27.56		
East Oxford (General Practice clinic B)	85	74	93		1,085	233	127	1,445	50	28.90		
East Oxford (General Practice clinic C)	20	25	41		352	102	159	613	53	11.57		
South Oxford	51	47	69		467	201	137	1,055	50	21.10		
South Oxford (General Practice clinic)	33	32	81		467	160	179	806	52	15.50		
West Oxford	46	40	59		639	160	63	862	52	16.58		
West Oxford (2 clinics weekly)	142	122	194		1,761	478	312	2,551	105	25.00		
Summertown Health Centre—(General Practice clinic)	76	85	132		933	238	170	1,341	52	25.79		
Wood Farm Health Centre	65	68	81		967	174	114	1,255	50	25.10		
New Marston	34	38	41		442	110	46	598	52	11.50		
Wolvercote	40	34	64		720	233	229	1,182	53	22.87		
Donnington	52	43	74		635	149	126	910	52	17.50		
Donnington (General Practice clinic)	29	27	63		418	121	90	629	50	12.58		
St. Barnabas	26	32	49		491	131	97	719	48	14.98		
St. Barnabas (General Practice clinic)	47	34	72		460	159	168	787	52	15.13		
Northway	49	51	66		648	153	104	905	53	17.07		
Rose Hill Community Centre	77	83	65		1,134	195	104	1,433	53	27.04		
Blackbird Leys	69	108	164		944	245	250	1,439	52	27.67		
Blackbird Leys (General Practice clinic A)	40	43	118		557	205	237	999	52	19.21		
Blackbird Leys (General Practice clinic B—2 clinics weekly)	87	109	289		1,152	442	551	2,145	105	20.62		
12 Old High Street, Headington (General Practice clinic)	38	40	76		490	141	151	782	52	15.04		
	1,613	1,485	2,714		21,664	5,631	4,901	32,196	1,597	20.16		

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 Rose Hill, Wood Farm and Bury Knowle Clinics. Oxfordshire County Council contributed on a proportional basis to the running expenses of these clinics.

158 155 155 177 487 381 245 2,573

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

Family doctors	...	...	...	...	...	147
*Hospital departments	...	...	...	...	...	76
						223
						223

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

Comments

The work undertaken by clinic medical officers was approximately the same as in 1969, 26% of time being given to periodic developmental examinations, especially in the first two years of life. Older pre-school children do not now attend clinics so frequently, but many more attend nursery schools or classes and receive regular examinations under the School Health Service.

(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 health clinic.

The number of items distributed during the year (with 1969 figures for comparison) were as follows:

	At Health Department		At clinics		Total	
	1969	1970	1969	1970	1969	1970
Tins of National Dried Milk	1,613	1,275	12,185	10,500	13,798	11,775
Bottles of National Codliver Oil Compound	265	171	1,871	1,729	2,136	1,900
Bottles of Concentrated Orange Juice	3,729	3,231	28,707	27,990	32,436	31,221
Packets of Vitamin and Mineral tablets	150	166	862	962	1,012	1,128
	5,757	4,843	43,625	41,181	49,382	46,024

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

A small range of minor medicaments is kept at clinics for issue to mothers when necessary. These include ascorbic acid tablets, a vitamin A and D concentrate and an iron preparation for the prevention of nutritional anaemia.

(e) Teaching

After general re-organisation of special subject training, medical students are now required to attend three child health clinics in the last weeks of their eight-weeks' paediatric course. They attend singly or in pairs at five clinics (3 taken by local authority doctors and 2 by general practitioners) and receive instruction in developmental paediatric examinations, prophylactic procedures, infant feeding and the diagnosis of minor ailments in children.

General practitioners attending post-graduate courses organised by the Post-Graduate Medical School and those studying for the Diploma in Child Health can also attend, as do student health visitors, student midwives and student district nurses.

3. The Early Diagnosis of Deafness

The early diagnosis and treatment of deafness is of the utmost importance for normal speech and for the prevention of psychological disturbance. Health visitors are responsible for ensuring that children in their care are screened for impairment of hearing between 7-12 months of age. Children with suspected deafness are referred to the clinic medical officer for confirmation and to hospital if necessary.

During the year health visitors tested 1,459 children aged 7-12 months and 28 over one year. Six children required further investigation of whom two were under one year and four over one year.

Of the two under one year, one was satisfactory and the investigations on the second were incomplete as the family had left the district.

In all the four older children hearing was within normal limits but nursery school was strongly advised for one to help her speech development.

4. Register of Handicapped Pre-school Children

The registration of handicapped or potentially handicapped pre-school children has continued. Initial notification is the responsibility of the health visitor who reports on the child's progress at regular intervals to the medical officer keeping the register. Information about the children is passed on to the School Health Service or to the Mental Welfare Division when it becomes apparent that some special action will have to be taken. In this way, every effort is made to ensure that adequate support for the parents is provided and the assessment of the child's educational needs is made before he reaches school age.

There were 82 children on the register at the end of the year. Thirty-six of the total were new cases with the following handicaps:

Mental retardation	...	...	...	...	...	12
Congenital abnormality or disease	...	...	...	...	...	19
Neurological disease	...	...	...	...	...	2
Defective sight	...	...	...	...	...	1
Other	...	...	...	...	...	2
						—
						36

All children were adequately cared for at home except for two at the Special Unit, Marlborough Hospital and one in care. Two children attended the Mabel Prichard School and six the play-group for the mentally-handicapped. Three children attended the Spastic Day Centre, one the partially-hearing unit and one a day nursery.

Three handicapped children died during the year.

5. Notification of Congenital Abnormalities

This was the seventh year of notification to the Registrar General of all congenital abnormalities.

The total number of infants registered was 27, an incidence of 20.1 per thousand total births compared with 18.7 per thousand in 1969.

The number of abnormalities present was 33, an incidence of 24.6 per thousand total births compared with 23.8 last year. These abnormalities occurred in 13 live-born and 2 still-born female infants and 10 live-born and 2 still-born male infants. Fifteen of these infants were born in hospital, 10 in the General Practitioner Maternity Unit and 2 at home. One infant with a severe congenital abnormality died within three days.

Three infants were premature, including two of the stillbirths, both of which were anencephalic. Of the two full-term stillbirths, one was anencephalic and the other a hydrocephalic with spina bifida.

The following table shows the distribution of abnormalities during the year and includes figures for the years 1964-1969 for comparison:

	1964	1965	1966	1967	1968	1969	1970
Central nervous system	11	5	5	7	7	7	6
Eyes and ears	—	2	1	2	1	1	1
Alimentary system	6	5	2	6	2	2	4
Heart and great vessels	3	—	1	1	—	1	3
Respiratory system	1	—	—	—	—	1	—
Uro-genital system	8	1	1	2	4	5	1
Limbs	8	12	13	10	10	9	12
Other skeletal	2	1	—	1	—	1	1
Other systems	6	3	4	1	3	—	3
Other malformations	1	6	2	2	4	6	2
	46	35	29	32	31	33	33
Incidence per 1,000 total births	24.6	20.0	17.2	19.0	20.0	23.8	24.6

The age and parity of mothers is shown in the following table:

Age in years	Parity						Total
	0	1	2	3	4	5	
15-19	9	—	—	—	—	—	9
20-24	6	2	2	—	—	1	11
25-29	2	—	1	3	1	—	7
30-34	—	—	—	—	—	—	—
35-39	—	—	—	—	—	—	—
40 years and over	—	—	—	—	—	—	—
	17	2	3	3	1	1	27

It is of interest that 9 of the mothers pregnant for the first time were between the ages of 15 and 19 years and no mother was over 30 years of age, indicating the general trend of earlier marriage and reproduction.

Comparative maternal age incidence for the years 1964–1970 is shown in the following table.

Age in years	1964	1965	1966	1967	1968	1969	1970
15–19	4	6	3	—	5	3	9
20–24	10	8	7	10	6	12	11
25–29	11	6	7	13	6	7	7
30–34	6	10	6	2	5	2	—
35–39	2	1	3	1	—	2	—
40 years and over	3	1	1	2	1	—	—
	36	32	27	28	23	26	27
Number of infants per 1,000 total births	19.3	18.3	16.0	17.0	15.0	18.7	20.1

6. Infant Deaths (See table opposite)

Comments

There were 26 infant deaths during the year representing an infant mortality rate of 19.0 compared with the national figure of 18.0.

As a result of the increased number of "cot deaths" in 1969, a form of confidential report was instituted in 1970. This is completed by the health visitor from her records and knowledge of the family in all cases of sudden post-neonatal deaths. Of the five cases investigated (nine in 1969), the ages ranged from two to ten months and in every instance the cause of death following post-mortem was given as acute bronchiolitis. In three cases the infants lived in overcrowded or sub-standard houses, but the level of infant care was deemed good in all cases but one.

Of the remaining 21 infants, 11 were premature or extremely immature and died of conditions associated with respiratory distress syndrome, pulmonary haemorrhage etc., 8 dying within the first twenty-four hours of life. Three infants had congenital heart conditions, 4 had multiple congenital abnormalities incompatible with life, and of the remaining three, one developed a streptococcal meningitis and died at two days, after being an early discharge home from the General Practitioner Maternity Unit, one had a malignant glioma and died at two months, and the third was a case of intra-partum anoxia.

7. Screening for Phenylketonuria

Routine screening procedures for phenylketonuria and other inborn errors of metabolism by paper chromatographic methods continued throughout the year; 1,243 infants were tested and in 64 cases doubtful reactions were re-tested.

Cause of Death	Weeks				Total	Months				Grand Total	Died in Institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
Immaturity	3	—	—	—	3	—	—	—	—	3	3
Prematurity	6	—	1	—	7	—	—	—	—	7	7
Intra-partum anoxig	1	—	—	—	1	—	—	—	—	1	1
Streptococcal meningitis, secondary atelectasis	1	—	—	—	1	—	—	—	—	1	1
Congenital malformations	4	1	—	—	5	—	—	—	—	6	6
Pulmonary haemorrhage, hypoglycaemia, intrauterine growth retardation, respiratory distress syndrome	1	—	—	—	1	—	—	—	—	1	1
Cardiac failure, tricuspid atresia	—	1	—	—	1	—	—	—	—	1	1
Left ventricular failure	—	—	—	—	—	—	—	—	1	1	1
Acute pneumonia, acute bronchiolitis	—	—	—	—	—	—	—	—	1	1	1
Acute bronchiolitis	—	—	—	—	—	—	—	—	2	2	2
	16	2	1	—	19	5	1	—	1	26	23

8. Nurseries

(a) Day Nurseries

On January 1st, 1971, the responsibility for the administration of the day nurseries passed to the Department of Social Services. 1941 saw the start of the war-time nurseries with the conversion of Jesus College cricket pavilion, and the taking over of Singletree and Headington voluntary nurseries by the City. At the end of 1943 there were eleven nurseries in all, with places for 550 children up to the age of five years. "Suitable" staff were obtained (there was no prescribed training at that time) and mothers were released to work in factories, hospitals, transport, etc. at a time of national need.

Re-organisation took place in April 1946. As it was considered by the then Maternity and Child Welfare Sub-Committee that children under two years of age should ideally be at home with their mothers, six nurseries were handed over to the Education Department to be used as nursery schools, two were closed and three remained to provide places for the children of mothers who had to work to support them. The following year, 1947, Cutteslowe nursery was also transferred to the Education Department for use as a nursery school and Botley Road and Florence Park day nurseries remained for the next twenty-three years, administered by the Health Department and each providing day care for about thirty 0-3 year old children on a priority basis.

Since 1948 both nurseries have been recognised as training schools for the National Nursery Examination Board Certificate. It is also interesting to note that both nurseries have each had the same matron and deputy matron for over twenty years.

The reasons for admission for new children during 1970 were as follows:

				<i>Botley Road</i>	<i>Florence Park</i>
Doctor's recommendation	...	...	...	6	8
Illegitimate children	...	...	...	15	13
Illness of parent	...	...	...	—	6
Parents separated or divorced...	...	...	...	10	12
Parents students	...	...	...	7	4
				—	—
				38	43
				—	—

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	29	9	12	13	11.14	12.06	5
Florence Park	30	33	10	15	14	11.08	10.73	5

Comments

The nurseries are visited weekly by the same medical officer who supervises the health and welfare of the children, and with the written consent of the mother or guardian, carries out any prophylactic procedures which may be considered necessary,

The maximum charge for a child's maintenance at the nursery was £1 0. 3d. per day. Parents are assessed according to income, subject to a minimum charge of 4/- per day.

The following table shows the assessments for children on the register at the end of the year:

<i>Assessed to pay</i>	<i>Botley Road</i>	<i>Florence Park</i>
£1. 0. 3d per day (maximum)	1	5
17/3d to 11/10d per day	—	3
9/10d to 8/3d per day	5	5
7/7d to 4/10d per day	3	2
4/- per day (minimum)	10	9
*Children from other local authorities	6	5
	—	—
	25	29
	—	—

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

(b) Nurseries and Child Minders

The Nurseries and Child Minders Regulation Act 1948, was implemented in 1949 and in that year eight premises, providing care for 136 children, and one daily minder, who apparently was allowed to look after nine children in her own home, were approved for registration. Rules in relation to hygiene, staff, equipment and the avoidance of infection, were drawn up by the Health Department and inspections were carried out at least three times a year. The high standards of that time continued to be maintained throughout the next twenty-one years, with a gradual change in the purpose of the provision, particularly in respect of "registered premises", which became a community service of pre-school play-

groups for under-fives, with finally, its own association, surveillance by a nursery adviser in the Education Department and training courses for play-group organisers at the Oxford College of Further Education.

Details of registration for 1970 under the Act are shown in the following table:

	Registered premises	Registered persons
Number of premises or persons registered at the end of year	26	83
Number of children permitted	707	166

The following table shows the type of care (all day or sessional) provided by premises and persons registered:

	Premises providing		Persons providing	
	All day care	Sessional care	All day care	Sessional care
Number of premises or persons ..	5	21	80	3
Number of children permitted ..	194	513	138	28

Twenty-six registered premises provide play-group facilities for 707 children, including one group of severely sub-normal children and another with some partially-hearing children.

There has been an increase in the number of persons registered during the year, 83 (68 in 1969) now providing part or whole-day care for 166 children (153 in 1969) in private houses.

A committee consisting of representatives from the Education and Health Departments, the Education Committee and the Pre-School Play-group Association again considered applications for grants from the £1,000 allotted to the City under the second Urban Aid Programme. Grants of varying size for equipment, salaries, provision of free places etc. were made to many play-groups.

Two courses were held at the Oxford College for Further Education for play-group leaders and organisers.

(c) *Save the Children Fund Play-groups*

The two play-groups sponsored by the "Save the Children Fund" continued for children deprived in some way, either by language difficulty, lack of play-space or other social problems. In April, at the recommendation of the S.C.F., a charge of 1/- was made for each session but the organisers use their discretion in cases of need or where more than one child in a family attends, and make no charge.

The East Oxford play-group had an average of 20 children attending each session, with 41 on the register at the end of the year. Some necessitous children attend all five sessions, such as a small boy whose parents are both deaf and dumb, and who could not speak himself when he first attended. The organiser also reports that she has more children on the register from broken homes than ever before.

The Wood Farm play-group (previously the Slade Park play-group) continued to provide play facilities for the young members of the Homeless Families Unit and children from the surrounding area, with 24 children on the register and an average daily attendance of 18. An assistant to the organiser was appointed during the year, enabling slight expansion to take place. Groups of mothers have helped to raise funds for equipment.

Both groups have received many interested visitors, and officers from the S.C.F. supervise regularly.

9. Adoption Act 1958. (Dr. Phillips)

The Children's Department acting as an Adoption Agency is responsible for the placing of babies for adoption. On its behalf 32 infants were examined during the year. This total compares with 56 infants examined in 1968 and 46 in 1969. The gradual decrease in numbers is due to fewer cases being referred each year to the Children's Department and of those, more mothers deciding to keep their babies.

Six of the babies in whom there was some doubt about progress or future development were also examined by a paediatrician, and for one child advice was sought about heredity. The reasons for delay in these cases were discussed fully with the Child Care Officer concerned so that the prospective adopters could be advised appropriately.

A doctor from the Health Department advised the Adoption Subcommittee of the Children's Committee about the medical aspects of cases when the suitability of prospective adopters is being considered. The Children's Department obtains a medical report from the general practitioner in all cases, but frequently further information has to be sought from the family doctor or specialist concerned. Two couples were interviewed because of doubt about their health. Fifty-seven cases were considered during the year.

10. Care of Illegitimate Children

There were 151 registered illegitimate live-births to Oxford residents. This represents 11% of all live-births, compared with 12% in 1969. Of the 142 illegitimate births which occurred in the City, there were 67 cases in which the father and mother registered the birth together.

SECTION VI

MATERNITY AND CHILD HEALTH DENTAL SERVICE

As far as the most important priority group, the "Under fives" is concerned, the statistical return for 1970 is comparable with those of recent years, much the same number of children attending the clinic and receiving the same type of treatment.

The proportion of these children who are free of dental disease, remains constant at about 1/6th of the total. It would be cause for greater satisfaction if this proportion could be raised, thus indicating an increase in the number of parents who consult the dentist about their children's teeth before they have been damaged, often irreparably, by caries.

The main task of dental health education must be to persuade parents of the necessity for regular inspections from early infancy. It will continue to be the principal aim until the idea is commonly accepted as being a matter of course, and, to further this aim, first priority for regular six-monthly visits for inspection and treatment will be given to this group of children at the request of parents.

	<i>Children under 5 years</i>	<i>Expectant and nursing mothers</i>
<i>(i) Inspections</i>		
Patients given first inspections	146	4
Patients who required treatment	122	4
Patients who were offered treatment	122	4
<i>(ii) Visits for treatment</i>		
First visits	146	4
Subsequent visits	62	10
	—	—
	<u>208</u>	<u>14</u>
<i>(iii) Treatments provided</i>		
Teeth filled	154	5
Teeth extracted	34	2
Scaling or removal of stains	50	4
Teeth otherwise conserved	189	—
<i>(iv) Number of courses of treatment completed</i>	140	4

SECTION VII

MENTAL HEALTH

1. Administration

(a) Staff

The Medical Officer of Health has delegated the day to day supervision of the division to the Chief Mental Health Officer, who co-ordinates the work done by the Mental Health Social Workers, Mabel Prichard School, the Industrial Training Unit, St. Nicholas and Eastfield House hostels and the Group Home.

(b) Co-ordination with Hospitals

The Medical Officer of Health was appointed chairman of the Isis Group Hospital Management Committee as from April 1st.

Dr. Coxon, Consultant Psychiatrist at Borocourt Hospital, holds a fortnightly outpatient clinic for the mentally handicapped at the Park Hospital. She sees cases that might require long-term hospital admission and also advises on the psychiatric aspects of home care.

Co-ordination of services in hospital and in the community continue. Mental Health Social Workers attended weekly case conferences at both the Warneford and Littlemore Hospitals. They also attended outpatient clinics and clinical meetings, working closely with the hospital staff.

The Chief Mental Health Officer continued as a member of the Nursing Sub-Committee of the Isis Group Hospital Management Committee.

(c) Voluntary Associations

The Chief Mental Health Officer is a member of the committees of the Oxford and District Society for the Mentally Handicapped and the local branch of the National Association for Mental Health. He is also chairman of the Community Activities Sub-Committee of the latter Association which runs a relatives group and two social clubs, and is on the committee of the League of Friends of Littlemore, Warneford and Park Hospitals. There are now ten Group Homes which were started by the League of Friends and these together house 57 ex-hospital patients. The Isis Group H.M.C. is also responsible for two Half Way Houses providing a total of 32 places for patients who are not ready for complete independence in the community.

The Chief Mental Health Officer is a member of the Disablement Advisory Committee set up by the Department of Employment and Productivity to assist the mentally disabled to find suitable employment.

The Oxford Branch of the National Society for Mentally Handicapped Children started a play-group for mentally handicapped children in 1969. This play-group for 12 children is now held on three mornings a week



LAKE STREET PLAY-GROUP FOR MENTALLY HANDICAPPED CHILDREN

at the South Oxford Health Centre in Lake Street, where minor adaptations to the building enabled much more satisfactory premises to be provided than were formerly available at 60, St. Aldate's. There is the added advantage of space to play in the open air during the summer as Hinksey Park adjoins the Health Centre. The play-group continued to be a great success both in helping very handicapped children to develop their potential to the full and in providing help and guidance for their parents.

The Spastics Society Unit at the Churchill Hospital provided day care for 24 severely affected children and young adults ranging in age from 2 to 25 years. Most are handicapped by severe mental subnormality in addition to their physical handicap. The City Council accepted financial responsibility for three severely subnormal children of school age.

The Richmond Fellowship decided to re-organise the management of Rutland House Hostel this year. They appointed a new warden and there is no longer a House Committee. The Health Committee accepted financial responsibility for one student who had two spells totalling five months in the hostel but then left against medical advice.

The Oxford and District Council on Alcoholism now provides two houses for 16 recovered and convalescent ex-alcoholics at 81, Cowley Road and 195, Iffley Road. Doctors at the newly opened Ley Clinic for drug and alcohol addiction have had to devote a very great deal of time to the supervision of the residents of these two hostels, in order to achieve even a small measure of success.

(d) Training

None of the social work staff were away on full-time training courses during the year. Students attended the division for practical training as in previous years.

(e) Research

Members of the staff co-operated with an investigation into the co-ordination of services for the mentally subnormal, which was started last year by Professor R. W. Revans and sponsored by King Edward's Hospital Fund for London.

Help was given to Dr. Ann Gath of the Warneford Hospital in her study of Down's syndrome. Assistance was also given with Dr. Taylor's research into mental subnormality at the Park Hospital.

(f) Visitors

Once more a large number of visitors both from this country and abroad saw some of the work of the division. Instructional visits were arranged for groups of medical students, student nurses and social work students from local colleges.

(g) Publicity

A B.B.C. television team made a film at the Industrial Training Unit for part of a documentary on subnormality which was featured in a "Horizon" programme during the autumn.

A discussion about relatives' problems which had taken place at a meeting of the National Association for Mental Health was featured in Woman's Hour on the B.B.C. The Chief Mental Health Officer took part in this discussion.

The Chief Mental Health Officer was invited to give a paper to the Royal Medico-Psychological Association on the Future Care of the Mentally Handicapped. Other speakers included Professor Tizzard, Institute of Child Care, London, Dr. O'Gorman, Consultant Psychiatrist, Borocourt Hospital and Dr. Hugh Jolly, Consultant Paediatrician, Charing Cross, Fulham and West London Hospitals.

2. Work in the Community**A. The Mentally Ill****(i) Admissions and discharges from hospital**

ADMISSIONS	1966	1967	1968	1969	1970
<i>Section 25</i> (admission for observation on 2 medical certificates)	83	89	71	72	75
<i>Section 26</i> (admission for treatment on 2 medical certificates)	5	4	9	3	4
<i>Section 29</i> (emergency admission on 1 medical certificate)	59	48	39	36	36
<i>Section 60</i> (admission via a court, assizes or quarter session)	4	2	3	5	1
<i>Section 65</i> (court order restricting discharge)	3	1	—	3	—
<i>Section 136</i> (admission to a place of safety)	—	3	—	2	—
<i>Total compulsory admissions</i>	154	147	123*	121	116
<i>Informal admissions</i>	599	605	643	618	640
<i>Total admissions</i>	753	752	766	739	756
<i>Deaths in hospitals</i>	50	45	35	33	41
<i>Left hospital</i>	686	710	724	685	640
<i>Total discharges</i>	736	755	759	718	681
<i>Difference between recorded num- bers admitted and discharged</i>	17	-3	7	21	75

*Includes one patient already in hospital admitted under section 30.

The number of compulsory, informal and total admissions were much the same as last year. Emergency admissions under Section 29 remained about a third of all compulsory admissions. The excess of admissions over discharges is mainly due to extra beds coming into use in Littlemore Hospital at the Ley Clinic.

(ii) Admission of the elderly to psychiatric hospital

The following table shows figures for the last five years:

<i>Age</i>	1966	1967	1968	1969	1970
60-69	52	54	63	61	46
70-79	37	35	38	39	43
Over 80	43	39	34	31	34
	132	128	135	131	123

The total is similar to that of previous years but the proportion of re-admissions (47 of the total of 123) fell to 38% from last year's high figure of 53%.

(iii) Supervision

The number of referrals of the mentally ill continued at a high level; there were 222 compared with 237 last year. However, follow-up of cases showed that many of the new referrals did not need continuing supervision which was fortunate as there has been a shortage of Mental Health Social Workers during the year. The total number under supervision at the end of the year was 235 compared with 287 last year.

The sources of referral are indicated in the following table (1969 figures in brackets):

<i>Referred by</i>	<i>Male</i>		<i>Female</i>	
General Practitioners (including Health Visitors)	37	(21)	22	(23)
Hospitals, on discharge from in-patient treatment	24	(36)	20	(36)
Hospitals, after or during out-patient or day treatment	31	(25)	22	(38)
Police and Courts	5	(11)	4	(6)
Patient or Family	13	(11)	12	(9)
Children's Officer	—	(1)	—	(1)
Welfare Division	2	(5)	3	(6)
Other sources	12	(5)	15	(4)
	124	(115)	98	(123)

There has been a swing towards more frequent referral by General Practitioners and less by Hospital Consultants due perhaps to a policy of returning patients more completely to the care of their family doctors as soon as possible.

B. Subnormality

(i) Ascertainment

The majority of the 32 new cases were referred by relatives or the Health Visitor concerned. The Education Department referred 6 cases (one for admission to the Training Centre and 5 for supervision after leaving school) and hospitals referred 5 cases for ascertainment.

At the end of the year these were placed as follows:

Working	...	...	...	...	...	...	...	16
Mabel Prichard School	...	...	...	...	...	...	...	3
Industrial Training Unit	...	...	...	...	...	...	...	2
Hospital	...	...	...	...	...	...	...	6
At home (pre-school 1)								
(Unemployed 4)	...	...	...	...	...	...	...	5
								—
								32
								—

(ii) Accommodation in hospital

(a) Waiting list

Five children and one adult were on the waiting list for hospital admission at the end of the year. A four-year old boy who has been in a short stay convalescent hospital for three years is still waiting for a more appropriate hospital bed for the young chronic sick. One child who had been on the waiting list for a subnormality hospital place for three and a half years died in Marlborough Convalescent Home early in 1971.

(b) Oxford residents in hospitals in the region

	1969		1970	
	Male	Female	Male	Female
Borocourt	35	27	37	28
Bradwell Grove	16	3	17	3
Cotshill Hospital	3	1	3	1
Cumnor Rise	—	10	—	10
Northview Hospital	—	3	—	3
Pewsey Hospital	6	9	5	9
Purley Park	2	—	2	—
Smith's Hospital, Henley	4	1	4	1
Style Acre	2	—	2	—
Wayland Hospital	—	6	—	6
	—	—	—	—
	68	60	70	61
	—	—	—	—

(c) Oxford residents in hospitals outside the region

	1969		1970	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Barvin Park, Potters Bar ...	3	—	3	—
Cell Barnes Colony, St. Albans ...	1	1	1	1
Etloe House, Leyton, London ...	—	1	—	1
Glenfrith Hospital, Leicester ...	1	—	1	—
Leybourne Grange Colony, West Maling ...	—	1	—	1
Manor House, Aylesbury ...	2	2	2	2
Marlborough Convalescent Home	2	—	2	—
State Hospital ...	2	—	1	—
St. Francis School, Buntingford ...	1	—	1	—
St. Mary's, Alton ...	—	1	—	1
St. Mary's Home, Buxted ...	—	1	—	1
Stallington Hall, Stoke-on-Trent...	1	—	1	—
Stoke Park Colony, Bristol ...	2	2	2	2
Meanwood Park ...	1	—	1	—
	—	—	—	—
	16	9	15	9
	—	—	—	—

(iii) Supervision

At the end of the year 207 subnormal persons (71 children and 136 adults) were being visited by Mental Health Social Workers. Figures were very little down on 1969 despite the reduced staff available to carry out this work.

(iv) Guardianship

At the end of the year two cases were under guardianship in the care of the Guardianship Society.

(v) Mabel Prichard School

The age and sex distribution of the children attending at the end of the year is shown in the following table:

<i>Age</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
0-4 ...	1	1	2
5-10 ...	16	9	25
11-15 ...	14	14	28
	—	—	—
	31	24	55
	—	—	—

Although the school is designed to take only 52 children there were 55 on the roll at the end of the year. There is a waiting list of 7 children of school age who could profit from attending Mabel Prichard School. One is at present at a long stay Subnormality Hospital, two attend schools where they are less suitably placed and three are at home. One attends the Spastic Day Centre and Mabel Prichard part-time only.

Severely handicapped children ought to have the advantage of early admission to a special school. Unfortunately there are simply not enough places available to achieve this. In addition to the 7 children mentioned above there are 3 four-year olds and 6 three-year olds also on the waiting list.

The school was fully staffed. Four of the seven teachers have the Diploma for Teachers of the Mentally Handicapped and two are certificated teachers. The special care unit which opened in 1966 provides 12 places for both the younger and the more severely handicapped and is staffed by a teacher and a nursery assistant.

As in previous years educational visits formed a part of the curriculum. Voluntary and local assistance was again freely given to help with both social and educational visits and entertainments.

(vi) St. Nicholas House

This hostel for 20 severely subnormal children is sited next to Mabel Prichard School which all but one of the residents attend. The majority live in the hostel from Monday to Friday and spend the weekends in their own homes. In 1971 the hostel will become the responsibility of the Social Services Committee and Mabel Prichard School will be transferred to the Education Committee. Mr. Johnson, who has the certificate in Residential Child Care and is the Superintendent at St. Nicholas House, has put in a lot of hard work in continuing the tradition of providing a home-like atmosphere. He has been most successful.

Once more a play-group was held during the summer holidays.

The age and sex of the children in residence at the end of the year is shown in the following table:

<i>Age</i>				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
0- 5	...	...	...	1	—	1
5-10	...	...	...	2	2	4
11-15	...	...	...	3	7	10
				—	—	—
				6	9	15
				—	—	—

One or two places are kept in reserve in case a crisis develops at home.

(vii) The Industrial Training Unit

This Unit, which was built in 1965 for 60 mentally handicapped adults, remains overcrowded in that 75 people work there. Fortunately we have at

last been able to make a start with building an extension. The staff consists of a Manager, 5 instructors, 3 of whom are fully qualified. The majority of the trainees suffer from mental subnormality but 16 of those attending have had a mental illness.

The Manager, Mr. Price, has continued to maintain close working relations with many firms and this is vital to see that there is a constant flow of suitable work for the trainees.

Social and sporting activities were a feature of life at the Unit.

As a result of the City's extremely difficult financial position the Health Committee reluctantly agreed that free meals could no longer be provided at the Industrial Training Unit. Accordingly a charge of 1/6d. was made for lunch in the Unit. This still represents very good value for money as it does not meet the full cost of the meal provided. This decision was accepted with reluctance but has been working reasonably smoothly throughout the year.

The age and sex distribution of the trainees at the end of the year was as follows:

<i>Age</i>			<i>Men</i>	<i>Women</i>	<i>Total</i>
16-19	...	...	9	6	15
20-29	...	...	18	12	30
30-39	...	...	4	4	8
40-49	...	...	6	2	8
50-59	...	...	12	1	13
60+ ...	...	...	1	—	1
			—	—	—
			50	25	75
			—	—	—

(viii) Eastfield House

This hostel for 25 mentally handicapped adults, staffed by a Warden, a Deputy and two assistants, is now full. All the residents work at the nearby Industrial Training Unit and have their lunch there. The fact that this new hostel has been filled with long-stay residents less than two years after it opened points to the needs for increased provision of hostel accommodation in the very near future.

(ix) Group Home—27, Brasenose Driftway

The group home remained full with 5 mentally ill and 2 mentally handicapped men in residence. This type of community care has now proved itself to be both a practical and very economical alternative to the provision of larger hostels. The Deputy Warden of Eastfield House is responsible for any supervision that proves necessary at the Group Home.

To summarise, the Mental Health Division has provided supervision and care for 444 mentally handicapped persons during the year as well as 52 residential beds for such persons in the community.

3. Future Developments

(a) Second Hostel for Subnormal Adults—Wood Farm House Site

Plans for a second hostel similar to Eastfield House have had to be deferred to the reserve list in the capital programme because of financial stringency. Our experience at Eastfield House has shown that the expansion of such provision is both urgent and essential.

(b) Second Group Home

It is hoped to provide another group home close to the Wood Farm Hostel when the latter is built. In the meantime active search is going on for suitable accommodation within reach of supervision from Eastfield House.

(c) Hostel for the Mentally Ill—Rose Hill

The need for a large hostel for the mentally ill will now have to be assessed by the new Social Services Committee. In the light of recent experience Group homes and boarding out in supervised lodgings would seem a better alternative solution.

SECTION VIII

WELFARE SERVICES DIVISION

Report by J. C. DAVENPORT

Chief Welfare Services Officer

1. General Comments

From July 1948 until the 31st December 1970, Welfare services for the aged and disabled under the National Assistance Act 1948 have been delegated to the Health Committee of the City Council, and the Health and Welfare Sub-Committee was responsible for the day to day development of the service. For nineteen of these twenty-two years I have occupied the post of Chief Welfare Services Officer in this structure, and have taken an active part in the development of a health and welfare service which is second to none in the country. During this time Oxford has been amongst the leaders in the development of the social services, including 100% purpose built residential accommodation, the introduction of facilities such as short stay admissions, bathing service, laundry service for home-bound incontinent persons and the day-care services both at home and in centres.

The local geriatric and psychiatric hospital services have cause to be grateful to the services provided by this local authority inasmuch as long waiting lists have been avoided and the 'exchange' code abolished.

In the sheltered workshop and diversionary occupational fields we have reason to be proud of our record. The workshop heads the national economic table and is still improving in efficiency and industrialisation, whilst there is no lack of opportunity for home-bound people to augment their income by undertaking productive work in their own homes or at centres.

It is, therefore, with mixed feelings that we greet the winds of change caused by the implementation of the Local Authority Social Services Act 1970. For twenty-two years there has been an extremely effective and co-ordinated health and welfare service for the aged and handicapped, operated by a well-trained team of officers. From the 1st January 1971, the Welfare Services Division of the Health Department became part of the new Social Services Department, and the Health Committee can take pride in the fact that the structure and quality of service they hand over to the new Committee and Director has proved itself to be a leader in policy, resources and techniques.

In making this final contribution to the Annual Report of the Medical Officer of Health, may I take the opportunity of thanking all the members of staff of the Department for their help in the past nineteen years, and particularly to Dr. Warin who has been my guide and mentor, urging and encouraging (and occasionally applying the brake when over-enthusiasm

has crept in) towards the creation of an effective and happy Health and Welfare Department.

1970 has been a memorable year for the social services even if there has not been any notable change in the pattern of work. Inflation has been, and still is, the greatest enemy of progress, and the first few months of the year were very much taken up with financial excises designed to keep expenditure to its lowest possible level whilst at the same time endeavouring to ensure that there was no cut in services. When the estimates had been fixed there was the constant battle of trying to meet "a quart of need by a pint of resources". New cases continued to come to light at the same high level as the past five years. This additional work had to be absorbed without any increase in staff, and I continue to be amazed at the amount of work which is being done without any lowering of the satisfaction standards of the clients. One cannot be complacent about this situation which will certainly have an effect upon the health and efficiency of social workers unless there is some relief. At present average active case loads of every social worker in the department exceed 150. The imminence of the Local Authority Social Services Act of 1970 created some anxiety for the future, and the advent of the Chronically Sick and Disabled Persons Act added further burdens.

There is, however, some good news to relate. The Rectory Road site, acquired in 1965, is to be developed as a centre for the disabled, and the premises have now been evacuated ready for the contractor to start work. It is hoped that completion will not be too delayed as the full use of such a centre could probably delay the need for admission of many elderly persons to residential accommodation by up to two years. With the proposed closing of certain civic restaurants the meals on wheels service is endangered, and the kitchen facilities of the new Centre will enable this very essential service to be continued.

In this City we are fortunate in having such willing voluntary societies and helpers who act in partnership with the local authority services. The range of services provided by this team effort includes the publicity of services available, transport for persons and meals, friendly visiting and community neighbourliness, entertainment, assistance in shopping, swimming, clothing, clubs and pastime occupations. These valuable services added to the statutory ones provided by the local authority have contributed greatly to the high standard of social services in Oxford, and to all the helpers and organizers concerned, I record my sincere appreciation.

2. Residential Accommodation

There has been no increase in the amount of residential accommodation provided by the Council, but I have to record an unfortunate loss in the number of beds provided by voluntary organisations. This resulted from the closing of the British Red Cross Society Home in Banbury Road

Admissions and discharges to City Council Old People's Homes during 1970

	No. of Beds	From home	New Admissions From Hospital	Short term	Hospital Cases		Deaths	
					Admitted	Returned	In Hospital	In Homes
Barton End ..	40	12	-	3	7	3	3	4
Cuttislowe Court ..	60	17	4	24	12	6	1	10
Ifley House ..	60	18	4	22	20	9	7	5
Longlands ..	60	15	3	25	20	12	7	10
Marston Court ..	60	7	2	15	16	10	5	2
Oseney Court ..	60	12	1	18	11	8	-	12
Shotover View ..	60	20	3	23	24	11	6	5
Townsend House ..	60	11	5	36	13	7	3	9
		112	22	166	123	66	32	57

Number of new cases registered during the year	...	...	687
Number of cases receiving domiciliary visits	...	...	1,367
Number of visits paid by Welfare Officers during the year			12,274
Number of Persons on the waiting lists for Old People's Homes:			
A. In own home:			
(1) Urgently in need of admission	...	...	28
(2) Will require admission within six months	...	...	37
(3) No real hardship at present	...	...	57
B. In Hospital	...	...	10
			—
Total	...	...	<u>132</u>

The very considerable increase shown in the register of aged and infirm could be, at first glance, misleading. We have encouraged all 'at risk' persons to register with the Department, but regular visits are made only to those with a continuing need. This has resulted in the number of cases receiving active help (1,367) varying so much with the total registered (2,640).

Voluntary and Private Homes

The Voluntary Homes registered with the Local Authority for the care of aged and disabled persons are regularly inspected for amenity and general safety standards. On the 31st December, the following homes were on the register:

Aged and Disabled

Nazareth House, Cowley Road 30 persons

Aged

Fairfield, 115 Banbury Road 36 persons

Elizabeth Nuffield, 165 Banbury Road 23 persons

Woodlands, 111 Woodstock Road 18 persons

Greengates, 2 Hernes Road 17 persons

Mrs. F. E. Best, 31 Stanley Road 7 persons

Variations in amenities in private homes has resulted in a reduction in the total number of such beds available for use, and this together with the closure of the Red Cross Home has created further problems in meeting the overall need.

The agreement made with the following Home to place accommodation at the disposal of the Authority continues:

Nazareth House, Cowley Road 4 persons

On the 31st December, the City Council was responsible for the augmentation of income to enable the stated number of persons to reside in accommodation provided by the following voluntary societies:

Nazareth House, Cowley Road	...	...	...	14 persons
St. John's Home, St. Mary's Road	...	...	...	4 persons
Fairfield, 115 Banbury Road	...	...	...	1 person
In Voluntary Homes outside the City...	...	...	...	23 persons

By arrangement with other Local Authorities, the City Council has accepted financial responsibility for one person in an Oxfordshire County Council Home, and one person in each of Homes administered by Exeter and Wiltshire County Council.

Reciprocally, Oxford Old People's Homes were accommodating thirteen persons from Oxfordshire, five from Berkshire, and one each from Northamptonshire, Portsmouth, Surrey, Herefordshire, West Sussex, East Sussex, Inverness, Northampton and Buckinghamshire.

Temporary Accommodation

27 persons applied to the Division because of accommodation difficulties, the majority of cases arising during the night hours. Of the 20 females concerned, 16 were admitted temporarily to the Homeless Families Unit, 2 refused such accommodation, one was helped to reach friends, and one spent two nights in an Old People's Home. Of the seven men, three were placed in private lodgings, one in each of the Church Army Hostel, Department of Health and Social Security Reception Centre, and the Simon Hostel, whilst one made his own arrangements rather than accept separation from his wife.

There has been a significant and welcome reduction in the number of people with an alcoholic background compared with 1969. This year the predominant causes of homelessness appeared to be either marital dispute or a plain propensity for wandering. In three instances psychiatric disturbance was a prime factor leading to homelessness.

3. Welfare arrangements for blind and partially sighted persons

Registers

The number of blind and partially sighted persons on the register again showed a significant increase. Disability on account of sight continues to be mainly an affliction of old age. Nearly 70% of blind and partially sighted persons were over the age of 70, and 20 of the 24 cases coming on to the Blind register for the first time came into this category. In elderly persons the handicap of sight loss is usually accompanied by other infirmities and requires a more complex case work.

The following were causes associated with three cases under the age of 20 years on registration:

1. Blind (male)	aged 1	Choroido-retinopathy, microcephalic, spina bifida, mental retardation, paraplegic and neurogenic bladder
2. Partially Sighted (male)	aged 1	Albinism, nystagmus, macular dysphasia
3. Partially Sighted (male)	aged 18	Congenital nystagmus

Persons on the registers

	<i>Blind</i>	<i>Partially Sighted</i>
1966	205	105
1967	205	133
1968	206	141
1969	210	168
1970	231	179

<i>Age Distribution</i>	<i>Blind</i>			<i>Partially Sighted</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0-1	—	—	—	1	—	1
2-4	2	1	3	1	1	2
5-10	1	1	2	1	1	2
11-15	2	—	2	1	—	1
16-20	—	1	1	1	1	2
21-29	3	1	4	2	1	3
30-39	3	2	5	4	1	5
40-49	7	4	11	3	1	4
50-59	11	7	18	6	7	13
60-64	6	6	12	6	6	12
65-69	8	4	12	7	5	12
70+	48	113	161	30	92	122

Age Distribution of New Cases

<i>Age</i>	<i>Blind</i>			<i>Partially Sighted</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0-15	1	—	1	1	—	1
16-20	—	—	—	1	—	1
21-29	—	—	—	—	—	—
30-39	—	—	—	—	—	—
40-49	—	—	—	—	—	—
50-59	1	—	1	—	4	4
60-64	—	—	—	1	2	3
65-69	1	1	2	3	1	4
70+	5	15	20	6	14	20
			—			—
			24			33
			—			—

Diagnoses in New Cases

<i>Diagnosis</i>	<i>Blind</i>			<i>Partially Sighted</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Macular degeneration	1	6	7	4	7	11
Retinopathy	3	—	3	—	1	1
Glaucoma	2	2	4	3	2	5
Cataract	1	2	3	—	5	5
Diabetic retinopathy	—	1	1	—	2	2
Myopia	—	—	—	1	1	2
Optic atrophy	1	2	3	—	1	1
Miscellaneous	—	3	3	3	3	6
	—	—	—	—	—	—
	8	16	24	11	22	33
	—	—	—	—	—	—

We are indebted to Mr. E. W. Allen, Senior Optician at the Eye Hospital for providing us with the following table concerning the provision of Low Visual Acuity Aids to Oxford residents:

See Table overleaf

General Welfare and Social Activities

The year's Social Activities commenced with a visit to the Pantomime, with supper afterwards at the Rectory Road Centre which was attended by forty-five people. The Craft Classes were held each Thursday from 11.00 a.m. to 4.00 p.m., and have been a great success. An increasing number of physically handicapped persons were able to attend. Tape recording sessions were well attended and appeared to be very popular. A greater number of people now come to the Socials which have an average attendance in excess of 70. Entertainments have been varied and have included Beetle Drives, Record Programmes, Speakers and Musical Groups.

The holiday organised by the City and County Society for the Blind was at Southsea in May. Rather fewer people went from the City but those who did enjoyed it very much. Two outings were arranged; one a river trip with lunch and tea on 18th June attended by ninety people and the other a day's outing to Clevedon on 5th September. On both occasions the weather was excellent which helped considerably.

The Annual Party at the Town Hall was attended by approximately two hundred people including some from the fringe areas in the adjoining counties. A shopping afternoon and tea were arranged for blind and handicapped people by the kind invitation of Littlewoods. A small group were able to enjoy the Lord Mayor's Carols and the Christmas Party held at the Rectory Road Centre was very well attended.

Once again our thanks are due to the voluntary drivers and voluntary workers who throughout the year have played a great part in all our

Year	1 Total supplied	2 Number with satisfactory result	3 Number who should have improved but did not return for follow-up	4 Number who returned appliance as unsatisfactory	5 Number of new cases registered as partially-sighted each year
1960	12	6	3	3	3
1961	10	4	3	3	6
1962	11	4	6	1	6
1963	9	7	1	1	7
1964	14	4	4	6	14
1965	20	9	9	2	19
1966	17	1	9	7	26
1967	25	11	3	11	45
1968	22	16	3	3	48
1969	18	9	4	3	59
1970	18	15	-	3	33
Total	176	86	45	45	266

activities and without whose help we should not be able to continue these services.

4. Welfare arrangements for other Handicapped Classes

A. Deaf

The City Council in co-operation with the Diocesan Association for the Deaf have continued their efforts to expand welfare facilities for the deaf and hard of hearing. A senior welfare officer is seconded to the Society to assist them in providing services for the deaf on an agency basis.

Registers

Age	<i>Age and Sex</i>			
	<i>Deaf with Speech</i>		<i>Deaf without Speech</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Under 16	7	3	2	1
16-29	8	7	6	7
30-49	3	1	2	2
50-64	3	1	5	4
65+	2	2	2	—
Totals	23	14	17	14

Comparative Totals

	<i>Deaf with Speech</i>				<i>Deaf without speech</i>			
	<i>Under 16</i>	<i>16-64</i>	<i>65+</i>	<i>Total</i>	<i>Under 16</i>	<i>16-64</i>	<i>65+</i>	<i>Total</i>
1966	13	19	5	37	5	26	2	33
1967	12	20	5	37	7	26	1	34
1968	12	19	5	36	7	26	1	34
1969	10	22	4	36	3	26	2	31
1970	10	23	4	37	3	26	2	31

I am indebted to the Reverend P. L. W. Hunt for the following report on general social activities:

In addition to social casework the service includes indoor and outdoor sporting and social activities, outings, holidays, religious services, etc., in fact everything possible to enable the deaf to live fuller and happier lives.

The variety of problems dealt with are enormous and include such services as house purchase, finding employment, re-habilitation in employment, advising in matrimonial difficulties, dealing with deaf people in psychiatric and general hospitals and interpreting in the law courts.

The complexity of the modern world brings forth such intricate problems that the ordinary hearing person has difficulty in understanding—how much more so for the deaf person—cut off from all sound!

The Offices are based at the New Centre for the Deaf and Hard of Hearing in St. Ebbe's where excellent facilities are available for social,

educational and recreational functions, and where services are conducted in the 'sign' language in the Chapel there. A public appeal for £45,000 has been launched this year for further additions and improvements.

Mr. Hunt was awarded the Diploma of Chaplains to the Deaf in November 1970.

Everything possible is being done to improve the service for the deaf and to meet their social, welfare and spiritual needs and the closest co-operation is being maintained with all local government departments.

National Deaf Children's Society

We are indebted to Mr. Clayton, Chairman, for the following report:

Mr. J. Sawyer and Mrs. Melville have resigned from their respective posts of Chairman and Treasurer, and I should like to take this opportunity of expressing my gratitude for the work which they have done during their terms of office. Mrs. J. Powell was appointed Treasurer. A loss sustained by the Branch was the departure of Miss Marples for the Antipodes. Her cheerful willing help will be sadly missed but we wish her well in her new endeavours, and look forward to seeing her again in the future. We welcome new additions to the teaching staffs in the area, and look forward to a long and happy association with them.

The children's Christmas party was the usual success, with games and a delicious tea being enjoyed by all those who attended. The summer party kindly given by Mrs. Livingstone was also a huge success, the weather was good and a most enjoyable afternoon was spent by all. A sponsored walk, largely organised by Mrs. Mazey and a few helpers, was strongly supported and again the weather was kind.

Extra tuition has been organised for the children who may benefit from it. Educational outings during the summer holidays were well supported and a short camping holiday organised by Mr. Meekley included a day trip to France by Hovercraft. Two speech trainers have been purchased, one for use by Miss Heddon in her work at the Radcliffe Infirmary and one for Mrs. Simpson for her peripatetic work in North Berks. Overhead projectors have also been presented to schools in Oxford and North Berks.

B. The Hard of Hearing

<i>Register</i>	<i>Age</i>	<i>Age and Sex</i>	
		<i>Male</i>	<i>Female</i>
	Under 16	1	—
	16-29	4	5
	30-49	4	3
	50-64	6	12
	65 and over	64	182
	Totals	79	202

Comparative Totals

	<i>Under 16</i>	<i>16-64</i>	<i>65+</i>	<i>Total</i>
1966	2	47	271	320
1967	2	47	239	288
1968	2	47	237	286
1969	1	30	216	247
1970	1	34	246	281

The Secretary of the Oxford and District Club for the Hard of Hearing, Miss J. McLennan, has kindly supplied the following report:

Club meetings have been held every week throughout the year, the programmes arranged being mainly of a social nature. There seems to be a general falling off of attendance, especially in the winter months, and this may be due to the fact that many of the members are extremely elderly and they find the journey from the suburbs too difficult. There is no public transport passing near The Centre and the road and pavements from the main bus stops down to St. Ebbe's are rendered difficult for elderly pedestrians to negotiate due to all the development works in progress.

More members have shown interest in the lip-reading and clear speech practice, and Miss Waddle has now arranged two practice groups each week. Competitions were held for the Club's Trophies and members also competed in the National Contests arranged by the BAHOH.

The Club joined with others from neighbouring counties for a Service of Thanksgiving and Social evening at Wokingham in October as well as taking part in the Rally of Midland Area Clubs which was held in Oxford in April. Representatives from the Club have also attended other activities arranged by the British Association.

Several more members have now become completely 'housebound' due to age and infirmity and the publication of a "Club Newsletter" is enabling them to keep in touch with the various activities; also they benefit greatly from the regular visits of Miss Waddle, the Welfare Officer.

C. Generally Handicapped

As handicapped persons become more aware of the help that is available from the local authority social services, so does the case work increase. The publicity attached to the Chronically Sick and Disabled Persons Act of 1970, together with the speed with which it became law, created problems in Oxford as it did in most parts of the country. No one doubts the merit of improved services for the disabled, but the restrictions on finance and the availability of sufficient well-trained staff were the main deterrents to expanding services. One case worker cannot cope satisfactorily with a case load of 273 persons. The long-awaited Centre now seems to be on its way, and this will enable a much more positive recreational service to be established.

The total now registered are shown in the following table:

	Handicap	Age Under 16	Age 16-29	Age 30-49	Age 50-64	Age 65 or over	Total
1	Amputation ..	—	2	1	9	11	23
2	Arthritis or rheumatism ..	—	—	5	18	48	71
3	Congenital malformations ..	—	1	1	3	2	7
4	General diseases ..	—	3	7	9	6	25
5	Injuries ..	1	5	5	7	13	31
6	Organic nervous diseases ..	2	17	31	32	15	97
7	Psychiatric illness ..	2	—	5	2	2	11
8	Diseases not specified above ..	1	—	2	—	5	8
	Total ..	6	28	57	80	102	273

49 new cases were registered in the undermentioned categories:

Age	Number Registered	Category
0-16	1	1—Psychiatric illness
16-49	7	1—Amputation 2—General diseases 3—Organic nervous diseases 1—Psychiatric illness
50-64	9	1—Amputation 1—Arthritis or rheumatism 4—General Diseases 1—Injuries 2—Organic nervous diseases
65+	32	5—Amputation 14—Arthritis or rheumatism 1—Congenital malformation 4—Injuries 3—Organic nervous diseases 2—Psychiatric illness 3—Diseases not specified

The number of aids provided for handicapped persons in their own home has again increased to 121 compared to 113 last year.

	<i>Type of Aid</i>	<i>Number</i>
Bathing aids	50
Handrails	24
Special toilet fittings	15
Garage facilities	3
Other items (including ramps, door alterations, house adaptations)	29

Spastics

There are 36 spastics known to the Department—12 adults (9 male and 3 female) and 24 children. The responsibility for the general welfare of the latter is with the School Health Service, but contact is maintained with the Education Department in order to ensure a smooth transfer to the welfare services when that becomes necessary. Of the 12 adults, 8 are normally resident in their own homes and 4 are being cared for in special homes and hospitals.

Epileptics

14 adult epileptics of major severity (8 male and 6 female) are registered with the Department. 10 reside in their own homes, 2 are in colony residence, 1 is in hospital care and 1 is Part III accommodation (Iffley House).

The great majority of minor cases are able to continue in normal employment. In addition, there is one boy aged thirteen at Lingfield Hospital School, Lingfield.

5. Blind and Handicapped Workshop

The trade growth in the book finishing section which occurred in the second half of 1969 continued in the present year, the total annual turnover increasing from £4,170 to £7,690. Two new workers brought the total employed on book finishing to twelve.

A standard accounting system under the control of the Department of Employment is operated by each of the workshops in the country and at the end of the financial year, inter-workshop comparisons are published. For the financial year 1969/70 we gained the distinction of recording the lowest 'cost per worker' of the sixty workshops under review. Our manufacturing loss was £337 against the average of £475 and our final loss was £635 against the average of £821.

The net profit of the Retail Shop increased during the financial year 1969/70 to £1,300, which is in line with an increased turnover of goods obtained from other authorities. The sale of goods from the Occupational Therapy service has again decreased from £3,440 in 1968 to £2,620 last year and £2,170 this year.

Blind and Sighted Disabled Workers are employed in three sections as follows:

- 12 Book finishing
- 4 Chair seating
- 1 Watch and Clock repairs

The origin and value of goods sold in the shops were as follows:

	1969	1970
Workshop	7,797	12,025
Other Authorities	8,664	9,496
Occupation Therapy:		
City of Oxford	2,622	2,170
Oxfordshire County Council	539	510
	£19,622	£24,201

6. Miscellaneous Services

A. Meals on Wheels

Six of the Council's eight Old People's Homes provide meals for the Meals on Wheels service. A seventh Home provides washing up facilities and stand-by services in case of failure or other emergencies at the other sources of supply. Meals are also obtained from one of the Council's Municipal Restaurants.

The total meals supplied continued to grow by almost 10% to 56,686 during the year despite no planned extra facilities. Such is the measure of demand for this most important supportive service.

The year ended with some doubt as to the availability of the Municipal Restaurant to continue providing meals. Since almost 50% of our meals come from this source, there will need to be a considerable re-appraisal of the situation pending the completion of the new kitchen facilities included in the long awaited Handicapped Persons Centre at Rectory Road. In the meantime the bulk of the delivery of meals and the vital daily contact with the many recipients remains with the voluntary workers of the British Red Cross Society and Women's Royal Voluntary Service to whom a great debt of gratitude is owed. It is however somewhat surprising that this short (two hour) pleasant, ordered social task is not more popular with voluntary drivers. Recruits are always welcome and the City Council pays 8d per mile to those drivers using their own vehicles. Though the service is available four days per week, many drivers do one day in the week on a rota system.

B. Temporary protection of property of persons admitted to hospital, etc.

This duty under Section 48 of the National Assistance Act, 1948, was effected in 96 cases during the year. There were 116 current inventories of property still in custody at the end of the year.

C. Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948 it was necessary for the Council to arrange 11 burials. In all cases part or full recovery of the cost involved was made.

CLINICAL MEDICAL WORK ON BEHALF OF THE WELFARE SERVICES

(Dr. Hollyhock)

A senior medical officer has continued, as in previous years, to be available to advise on day to day medical problems in the work of the Welfare Division. This medical officer is able to act as a link between the hospital medical services, the community services and the general practitioners. Good liaison between these services is most important as very often the medical condition has a marked bearing on the social and welfare needs of the person concerned.

Summary of work undertaken

(a) Assessment of suitability for Part III accommodation.

On an increasing number of occasions the medical officer has been asked to visit people in their homes or in hospital with a view to assessing their

suitability for Part III accommodation. Alternatively the medical officer has helped by seeing residents in the Homes and making suggestions concerning care.

When there is a need for more care than can reasonably be given in the Homes the medical officer and the general practitioner are very often able to consult together, and on such occasions the resident is very often admitted for a short while to a hospital unit for assessment and rehabilitation.

(b) *Miscellaneous Visits*

Three times during the year the question of removal under section 47 of the National Assistance Act was considered. Fortunately it was not necessary to take statutory action as in each case it was possible to arrange for the provision of services which enabled them to remain at home.

An increasing number of visits are being made to assess the medical need for aids to daily living in patients at home.

Young handicapped persons from Oxford resident in the Cheshire Home at Banbury were visited on several occasions. Generally they continue to live there satisfactorily and happily despite the severe handicaps from which they suffer. However one person left the Home to try living in the City again with a group of other young people.

Visits were made to applicants for the disabled persons bungalows at The Laurels site before the final allocation of these was made by the Housing Management Sub-Committee.

(c) *Provision of domiciliary equipment and household adaptations*

As in previous years the need for major adaptations or large pieces of equipment to aid a handicapped person was assessed by the senior medical officer.

(d) *Old People's Homes*

A considerable number of informal visits were made to the Old People's Homes over and above those made for assessment of particular residents. These provided opportunities for matrons and staff to raise any queries concerning medical problems in management and the day to day running of the Homes. Inevitably there were occasions when cases of infectious disease occurred amongst the residents and the matrons were then pleased to be able to discuss the necessary precautions with the medical officer.

(e) *G.P. Surgery Session for elderly patients*

The geriatric clinic started by a general practitioner at the East Oxford Health Centre in 1968 has continued throughout the year. The arrangement whereby sessions are held on alternate Tuesdays and patients are conveyed by special transport has continued satisfactorily. This geriatric clinic session has become an established part of this practice and 81 patients attended during the year.

SECTION IX

ENVIRONMENTAL HEALTH

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., F.R.S.H.,
Chief Public Health Inspector

1970 was marked as European Conservation Year and many interests loudly proclaimed their involvement in the investigation of problems of environmental pollution. Indeed it was quite surprising to note the large number of organisations, associations, and groups of various kinds who took an active part throughout the year in discussing pollution and environmental problems generally. Perhaps the public interest shown by His Royal Highness the Duke of Edinburgh at the beginning of the year was the spark which lit up much of the fire of enthusiasm—all to the good in drawing attention to what is undoubtedly a very important field of public concern. Nevertheless little was evident about the solid practical achievements of the preventive health services over the last 100 years, nor was much credit apparent for the enormous strides made in general environmental health control by many workers in the environmental health field. Certainly the efforts made during Conservation Year vividly demonstrated the urgent need for particular attention to pollution prevention—for protective controls—and general appreciation of the fact that it is we, the general public, who are constantly “fouling our own nests” so creating more and even worse health hazards for ourselves as communities. Unless, therefore, we learn to direct our actions and habits properly in the light of knowledge gained and lessons learned in the past, we are bound to suffer, eventually, an incurable sickness of both body and mind. Protective health measures demand, and should be given, maximum publicity. It is not surprising, therefore, that 1971 sees early outcry at dangers associated with health hazards such as cigarette smoking, air pollution, vehicle exhaust emissions, noise nuisances, and pollution of rivers, streams, beaches and general amenity. Let us hope that interest will not stop with 1970 but will continue with ever-increasing awareness of the dangers to health which exist despite 20th Century progress.

It is perhaps of some local interest to note that this is my 21st Report to the City Council and may well be my last, as 1971 marks not only my 50th year in the Local Government Health Service, but my retirement from office at the end of the year. It could well be that writing of the 1971 Report may be a pleasure deferred (!) but in any case it is perhaps appropriate to regard this as my “Swan Song”. My period of service has at all times been interesting and instructive, often frustrating, sometimes disappointing, but never dull. The Public Health Inspectorate nationally have, in the past half century, gained in status and public recognition, yet their sustained efforts to safeguard public health are not

always appreciated or understood by those demanding and receiving the service. We have worked closely with colleagues in medical, planning, engineering, architectural, and administrative activity in the general, ever-broadening field of environmental protection. It is now interesting to note that Central Government is proposing a new set-up for Local Government which will affect all services. A new concept of country-wide administration involves a two tier arrangement of counties and districts which could lead to considerable rationalisation of staffs and administration centres. The next few years will see the most drastic reform of Local Government during this Century. It is to be hoped that the environmental health service will not be split by the proposal, but will be organised to receive maximum benefit while creating maximum impact. It is also hoped, of course, that the Public Health Inspectorate will not be submerged—to its detriment—in a welter of other environmental interests. After a century of service it should not be too much to expect that they may at last achieve an appropriate place in the hierarchy of Local Government Officers.

Higher standard of technical attainment and long and diverse training in all the various public health prevention activities, both practical and theoretical, is now required for qualification. Degree Courses are available at University level as well as the full Diploma of the official Training Board. Of course, all Local Government staff are now encouraged to extend training and secure better qualifications. This leads inevitably to staff shortage because of absences on training. Without adequate staff greater pressure is placed upon those left and work programmes suffer. This is a matter which requires careful thought and attention by Establishment Departments. Management and administration has become the new field of enthusiasm with fresh ideas on techniques, work study and organisation of controls, in efforts to improve efficiency. Such a field is now open to technical officers and this Department is not alone in losing qualified Inspectors to management interests because of the opportunities for study and transfer.

There were no spectacular results in figures associated with either complaints or inspections during the year and, indeed, the latter suffered somewhat by the very staff problems previously mentioned, coupled with illness and shortages in establishment. With a slight reduction in complaints, there were notable increases in respect of insect infestations, noise nuisances, and odour complaints, although time spent on treatment of wasp infestations was much reduced because of decrease in the activity of wasps this year. With charges being made for treatment, this too led to some reduction. There was little need for intervention in the field of old people's welfare, which is now a part of the comprehensive Social Services set-up. The Simon Community organisation (now re-named the Oxford Cyrenean Community) gave little cause for concern during the year and continued unspectacular work among the "down and outs". The Church Army also continued with excellent work at their St. Ebbe's

Welfare Hostel but gave no hint of energy in the redevelopment or modernisation so obviously needed. However, the Salvation Army showed welcome sign of activity in the welfare field by commencing to build their new citadel at the bottom of Littlegate, not far away from the Church Army centre. This new project will involve welfare facilities and give much more practical help at the Centre than was possible at the Castle Street citadel. The Department welcomes this new approach as it will add to the present facilities and arrangements for dealing with homeless persons and others in dire need. There was during the year an increase in treatments against body lice, involving a number of men among the "down and outs", which gave some concern to our Pest Control operatives.

Movable dwellings continue to reduce in number, there being only one on a permanent site, the majority of caravans in the City being associated with engineering works, road building contractors, etc. There was, however, considerable activity during the year in connection with the so-called "gypsy" type encampment at the Slade Park which is just over the boundary in the area of the Bullingdon Rural District Council. That Council decided to become responsible for it as a temporary measure, preliminary to their completion of an approved site at Sandford-on-Thames. There is, of course, much concern about the appalling conditions which develop in and around this gypsy site, as those who occupy the caravans are very often persons of little education, with little concern for community health and hygiene, and unprepared to take part in community life or accept responsibility in the area in which they live. They certainly seem to want as much as possible without giving much in return and care little about the upset created to residents in the neighbourhood. Much difficulty lies ahead in regard to the provision of permanent sites for these types of families and I see no early resolution of the problem. The cost of providing and controlling a proper site in the City will be considerable and return for its use likely to prove a continuing burden on the rates, although not without hope of rehabilitating some "gypsy" families.

In the realm of animal welfare there was little to report except that the Sanctuary Society at long last succeeded in securing a site south of the City for the reception and care of unwanted animals and much good work continues to be done by that group.

Work under the Offices, Shops and Railway Premises Act continued in unspectacular fashion, there being little of serious import to deal with. Standards generally seem to have reached a good degree of compliance with the requirements of the Act.

Mr. Williamson and his staff coped well with pest control demands, although some embarrassment was caused when Mr. Barnsley suffered from an accident while on holiday overseas which kept him away from work for a number of weeks. The Student Inspectors, however, gave useful assistance and helped to keep the work up-to-date. The rat population of the Oxford sewers seems well controlled and there is much appreciation by the public of the efforts of the Pest Control staff.

Air pollution work received a slight set-back through the unfortunate shortage of solid smokeless fuels and national concern was expressed. Although a number of Local Authorities deferred Smoke Control programmes, we were able to proceed with Area No. 10 and eventually agreed, because of financial stringency, to hold over Area 11 until the 1972/73 rate period. It is a relief to note at the end of the year that the weather had remained reasonably mild and demand for solid smokeless fuels had not outstripped the local supply position. It is unfortunate, of course, that the smokeless City is still not in sight but surely efforts can be made to aim for a complete clearance within the next 10 years or so. Much of the undeclared area of the City is well supplied with smokeless appliances and the imminence of natural gas in the area will help still further. The Didcot Power Station is on the point of coming into operation and the effect on the City, if any, will be noted with interest.

It is unfortunate that the new paint application system introduced at the British Leyland Motor Corporation works at Cowley has caused considerable nuisance by fume, while noise outbreak has also increased. The electro-static, water-based paint system has given rise to considerable moist effluent containing breakdown products which have caused considerable distress among local residents because of its acrid properties. Staff were busily engaged towards the end of the year in dealing with complaints, but it is confidently anticipated that the firm will produce, in 1971, a scheme for eradicating the nuisance. It is very disappointing, after some 20 years' constant effort with a certain degree of success, that this new system should prove, if anything, worse than the first.

Our air pollution activities were honoured during the year with the award of a Churchill Foundation Fellowship to Senior Inspector John Scott, who elected to go to the United States of America for a period of three months studying the organisation and administration of the Regulations and conditions concerning vehicle exhaust pollution. He was enabled to visit no less than 12 cities, 5 states and 6 Federal Departments, and attend the International Conference of Air Pollution at Washington. He was also successful in obtaining a Diploma of the United States Health Department in Air Pollution Meteorology.

Public reaction to noise creation continues to grow, the number of complaints being almost double this year, involving both industrial and domestic circumstances. There is still too much unneighbourly conduct, particularly from Clubs and Public Houses and other places where collections of people seem to forget their community responsibilities.

Interest continued in the safeguarding of health in connection with bathing facilities involving the City's public bathing places and school and hospital pools. It is pleasing to note further modernisation of the Sewage Disposal Works, which is of considerable importance so far as effluent to the River Thames is concerned. European Conservation Year certainly brought considerable pressure from the public on all aspects of pollution. The strike of the Refuse Collectors and Sewage System staffs

created some anxiety but circumstances generally remained surprisingly good in view of valiant attempts by the public to cope with the problem of uncollected refuse.

Housing activity was again mainly centred on the Jericho (St. Barnabas) rehabilitation area and there are evident signs of considerable progress, although outside amenity still requires attention. The area has not yet been officially declared for grant purposes and the street pattern had not been finalised by the end of the year. Infilling by modern terrace property in part of Block 5 in Cardigan Street is nearly complete and the City Architect is to be congratulated on a pleasing and very fitting development. Costs continue to rise and frustration is still evident in many aspects of this work, while there still remain misgivings in certain quarters about a satisfactory ultimate achievement. Phase 2 will be tackled and several blocks inspected towards the middle of 1971 when it is hoped further consideration will be given to declaration of a general Improvement Area. Continued collaboration with the staff of the City Engineer in the field of Improvement Grants proved very worthwhile for there has been considerably increased interest by house owners in Discretionary Grants, which involve repair as well as improvement. There is still a long way to go, however, for attention to disrepair is long overdue throughout the sub-standard housing field. A programme of about 100 unfit houses per year has been accepted for attention during the next few years, which should cope with the general position involving tenanted property in need of urgent attention, while owner-occupied houses will no doubt be dealt with as opportunity affords. There is also still much outstanding in connection with multi-occupation, which continues to give rise to considerable frustration because of high costs, particularly where concerned with fire precautions. Overcrowding is not excessive but still persists in a number of multi-occupied houses. Repair of houses also received some impetus by work involved in applications for Qualification Certificates under the Rent Act. This gives owners an opportunity of securing better rentals, provided their property is brought up to modern standard of amenity and satisfactory condition of repair. How far this new system will go towards achieving full attention to disrepair of rented property remains to be seen as tenants continue to resist the raising of rents.

Your Chief Public Health Inspector was honoured during the year by being invited to give a paper at the Congress of the Royal Society of Health on the subject of "Rehabilitation of Older Homes". A similar paper was given to the Midlands Weekend School of the Association of Public Health Inspectors.

Our activities in connection with the supervision of milk, meat and other food supplies were maintained much as usual. An increased number of milk samples were dealt with, routine Gerber tests helping at minimum expense to maintain constant supervision over milk quality. Brucellosis samples proved satisfactory and heat treatment generally was very good, there being only one (unaccounted for) Phosphatase failure. Untreated

milk sale commenced in the City, much to our regret, and there were in that regard a number of keeping quality failures which resulted in warnings to the seller. There was, as expected, increasing attention needed to meat imports which arrived in containers from Ireland and required immediate inspection. No doubt the container system will continue to grow and create further problems for the Inspectorate if the field of supply widens to include a variety of other foods. Hot Dog sellers created their usual problems and received constant attention.

The staff continue to give excellent service in the education field, giving lectures and illustrated talks to a variety of students and others interested in the various aspects of our Public Health inspection work.

Meat inspection provided no problems throughout the year, Mr. Allan coping well with the slaughtering programme at the Co-operative Society Slaughterhouse and also the Diseases of Animals duties, which mainly involved Movement of Swine Licences at the Oxpens Market. He also dealt with conditions at the one or two farms within the City and at the small poultry slaughtering establishment at Headington, which later closed down. Tuberculosis of animals slaughtered remains negative. Flukes, although fairly high in bovine livers, were much reduced in sheep. Appreciation of the continued co-operation of the Ministry Veterinary Inspectors is expressed, with particular good wishes to Mr. Beament, the Divisional Officer, on his promotion to a new post at Reading.

The Deputy Chief Public Health Inspector continued his interest in the sampling of food and drugs, although the number of non-genuine samples returned was only half that found during the previous year. Renewed attention to pesticide residues in food resulted in only one unsatisfactory sample involving tomatoes. The number of prosecutions taken in respect of food complaints increased during the year, resulting in some high fines. Over £60 resulted from charges for disposal of unsatisfactory food caused by refrigeration breakdown. The income was related to the cost of transport and production of lists of goods involved. Once again the Public Health Laboratory Service supported the Department well throughout the year, continuing to provide an invaluable aid to our activities in food hygiene and health protection. The Markets received regular attention without any major cause for concern, although it now seems fairly apparent that the Oxpens open market will need another site in the fairly near future in view of the development in the Oxpens of the College of Further Education.

The Department functioned without full staff throughout the year, there being shortage of one Senior Inspector and a District Inspector, with notable absences of staff due to attendance at various training courses. Inspector King, following success in the D.M.A. Final, was given leave of absence without pay for a three years' training course leading to a B.Sc. Degree in Economics. Mr. Brogden, our only Environmental Health Degree student, achieved success but immediately left the country for Sweden for personal reasons, and vacancies for Senior and District

Inspectors remained unfilled at the end of the year. A special Council staff valuation exercise by London Management Consultants did nothing, however, to enhance good relations, tending to create unease over a fairly long period before grading results were eventually notified—not to everybody's satisfaction!

Mr. Kenneth England, Senior Inspector, retired at the end of the year after 38 years' service with this Department and will be remembered by all who knew him as a loyal, conscientious and helpful colleague.

It is a privilege to pay tribute to all staff and the Chief and Senior Officers of the Council for continued support and happy relationship throughout the year. I am also grateful to Dr. Warin for his continued encouragement throughout my 21 years in the Department. I am particularly grateful to Mr. Garrod, my Deputy, for his constant activity and help in coping with numerous problems, particularly during my illness, and for his production of the facts concerning food (Section C) of the Report. Messrs. Mullard and Crossley deserve commendation for their work in Air Pollution and Housing sections respectively, while Mr. Beedle has been a tower of strength in administration. It is perhaps appropriate at this point to also thank all Council members and particularly those on Health and Housing Committees, who have, throughout the years, supported me in work which has not always been easy and often controversial, and I would not like to finish this Report without appreciation of the work of my Secretary, Mrs. Taylor, who has been responsible for the very many Reports in her usual competent fashion.

The Report is presented in its usual form—(A) General Sanitary Circumstances, (B) Housing Conditions, and (C) Supervision of Milk, Meat and Other Food Supplies.



Mr. J. G. Scott
Senior Public Health Inspector
(Churchill Fellowship 1970)
TESTING FOR CARBON MONOXIDE

(A) GENERAL SANITARY CIRCUMSTANCES**(i) Complaints and Inspections**

Outstanding among the complaints during the year were infestations by insects and pests, noise and odour nuisances—both the latter reaching approximately twice the number during the previous year. There were more incidents involving domestic conditions, noises from Clubs, neighbours, etc.—usually associated with an unfortunate production of noisy music for entertainment! There was an unwelcome return of noise and excessive odour from the B.M.C. industrial complex associated with a new painting process and building of a new car assembly line. The increased incidence of insect complaints involved a sharp rise in complaints regarding animal fleas and body lice among the itinerant population. While rat complaints were reduced slightly, there was a noticeable increase in work required concerning mice reduction—probably due to increased Warfarin resistance. Over 50% of the complaints continue to be concerned with pest control problems, despite all the modern methods available for control. Inspections of housing conditions, including multi-occupation, required considerable attention, mainly in the multi-occupied housing field, which requires more detailed inspection in view of shortage of new houses. Inspections of shops and offices were stepped up, as was attention to refuse storage generally. The circumstances of aged persons seems to be well covered now by the activities of the Welfare Department and there was no need for activity by the Health Inspectorate in this connection.

Complaints	<i>No.</i>
Accumulations of Refuse... ..	34
Choked and Defective Drains	33
Defective Water Closets	15
Defective Water Supply	3
Dirty or Verminous Premises	16
Fumigation and Disinfection	67
General Housing Defects (including dampness)	77
Infestation by Insects	709
Infestation by Rodents	706
Infestation by Wasps	269
Keeping of Animals	13
Miscellaneous	120
Noise Nuisance	112
Offensive Odours	112
Overcrowding	8
Refuse Accommodation	22
Smoke Nuisances	51
Unwholesome Food, Containers and False Descriptions	131
	<hr/>
	2,498

Number and Nature of Inspections

Animal Nuisances	...	...	...	...	...	...	41
Drainage	...	...	...	...	...	...	448
Health Education	...	...	...	...	...	...	46
Housing	...	...	...	...	...	...	2,614
Insect Pests	...	...	...	...	...	...	305
Inspection of Plans	...	...	...	...	...	...	1,537
Interviews	...	...	...	...	...	...	1,561
Licensed Premises	...	...	...	...	...	...	294
Lodging Houses	...	...	...	...	...	...	60
Miscellaneous	...	...	...	...	...	...	1,494
Movable Dwellings	...	...	...	...	...	...	132
Multi-occupation	...	...	...	...	...	...	1,240
Noise Nuisances	...	...	...	...	...	...	390
Offices, Shops and Railway Premises Act Inspections	...	...	...	...	...	...	1,214
Overcrowding	...	...	...	...	...	...	8
Pet Animals	...	...	...	...	...	...	52
Pharmacy and Poison Sellers	...	...	...	...	...	...	14
Piggeries and Stables	...	...	...	...	...	...	45
Rats and Mice	...	...	...	...	...	...	16,536
Refuse Storage and Accumulations	...	...	...	...	...	...	544
School Premises	...	...	...	...	...	...	60
Verminous Conditions	...	...	...	...	...	...	19
Water Sampling	...	...	...	...	...	...	107

(ii) Lodging Houses

By the end of the year practical steps had been taken by the Salvation Army to build a new Citadel within St. Ebbe's area to replace the Castle Street premises shortly to be demolished because of general redevelopment. The new Citadel will be a multi-purpose building involving provision for welfare work and will provide facilities for giving practical help to those in need. There is still no positive sign of improvement or redevelopment of the Church Army Hostel, although it is still hoped that new or improved premises may result some time in the future. The existing Hostel continues to carry out excellent service for men in need of shelter and accommodation, mainly for those who are working in or near the City.

The Simon Community, which was set up in former British Railway Hostel buildings South of Oxford Station, continues to give shelter to homeless men under the title of the Oxford Cyrenean Society. The Society continues to be organised by the same Committee which was set up as a branch of the Simon Community but has now severed its connection and exists as a separate local organisation for welfare purposes. Accommodation is provided for some 20 men in the portion registered as a Common Lodging House, while some 8-10 chronic drug and meths addicts occupy a so-called Second Tier accommodation where attempt at short-term rehabil-

itation is made with medical advice available. Transfer to more permanent treatment accommodation is available in collaboration with the psychiatric workers at the Littlemore Hospital. It is a relief to report that the year passed without any major incident associated with the premises and, while there is not so much "sleeping rough" apparent, the reduction in numbers insisted upon since the premises were first opened seems to have had a beneficial effect on the running of the Hostel accommodation, although there is no doubt some embarrassment caused at certain times of the year when men have to be turned away and obviously seek shelter elsewhere. Nevertheless few reports of nuisance conditions associated with this have been reported. Volunteers for staffing the Community Hostel come from the ranks of University social workers, students, and other Christian workers associated with churches throughout the City. A handful of paid staff, albeit on a very low rate of payment indeed, carry out a stint of service, usually for 6-12 months at a time. It is not surprising that there are constant changes of staff because the work is onerous and difficult. The Police Department co-operate very closely, as do other Departments of the Corporation, and the social work continues in an unspectacular sort of way.

The hut adjoining the Community, which was mentioned in last year's Report as the source of constant break-in and nuisance, has been taken over by a local tradesman, thoroughly reconditioned, and now provides storage for a business vehicle and goods. It provides a useful screen from the residential property and so far has been no cause for concern. No less than 25 cases of body lice needed treatment during the year and Pest Control staff were able to carry out the treatment on the premises and arrange for sterilisation of bedding and clothing at the Slade Hospital.

(iii) Movable Dwellings

Normal caravan occupation is now practically nil apart from the accommodation on several building sites where contractors' staff need to live on the sites. The number of inspections of movable dwellings during the year was 132 (357) and these were almost solely connected with attention to the so-called gypsy element who have persisted in occupying part of the Slade Park area where the Bullingdon Rural District Council have occupied City land just over the boundary as a site for itinerants. Slade Park is due for redevelopment, being partially cleared of huts, which are remnants of war-time temporary development, and a programme involving a school, a Homeless Families Unit, a Shelter Playground, some housing and a possible permanent gypsy site is now under active consideration. There are difficulties in respect of the permanent caravan site, which will be costly and involve close collaboration with the Bullingdon R.D.C., who are themselves also involved in developing a permanent site at Sandford, which the Oxfordshire County Council Planning Department have confirmed. A number of the occupiers of the present site on Slade

Park hope to be transferred to the Bullingdon Sandford site in due course before the City Council site is actually completed.

It is apparent that Oxford is now "on the Gypsy circuit" with constant attention being given by those interested in the welfare of gypsies to the possibility of assuring a site somewhere in the Oxford vicinity. Pressure continues to be kept up by these people in view of the responsibility of the Local Authority under the Caravan Sites Act, 1968. The activity required by both Bullingdon and Oxford Councils to cope with dirt, squallor, trespass, general filth removal and nuisances from animals has been considerable and not without problems, for even some of the itinerants originally expected to occupy the Sandford site when complete, decided to move away from the area because of the generally disgusting conditions caused by families who moved in and caused considerable upset amongst the settled types. It still passes my comprehension why people who object to rules of law or community compatible with clean and decent living conditions seem to engender considerable sympathy among many members of society who would themselves be most averse to living under the circumstances which many reasonable members of the community have found their lot. In addition to failure to observe reasonable rules of conduct, there seems no end to the trouble they seem to cause and the filth and squallor which seems part of their "way of life", but I suppose education of the younger members of such families is about the only hope for future improvement amongst the caravan dwellers of this kind.

The digging of deep trenches and the piling up of earth on one side to protect the caravan site against illegal entry was, in some ways, a mixed blessing, for considerable trouble was experienced through the throwing of refuse into the trenches created, which became water-logged and so deep in parts that there was apprehension because of danger to children playing in the vicinity. Members of the Council staff visited other sites in Hertfordshire and secured interesting information on developed sites and reported to a Working Party set up locally to consider design and costs for the proposed permanent site. Wherever the site is eventually set up costs will be considerable and economic rental per standing will be high. It seems unlikely that anything like the economic rental will be forthcoming from the caravan dwellers and therefore loss can be anticipated on the whole scheme. It is to be hoped that such loss might be offset by a welcome improvement in conditions and favourable reaction by the caravan dwellers towards a decent community life.

(iv) Drainage

There were the usual number of complaints regarding drainage problems, there being 33 (38) and, the staff of the City Engineer again collaborated closely with members of this Department. We are indebted to the City Engineer and his staff for their willingness to help as necessary.

(v) Riding Establishments, Stables and Piggeries

No Riding Establishments requiring registration exist within the City and only 3 (6) Piggeries remain, none of which are registerable under the Diseases of Animals (Waste Food) Order, 1957. A few stables exist wherein private ponies are kept by persons who enjoy the use of the meadowland and such lanes as remain in the City. 45 (75) inspections were carried out in connection with these premises generally.

(vi) Pet Animals and Animal Boarding Establishments

There was a reduction of one—8 (9)—premises licensed in connection with the Pet Animals Act and 52 (47) visits were recorded. There was no outstanding incident during the year and the Sanctuary Society, after considerable trouble, succeeded in securing premises South of the City for the boarding of unwanted animals. They continue to be very active in this connection. The Greyhound Track kennels at Cowley were, as usual, visited from time to time. No cause for concern was found, animals being well kept and premises maintained in a satisfactory condition of hygiene.

(vii) Factories and Workplaces

There was an increase in the number of persons notified as Outworkers during the year, 48 (37), still mainly concerned with toy making, dress making and tailoring alterations. 230 (109) inspections of factory premises were also carried out during the year and 5 (3) written notices were served. The appropriate tables are set out below, showing the types of factory and the inspections and action taken.

Outworkers (Sections 133/134)

Nature of Work	Section 133	Section 134
	Number of Outworkers Notified	Number of Contraventions
Wearing Apparel Making, etc.	37	Nil
Stuffed Toys	11	Nil
Textile Weaving	—	Nil
Jewellery	—	Nil

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	12	10	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	342	203	5	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	21	17	—	—
Total	375	230	5	—

Defects found in the 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	—	2	—	1	—
(b) Unsuitable or defective	5	4	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Homework)	—	—	—	—	—
Total	5	6	—	3	—

(viii) Offices, Shops and Railway Premises Act, 1963

The number of premises on the register continues to increase, 1,834 (1,755). The total number of visits made was 1,214 (831) with general inspections by staff 320 (186). There were 114 (58) new premises added to the register and 35 (39) deletions. 32 (47) incidents were reported regarding accidents but none proved serious. All were investigated and notes taken of points likely to prove interesting. 28 of the 32 accidents occurred in retail shops and informal advice was given in 5 cases, there being no action required in connection with the remainder. The following table gives details of the various incidents reported.

	Offices	Retail shops	Wholesale warehouses	Catering establishments open to public and canteens	Fuel storage depots
Machinery	—	1	—	—	—
Transport	—	2	—	—	—
Falls of persons	—	10	—	2	—
Stepping on or striking against object or person	—	4	—	—	—
Handling goods	—	7	1	—	—
Struck by falling object	—	1	—	—	—
Fires and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	2	—	—	—
Not otherwise specified	—	2	—	—	—

10 of the 29 accidents reported as associated with retail shops were due to falls and 7 while handling goods. Happily there were many fewer incidents connected with butchers' staff, 2 (11. 9% of accidents were associated with staircases and 9% with cutting or chopping, with 28% associated with slipping or falling. 32% were caused by spillages or falling objects and 13% were of minor significance. It was disappointing to note the increase in the number of contraventions because of lack of cleanliness, 42 (25). 18 (18) faults were found in First Aid Kit provision, while there were 30 (13) cases involving unsatisfactory temperature—overheating being the main cause. 14 (9) concerned washing facilities, 3 defective floors or passageways, 2 ventilation, and 17 contraventions concerned sanitary conveniences. There were, as last year, no exemptions and no prosecutions or orders granted. The number of Inspectors involved remained the same (11).

(A) Registrations and General Inspections

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	54	742	93
Retail Shops	51	889	211
Wholesale Shops, Warehouses	3	49	3
Catering establishments open to the public, canteens	6	149	12
Fuel storage depots	—	5	1
Totals	114	1,834	320

TOTAL NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES UNDER THE ACT—1,214

Contraventions in respect of	Found	Contraventions in respect of	Found
Sec. 4 Cleanliness	42	Sec. 13 Sitting facilities	Nil
Sec. 5 Overcrowding	Nil	Sec. 14 Seats for sedentary workers	Nil
Sec. 6 Temperature	30	Sec. 15 Eating facilities	Nil
Sec. 7 Ventilation	2	Sec. 16 Floors, passages, stairs	3
Sec. 8 Lighting	3	Sec. 17 Fencing of exposed parts of machinery	3
Sec. 9 Sanitary Conveniences	17	Sec. 18 Protection of young persons from dangerous machinery	Nil
Sec. 10 Washing facilities	14	Sec. 19 Training of persons working at dangerous machinery	Nil
Sec. 11 Supply of drinking water	Nil	Sec. 20 Lifts	2
Sec. 12 Accommodation for clothing	Nil	Sec. 23 Prohibition of heavy work	Nil
		Sec. 24 First Aid—general provisions	18
		Sec. 50 Abstract of Act	14
		Total	148

(C) Exemptions—Nil.

(D) Prosecutions—Nil.

Number of complaints (or summary applications) made under section 22—Nil.

Number of interim orders granted—Nil.

(E) Inspectors

1. Number of inspectors appointed under Section 52(1) of the Act—11.

2. Number of other staff employed for most of their time on work in connection with the Act—Nil.

(F) Reported Accidents

Workplace	Number reported		Total Number Investigated	Action recommended			
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Action	No Action
Offices	—	28	28	—	—	—	24
Retail Shops	—	1	1	—	—	4	1
Wholesale Shops, Warehouses	—	3	3	—	—	1	2
Catering establishments open to public, canteens	—	—	—	—	—	—	—
Fuel storage depots	—	—	—	—	—	—	—
Totals	—	32	32	—	—	5	27

(ix) Pest Extermination

Once again it is a pleasure to pay tribute to the early report on Pest Control by Mr. Williamson. There was a decrease on last year's figures, complaints falling from 1,995 to 1,804, and wasp complaints from 642 to only 269. Insect complaints increased from 575 to 706, with bug complaints at 15 (16). Flea infestations increased from 59 to 87. Body lice among males increased sharply, 25 cases as against 3. Most of the cases of lice were found among residents of the Cyrenian (Simon) Community or the Church Army Hostel. Rat complaints decreased from 488 to 399—a most gratifying result, as there is an upward national trend. No definite Warfarin resistance appears apparent so far among the rat population. Survey work on waste ground, building sites, allotments, etc., continues regularly and results seem worthwhile. Sewer treatment is being carried out on a regular basis and the results are the most satisfactory for a long time.

Mice complaints followed the national upward trend, there being 309 complaints as against 221 the previous year. Warfarin resistance seems to be increasing among mice and during the summer months some anxiety was caused by failure of the baits. Zinc phosphide was tried to a very restricted limit but we were pleased to return to the use of Alpha chloralose in the colder weather, as this proved most effective while temperatures were low. The Council introduced a charge of 10/- per treatment during the year in connection with treatment of wasp complaints and 159 wasp nests and 11 infestations of bees resulted in charges being made. 10 complainants refused service because of the charge suggested, while 22 proved to be false calls. 54 nests were treated free on the premises of old age pensioners, in accordance with the City Council instruction. 372 pigeons were caught in attempts to reduce pigeon population—similar to last year (372)—and approximately 60 of these proved to be ringed birds. These birds were taken to a local official of the National Homing Birds Association and appropriate action was taken by that officer. 22 grey squirrel and 3 rabbit incidents were dealt with successfully.

A Service Agreement system is still operated by the Department and 27 Agreements were in force at the beginning of the year, two being cancelled during the period. Income dropped from £737 to £709 but there was still a surplus of income over expenditure. There continues to be some difficulty in connection with regular and satisfactory treatments at the hospitals, where infestations of Pharoah's Ants, cockroaches, etc., need attention. The Radcliffe Infirmary, because of its site congestion and persistent alterations throughout the year, poses particular problems. It was inevitable that work was needed out of ordinary hours, involving overtime payments and a more costly service. The hospital Contract figure had to be increased considerably and the trend is—as in most financial spheres of activity—ever upwards.

It is interesting to note that of the 2,498 general complaints received

at our Enquiry Office, no less than 1,804 were referred to the Pest Control Section—rather higher than normal as the figure usually reaches just over 50% of general complaints. Messrs. Barnsley and Beckett gave loyal and conscientious service throughout the year, although it was regrettable to have Mr. Barnsley on sick leave for some 2–3 months following a car accident on the Continent. There was considerable loss of pest control working time experienced during the year because of sickness, annual leave and extraneous work caused by the manual workers' five weeks' strike which upset the general routine. The service given by this Section is highly appreciated by the public and contributes considerably to the improvement of hygiene throughout the City. Total visits reached 5,783 and much credit is due to the staff involved for a satisfactory year of useful activity. The report given is in the form usually required by the Ministry of Agriculture, Fisheries and Food, and details of sewer treatment are appended, together with the visits and complaints summary.

It is a pleasure to thank members of the City Engineer's staff for collaboration in sewer treatment, and the Technical staff of the Ministry of Agriculture, Fisheries and Food for help and advice, as appropriate, and also Professor Varley and staff at the Hope Entomology Department of the University.

Prevention of Damage by Pests Act, 1949

Report for Year ended 31st December, 1970

<i>Properties other than Sewers</i>	<i>Type of Property</i>	
	<i>Non-Agricultural</i>	<i>Agricultural</i>
1. Number of properties in district ..	40,067	17
2. (a) Total number of properties (including nearby premises) inspected following notification	1,168	1
(b) Number infested by		
(i) Rats	399	1
(ii) Mice	309	1
(iii) Nil found	460	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	16,536	—
(b) Number infested by		
(i) Rats	25	—
(ii) Mice	11	—

Sewers—

4. Were any sewers infested by rats during the year? Yes

Rat Infested Sewers

Combined test treatments and direct poison programmes were carried out as follows:—

1970		Manholes		Poison takes	
		Pre-baited	Poisoned	Complete	Partial
January	Central areas	—	160	11	3
February	Blackbird Leys	40	3	—	1
February	St. Clement's, East Ward	80	13	Not recorded	Not recorded
May	Headington and Marston ..	80	1	1	—
May	Central areas	—	50	—	1
May	North Oxford	30	—	—	—
July	St. Clement's, East Ward	100	14	4	—
November	Rose Hill - Iffley area ..	64	2	Not recorded	Not recorded
November	Central area	95	7	Not recorded	Not recorded
		489	250	16	5
		739			

Total number of poison baits not recorded = 22.

107 fewer manholes were baited than in 1969, when the recorded figures show 846 manholes baited, of which 391 were poison baited and of these, 64 complete and 52 partial takes were recorded.

This shows a decrease in rat activity during the year, which is reflected in the drop of surface infested complaints received, 399 as against 488 in 1969.

Visits by Operatives in connection with Rodent Extermination

Local Government Premises		<i>Totals</i>	
1st visits	104		
Re-visits	241		345
Dwelling-houses			
1st visits	885		
Re-visits	1,702		2,587
Business Premises			
1st visits	155		
Re-visits	369		524
University Premises			
1st visits	24		
Re-visits	72		96
			3,552
Poison			
Baits laid	6,698		6,698

(x) Air Pollution Control

Mr. J. Mullard continued his work on Smoke Control Areas with the assistance of Mr. Wirdnam and during the year the City of Oxford (No. 10) Smoke Control Order was confirmed by the Ministry and affects some 143 acres comprising the Donnington Bridge, White City Council estates and the intervening area of private housing in Cowley St. John. The number of properties affected by this Order is 418 Council dwellings, 529 privately owned houses, 4 industrial, 12 commercial and 3 other premises, bringing the total of premises in this City subject to Smoke Control Orders to 8,761 in an area of 2,179 acres.

Up to the end of the year, 382 applications for grant aid for conversion of fireplaces in houses affected by the Order had been passed, involving the sum of £6,836 5s. 11d. The average cost of each conversion is £25 11s. 4d., compared with £23 7s. 2d. in 1969. Conversion to gas accounted for 184 (48.2%), to open fires 162 (42.4%), to closed stoves 14 (3.7%), to electrical radiant fires 12 (3.1%), and to electric night storage heaters 10 (2.6%). For the first time conversion to gas has overtaken that of solid smokeless fuel, no doubt due to the forecast of likely difficulty in supplies of coke and premium fuels later in the year. Supplies of solid smokeless fuel were sufficient, however, to avoid suspension of any of the Smoke Control Orders at present in force, although the incineration of household rubbish was permitted as an unavoidable expedient during the dustmen's strike in the autumn.

22 applications for approval of chimney heights under Section 6 of the Clean Air Act, 1968, were dealt with during the year and all were satisfactorily resolved with the co-operation of the Planning Section of the City Architect's Department and the Building Inspectors' Section of the City Engineer's Department. The importance of maintaining the beauty of the Oxford skyline gives added impetus to the need for control of flue heights in the City centre where a policy of restriction of oil fuels to low viscosity products is rigidly enforced, so ensuring reduced heights of flues.

The publicity given to pollution in National Conservation Year has made the citizens more aware of smoke nuisance—51 complaints being received—the majority (39) referring to the burning of garden and other refuse by bonfires. The day must soon come when this wasteful habit of destroying valuable garden humus must be stopped, as composting is much more beneficial to the soil and the products of low temperature distillation of garden refuse allegedly contain carcinogenic Benz pyrene. The other complaints referred to isolated infringements by various industries and the burning of demolition materials in the Westgate redevelopment area in the City centre. These were all dealt with informally and the nuisances were quickly abated.

The new Paint Shop of the British Leyland (Austin Morris Division) came into use during the year and the use of water based paint with electrostatic processing gave rise to fume nuisance from the baking ovens.

At the end of the year arrangements were in hand for an attempt to control the emissions and enquiries were also in progress in connection with possible installation of gas-fired after-burners. The opening of this new Paint Shop enabled the firm to close a number of hand operated paint booths on the Fernhill Road side of the factory, which has resulted in an almost complete cessation of nuisance from overspray in that vicinity.

The four daily recording stations in the City still continue to make valuable contribution to the National Survey besides giving this Department useful information on the trend of air pollution by suspended solids and acid gases. It should be noted that the Pembroke Street station shows a pronounced fall both in the smoke and sulphur dioxide, no doubt allied to the completion of St. Ebbe's No. 9 Smoke Control Order and the final demolition of properties in the Westgate redevelopment area.

Visits paid in connection with atmospheric pollution work by members of the staff are set out below:—

Smoke Control	1,117
Boiler Plant	113
$\frac{1}{2}$ hour Smoke Observations	27
Casual Smoke Observations	110
Grit and Odour Nuisances	421
Interviews	61
Daily Recording Stations	868

In the National Survey Report (South Eastern Section) which was issued towards the end of the year by Dr. Craxford, the Director of the Air Pollution Division of the Government Research Station at Stevenage, reference is made to Oxford results in relation to the region generally. The Oxford instruments show averages below general urban district level, only the Pembroke Street readings being rather above average, while smoke levels for a City with considerable industrial development are considered eminently satisfactory. There is a tendency, however, for Oxford to suffer from high pollution on days favouring temperature inversion because of the City situation in the Thames valley, which is some 5 kms. wide but only 60 metres above ordnance datum. The averages for the year under review remain low, having taken a slightly downward trend after a slight rise during the previous year.

Building progress at the new teaching hospital site in Manor Road, Headington, is reaching completion of the main maternity block and the gas-fired pilot boiler system seems to be operating very well, being a happy augury for the use of natural gas in the main boiler system when completed within the next few years.

Didcot Power Station of 2,000 Megowatts capacity is rapidly approaching completion and in fact began the heating up of its main boilers at the end of the year. Although some 8 miles South of the City, the Station may have fringe effects on the Oxford area when the Station becomes fully operative. There are some 14 or 15 recorders sited around the Station at

various places in the rural area South of Oxford. Daily recordings will show a picture of pollution as a guide to those interested in the effect of the Power Station operation in the area. With the main stack being well over 600 ft. and the condensers over 300 ft. high, effects over a considerable distance may be demonstrated, particularly as the Station is fired by pulverised coal.

Another fringe interest developed with the report on the new Airport Enquiry involving the Cublington area in Buckinghamshire, for the Oxford area would be on the fringe of development and questions concerning aircraft noise nuisances would be relevant. The stacking of aircraft in terms of height and direction would be of importance, although unduly acute effects might not occur. Any major development of an Airport at Cublington would undoubtedly provoke considerable increase in the number of air traffic corridors between London and the South Midlands and inevitably bring about a build-up of road traffic in the region.

Dry Cleaning Plant

These gave no cause for concern during the year and now appear well under control as the Home Office Code of Practice, as agreed to by the Public Health Inspectors Association, is used for advising all owners and installers of dry cleaning appliances throughout the City.

Dry Cleaning Operation in the City

Premises having washing machines with driers and coin-operated dry cleaning machines	8
Premises having washing machines and driers only without dry cleaning	11
Premises having dry cleaning machines (coin-operated) without attendants	4
Large dry cleaning appliances in premises with attendants ...	13
Receiving shops only	12

(xi) Noise Nuisances

112 (53) noise nuisances were complained about during the year and 44 were associated with industrial activities and 23 unfortunately concerned with unneighbourly conduct. 13 involved the keeping of animals and poultry, while 4 were the result of building operations. No less than 28 were associated with the running of Clubs and Public Houses, nuisance being created by thoughtless users of such premises. Control of contractors' public works operations seems to be reasonably successful for mufflers are required for road drills and screening of compressors is insisted upon wherever appropriate. On the whole, despite a considerable amount of redevelopment work, noise control seems well established. Certainly the public are very much alive to the need for control and soon make complaint to the Department about excessive noise. No trouble was experienced with the Lucy Eagle Foundry during the year, which was a

welcome sign as this has been a constant source of concern for some years.

(xii) Radiation Hazards

30 premises continue to be registered under Section 6 of the Radioactive Substances Act, 1960, and Dr. R. Oliver, M.A., M.Sc., the Radiation Protection Officer of the City and University, continues to accept responsibility for the general oversight. There was a single increased registration during the year from 39 to 40. This involved the new Central Fire station. Disposal continues as before, well below maxima, and there were no emergency calls.

(xiii) Swimming Baths and Bathing Facilities

The number of bacteriological samples taken from the various pools increased during the year, there being 67 (24) taken. Advice on chlorine dosage and general hygienic routine was given to those in charge of the pools and conditions continued to be reasonably satisfactory throughout the year. There is set out below the usual list of bathing places, which shows signs of gradual increase as schools become interested in the provision of learner pools. The River Cherwell bathing place at St. Clement's had to be closed during the summer because of sewage contamination and its future is somewhat uncertain because of unsatisfactory circumstances. The site is not good, being too close to sewage manholes which are subject to the possibility from time to time of surcharge of the foul sewer main which runs from Marston. This matter should be resolved in the Spring of 1971.

School pools—Wood Farm (2); New Marston; Headington Girls'; Milham Ford; Cutteslowe; Summerfield; Oxford High School for Girls; Rose Hill; St. James' C. of E., Beauchamp Lane; Blackbird Leys; Bartholomew Road, Church Cowley; Bishop Kirk C. of E.; St. Mary & St. John; St. Edward's (2); Wolvercote; St. Andrew's C. of E.; St. Joseph's; St. Philip & St. James; Rye St. Anthony.

River Bathing Places—St. Clement's; Long Bridges; Tumbling Bay; Wolvercote; Parsons' Pleasure; Lady Margaret Hall.

Public Bathing Places—Temple Cowley covered swimming pool; Hinksey Pools (open air).

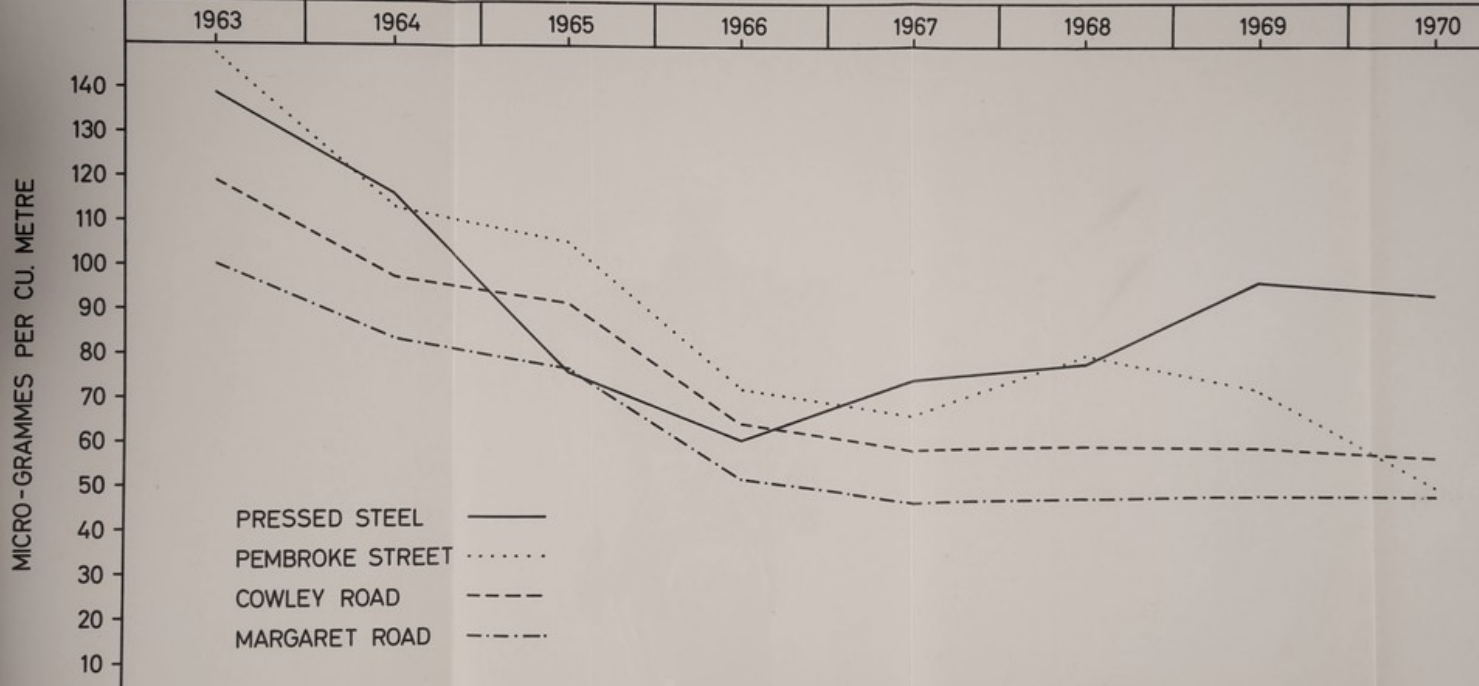
(xiv) Water Supply

The report of the Engineer to the Oxford and District Water Board, Mr. G. W. Fuller, B.Sc., M.I.C.E., F.I.W.E., is given herewith.

During the year the supply to consumers was adequate in the City and no restrictions had to be imposed. There were, however, certain limited failures in supply in the Board's area as a whole necessitating restrictions in the Banbury Borough and Rural areas. Restrictions had also to be imposed in Faringdon due to the strike by sewerage workers at Swindon.

CITY OF OXFORD

ANNUAL AVERAGES - ACID GASES



CITY OF OXF

ANNUAL AVERAGES - AC

1964-1965

1963-1964

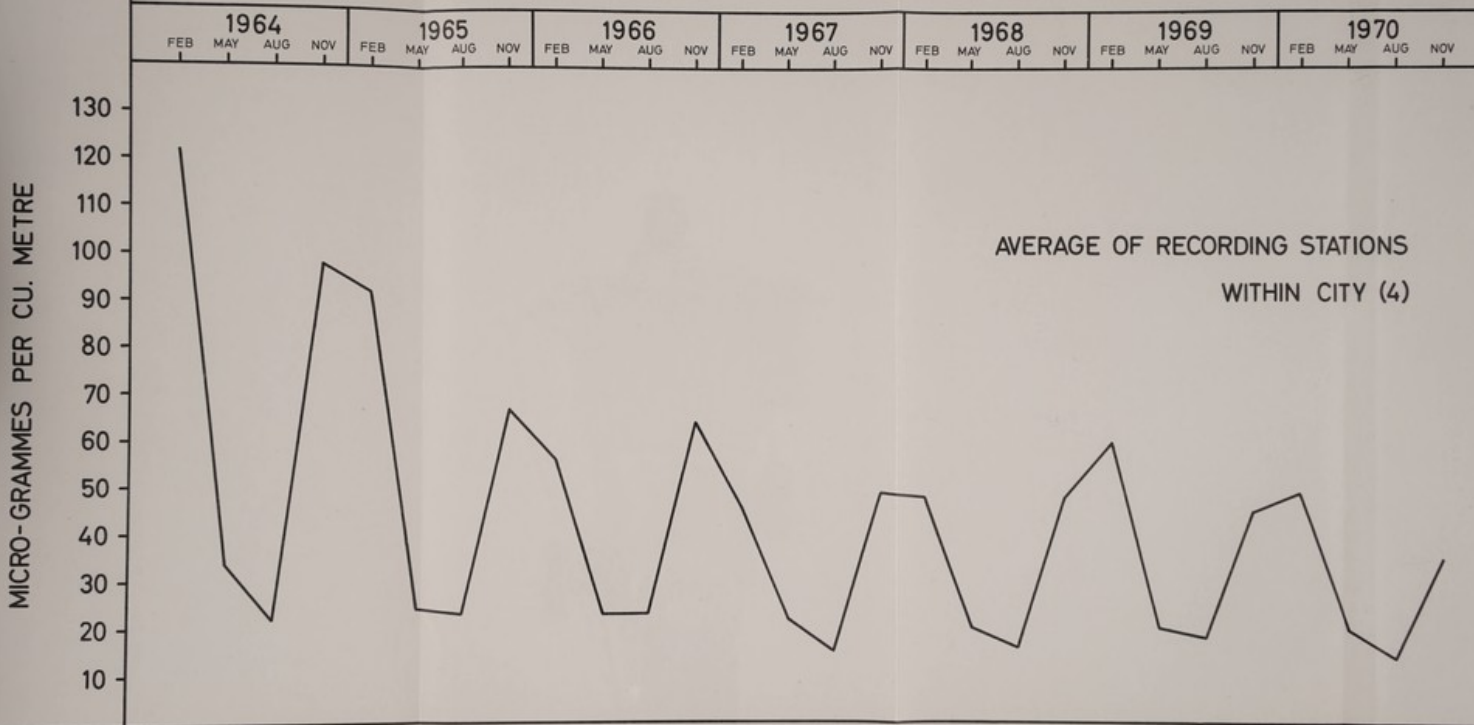
140
130
120
110
100
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30
20
10

MICRO-CRYSTALLINE SILICA

MARGARET ROAD
COWLEY ROAD
FEMBROKE STREET
PRESSED STEEL

CITY OF OXFORD

QUARTERLY AVERAGES OF SUSPENDED SOLIDS



The total quantity of water treated at Swinford and Farmoor Source Works, which supply the Oxford City system, during 1970 was 4,592,108,000 gallons, an increase of 412,374,000 gallons over the quantities treated in 1969.

After deducting meter supplies the average consumption per head per day was 30.02 gallons.

The quality of the water 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 the Swinford Source Works.

Examination of these samples by the Public Health Laboratory gave the following range of probable number of coliform bacilli per 100 ml:—

River Water Samples	25-17000
Settled Water Samples	NIL
Filtered Water Samples	0-1
Final Water Samples	NIL

Bacteriological samples were taken 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 of samples taken
		Satisfactory	Unsatisfactory	
Beacon Hill Reservoir ..	51	51	—	100%
Headington	46	43	3	93.48
Shotover	53	51	2	96.23
Boars Hill	53	53	—	100
Brasenose	52	49	3	94.23
Wootton	52	49	3	94.23
Consumers' Taps	57	57	—	100
Totals	364	353	11	96.98

Except for three of the unsatisfactory samples the organisms causing them were of the non-faecal type.

During the year the comprehensive system of sampling in accordance with the modern recommendations has been in operation for the whole of the Board's area.

Chemical Analysis of Raw Water in Farmoor Reservoir in 1970

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	11.0	1.3	5.0
Colour (Hazen)	25	1	11
pH	9.1	8.0	8.4
Electrical Conductivity at 20°C	560	380	485
Chemical Characteristics (milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	400	265	340
Carbonate as Ca CO ₃	40	Nil	20
Total Alkalinity " "	195	90	158
Permanent Hardness " "	144	72	102
Temporary " " "	172	70	139
Total " " "	282	178	241
Ammoniacal Nitrogen " N	0.67	Nil	0.14
Albuminoid " N	0.66	0.09	0.25
Total Oxidized Nitrogen " N	3.8	0.3	2.2
Oxygen Absorbed from Permanganate (4hrs at 27°C)	3.0	0.9	1.5
Chloride as Cl	32	26	29
Phosphate as PO ₄	0.93	Nil	0.33
Sodium as Na	23	15	19
Iron as Fe	Nil	Nil	Nil
Copper as Cu	0.01	Nil	Nil

Chemical Analysis of Farmoor Treated Water in 1970 (Water Sampled Weekly)

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	1.7	0.17	0.49
Colour (Hazen)	2	0	0
pH	7.9	7.1	7.5
Electrical Conductivity at 20°C	590	410	510
Chemical Characteristics (milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	425	285	360
Total Chlorine as Cl	0.50	0.18	0.32
Free Chlorine " "	0.24	0.01	0.09
Monochloramine " "	0.10	0.01	0.05
Dichloramine " "	0.24	0.09	0.17
Free Carbon Dioxide " CO ₂	15	5	9
Total Alkalinity " CaCO ₃	175	80	140
Permanent Hardness " "	130	92	106
Temporary Hardness " "	175	80	140
Total Hardness " "	292	180	246
Ammoniacal Nitrogen " N	0.7	Nil	0.04
Albuminoid " N	0.21	0.06	0.14
Total Oxidized Nitrogen " N	4.5	0.5	2.6
Oxygen Absorbed from Permanganate (4hrs. at 27°C)	1.1	0.5	0.7
Chloride as Cl	41	29	33
Fluoride " F	0.18	0.05	0.12
Calcium " Ca	102	69	86
Magnesium " Mg	9.2	5.8	7.8
Aluminium " Al	0.15	Nil	0.05
Iron " Fe	Nil	Nil	Nil
Potassium " K	6.1	3.4	4.2
Sodium " Na	30	15	20
Copper " Cu	0.03	Nil	Nil
Phenol " C ₆ H ₅ OH	Nil	Nil	Nil
Detergent " Manoxol.o.t.	0.05	0.04	0.04

Chemical Analysis of Raw River Thames Water at Swinford in 1970

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	63	5	16
Colour (Hazen)	55	3	16
pH	8.9	7.8	8.2
Electrical Conductivity at 20°C	670	495	580
Chemical Characteristics (milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	480	345	410
Total Alkalinity as CaCO ₃	231	152	205
Permanent Hardness " "	149	84	103
Temporary " " "	226	146	196
Total " " "	336	238	299
Ammoniacal Nitrogen " N	0.74	0.01	0.19
Albuminoid " " "	0.54	0.08	0.20
Total Oxydized Nitrogen " "	8.8	3.5	6.0
Oxygen absorbed from Permanganate (4 hrs. at 27°C)	3.8	0.7	1.7
Chloride as Cl	42	23	30
Phosphate as PO ₄	2.0	0.1	0.6
Iron as Fe	Nil	Nil	Nil
Sodium as Na	34	12	21
Copper as Cu	0.02	Nil	Nil

Chemical Analysis of Water Supplied from Swinford During 1970 (Water sampled weekly)

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	4.40	0.08	0.49
Colour (hazen)	15	0	1
pH	8.0	7.1	7.6
Electrical Conductivity at 20°C (micromhos per cm ³)	680	505	600
Chemical Characteristics (Results in milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	490	355	420
Total Residual Chlorine as Cl	0.48	0.02	0.26
Free " " " "	0.42	Nil	0.08
Monochloramine " " "	0.29	Nil	0.06
Dichloramine " " "	0.22	0.02	0.12
Free Carbon Dioxide " CO ₂	18	3	9
Total Alkalinity as Ca CO ₃	220	126	181
Permanent Hardness " "	153	91	116
Temporary " " "	220	126	181
Total " " "	334	242	297
Free Ammonia " N	0.53	Nil	0.06
Albuminoid Ammonia " N	0.22	0.07	0.12
Total Oxydized Nitrogen " N	8.0	3.5	5.9
Oxygen absorbed from permanganate (4 hours at 27°C)	2.5	0.4	0.8
Chloride as Cl	55	26	35
Fluoride* " F	0.22	Nil	0.12
Calcium* " Ca	122	90	107
Magnesium* " Mg	13.1	4.9	8.2
Aluminium " Al	0.11	Nil	0.4
Iron* " Fe	Nil	Nil	Nil
Potassium " K	7.8	2.2	4.0
Sodium " Na	38	11	21
Copper " Cu	0.02	Nil	Nil
Phenol " C ₆ H ₅ OH	Nil	Nil	Nil

*Monthly samples

The number of dwelling houses in the City is 32,009 all of which are directly supplied.

(xv) Sewerage and Sewage Disposal

With the completion of the extension works and the plant now capable of dealing with 10 million gallons per day (twice the original dry weather flow) it is interesting to note that recent average throughput is achieving about $7\frac{1}{2}$ million gallons per day, well below the maximum, therefore assuring a reserve of several million gallons. This is partly due to conservation of water by industry and commerce in the light of rising charges for mains water. It seems evident that cost of mains water is likely to rise considerably and is already encouraging conservation by those required to pay for its use and disposal. The Thames Conservancy Board standards for final effluent appear to be complied with, although it has been rather difficult, particularly during the strike period, to prevent some pollution of the river. Cut-out of electric supply serving pumps and works caused much embarrassment and only by quick and sustained efforts on the part of management and staff were serious conditions avoided.

Semi-liquid sludge continues to be conveyed by tank to farms around the City—proving a popular and valuable fertiliser, but while the rotary vacuum filters are out of use for overhaul, a light-weight fibre-glass trailer is being used to convey liquid sludge to the City's 500 acre farm adjoining the Works, and is proving a most successful and economical undertaking. Use of this liquid sludge will continue until completion of the work on the rotary vacuum filters and will save some £4,000 as a consequence. The old fuel engines and pumps have now been disposed of to another Authority and the central electrical control system continues to achieve excellent results.

Removal of impurities achieves 99% and over 57,000 gallons of liquid sludge and some 16 tons of dry matter are handled every day. Some £30,000 per annum is received through charges for trade and industrial waste reception, treatment and disposal, and the sale of produce from the City farmland continues to amount to about £3,000 per annum. Some slight embarrassment was being found in handling a small quantity of mineral oil in the sewage but this is not disposed of as effluent but recycled in a foam which develops and causes a certain problem, although of minor but irritating significance. With the rapidly increasing cost of water and its more careful conservation by industry and commerce (if not by the domestic user) the capacity of the disposal plant should continue to be ample and provide a satisfactory and safe reserve for some time to come.

It is a pleasure once more to acknowledge the co-operation and helpful advice given by Mr. Lewin and his staff at the Sewage Disposal Plant.

(B) HOUSING CONDITIONS

With the coming into operation of the Housing Act, 1969, and stimulation of improvement of houses generally rather than demolition and clearance of much unfit property, considerable attention has been given

by the City Engineer's staff and our Housing Section to the Improvement Grant system. Qualification Certificates involving applications for rent increases, and attempts to make progress with the Jericho improvement area—still not officially declared under the Act—are taking up a considerable part of the Housing Inspector's time. The Government's intention is that slum clearance should proceed side by side with improvement work on existing lower standard property, but in Oxford there is now no real slum clearance problem. A programme of dealing with unfit houses has been fixed at approximately 100 dwellings per year so that the majority of those tenanted houses found by the Survey last year as potentially unfit will be dealt with in the next five or six years. It is encouraging to note the increased interest in saving of older property, despite steeply rising costs, and there seems a general desire by many owners to take advantage of the Grant Aid system to improve property not provided with internal W.C.s, hot water supplies, and internal ablution facilities.

There was greater attention paid to public relations in the context of the Jericho area improvement activities and Working Parties are now constantly conferring on various matters of importance concerned with combined operations so that Chief Officers responsible can decide on the steps to be taken within the framework of Council's programme and financial commitments. Close liaison continues between our Senior Housing Inspector, the Improvement Grants Officer and Chief Building Inspector in order to co-ordinate work involving house improvements. There was a considerable increase in the number of applications concerned with Qualification Certificates, showing the growing interest of owners in improved rentals for property complying with the standards applied by the new Act. It seems fairly evident that the new provisions are stimulating long overdue attention to outstanding maintenance of property, particularly where rentals have for years been on the low side and therefore a dis-incentive to maintenance expenditure. The standard of maintenance of tenanted property should therefore improve, although tenants generally are not too keen to accept the obvious consequence of rent increase despite a spread of the load over a period of years.

The Jericho Improvement area scheme, continues to make progress, although not without difficulties. The improved sewerage scheme had not been started by the end of the year, although it is confidently anticipated that work will commence in the Spring of 1971. Outside amenity improvement has not yet been tackled to any great degree and this is a matter which must receive attention as an inducement to owners in the area to keep up interest in the Improvement Scheme as a whole. Once the road system has been finally accepted and the sewerage system completed, there should be little opposition to the proposals for making brighter and more attractive the external appearance of houses with better layout of streets. Completion of infilling in the one Clearance Area declared in Cardigan Street is now in sight and the City Architect and staff are to be congratulated on a very effective design of terraced property fitting well

into the general scene. Progress had been somewhat frustrating because of difficulties with builders under contract leading to delays in completion, and probably the greatest concern—the ever-increasing costs of carrying out individual works of improvement. Sums well over £2,000 per unit are being spent on some properties but it is pleasing and encouraging to note the higher standard achieved in some of the improvement schemes for houses formerly quite miserable specimens of somewhat small terrace property. Nevertheless there is certainly keen demand for them when completed for either purchase or rental, despite high valuation. Meetings of residents are held at frequent intervals when block schemes and street systems are being considered. Towards the end of the year it was decided to commence in June 1971 Phase 2 of the general improvement idea by inspecting three additional blocks of property, making necessary arrangements for reports and consideration to both Residents and Housing Committee meetings as appropriate. The Working Party tries hard to keep up with the general operational time table. Although a somewhat trying and prolonged experience, the Jericho Improvement project seems now well on its way to becoming accepted as a scheme providing possibility of sound improvement of an otherwise depressing and deteriorating area.

Multi-occupation

Steady work continued throughout the City in respect of multi-occupation properties—the number on the register at the end of the year reaching 451. Of course, this is only a small proportion of the 2,607 houses suggested by the Housing Survey completed last year. There is therefore much to be done in this field and without additional staff it is impossible to forecast with any certainty when inspections can be completed. There is, of course, considerable potential expense involved for owners of shared property because of standards required by Housing and Building Regulations and requirements of the Fire Prevention Officer. 4 Directions were served during the year in connection with 4 premises and 82 houses were repaired and improved. 84 notices were served under Section 15 of the Housing Act, 1969, while the number of houses found to satisfy the Regulations were only 2. 26 premises were brought up to good fire prevention standard to satisfy the Fire Officer's requirements. Overcrowding cases numbered 45 as against 48 last year, and the number of visits made in connection with overcrowding complaints was 8. 17 cases were abated during the year.

Qualification Certificates

There were no less than 228 applications received during the year for full Qualification Certificates under Section 45 of the Housing Act, 1969, in comparison with only 2 received during the latter part of 1969. Of the applications received, 15 were withdrawn, 15 refused, 83 in preparation or pending completion, while 6 Certificates were actually issued, leaving

a balance of 109 due for attention at the end of the year. In so far as Provisional Certificates were concerned (where works to the dwelling are required to satisfy the issue of a full Certificate eventually) these numbered 20. Of these 3 were subsequently withdrawn, 2 attained full certification out of 10 Provisional Certificates issued, awaiting completion 6, and due for inspection at the end of the year 1.

It should, of course, be realised that a considerable amount of work is involved in connection with these applications. They must be dealt with in detail, full schedules drawn up, and clear advice about the application given to the applicants involved. There still exists considerable uncertainty among landlords about the circumstances under which Qualification Certificates are available and much effort has been made, and continues to be made, by the Department to advise landlords on this complex matter. They have been advised that unless applications are made when the property satisfies all conditions, delay is bound to occur because of the need for completion of repairs to full standard and the provision of outstanding amenities. It is also emphasised that the general standard of repair is governed by the age, character and condition of the property in relation to similar dwellings in the locality. Considerable time can, and often does, elapse before builders are able to complete extensive schedules of work and, of course, winter weather curtails outside repairs and external painting. Disquiet exists among many tenants affected by Qualification Certificates because of implied rental increases over the years. Some little time will still be needed before a settled procedure is working satisfactorily in connection with the interests of both owners and tenants. It should also be made clear that full Certificates are the responsibility of the Chief Public Health Inspector, while Provisional Certificates must involve the Building Inspectors in view of their responsibility for the Improvement Grant system. Administration, however, is the responsibility of the Town Clerk for both types of Certificate and so far the system seems to be working satisfactorily. The sudden build up of applications towards the end of the year caused some embarrassment to staff resources and it is difficult at present to suggest whether the peak has been reached or not.

Improvement Grants

There has been a considerable increase in the number of Improvement Grants, particularly of the Discretionary type involving repairs, in comparison with the figures achieved last year, and I am grateful to the City Engineer's Department for information regarding the general activity in the Improvement Grant field. As mentioned last year, the Improvement Grants Officer on the staff of the Building Inspectors' continues to liaise closely with Mr. Crossley, our Senior Housing Inspector, in connection with Improvement Grants, both Standard and Discretionary. Of course, the Discretionary Grant, involving as it does grant aid for repairs, is of most importance to this Department in its work of securing the repair of

houses considered to be sub-standard. It is fairly evident that with the stimulation of Improvement Grants by the 1969 Act, more money is being spent in coping with disrepair as well as in providing improved amenities.

Standard Grants

25 (37) applications were received in respect of tenanted houses and 69 (95) from owner-occupiers of houses, making a total of 93 (132). This is a decrease on the previous year's figures but is not surprising because greater emphasis is now laid on Discretionary Grants involving repairs. The number of applications for Standard Grants approved during the year was 81 (113), the number of dwellings physically improved with the aid of this type of grant amounted to 82 (104), and the improvements involved 54 (63) baths, 64 (75) wash hand basins, and 66 (92) internal W.Cs. Ventilated food stores, of course, have now been withdrawn. Total cost of Standard Grants during the year amounted to £11,601 (£14,415).

Discretionary Grants

A welcome increase in the number of Discretionary Grants dealt with is obvious, the increase reaching almost 3 times the amount attained last year. 75 (15) applications were received in respect of tenanted property and no less than 118 (51) concerned with owner-occupied houses, the total approved out of the 193 received being 130 (66). The total amount of grant aid paid was £32,439 (£9,266), although no less than £53,481 worth of work was approved during the year. It is clearly demonstrated that more people are taking up grant aid to improve their houses and as people become aware of the excellent results achieved in improvement work, so do more become interested and are prepared to lay out money to improve their property and at the same time repair it to a proper standard, because it must be realised that with the coming in of Qualification Certificates under the Rent Act, it is incumbent on landlords to see that their property is in a proper state of repair and possessing all the amenities in order to qualify for improved rental over the next few years.

There is also evidence that speculators are finding a good harvest in the buying up of property which is unfit in order to improve and repair it so that sales can be affected at a considerable profit and at, nevertheless, a cheaper price than may be paid for new property. This is becoming increasingly obvious and many people are interested in purchasing improved and repaired property in the down town areas, which are certainly more convenient than fringe areas and provide many people with the ideal situation for residential purposes. It is true, however, that shortage of car parking and garaging space is one of the problems and must remain so until adequate car parking can be provided in appropriate spots in the City. This is receiving full attention by the City Council but entails considerable work and estimation, and not a little ingenuity, in deciding on style, size and proper site to achieve the most beneficial results.



8/10 Charles Street, St. Ebbe's. Historic Remnants — to be saved

Unfit Houses

The Ministry Form P.13 (Housing) was completed at the end of the year as follows:—

Houses demolished—	
in Clearance Areas	5
under Sections 16/17 Housing Act, 1957	24
in connection with Certificates of Unfitness (Local Authority Houses)	12
Houses closed under 1957/69 Housing Act powers	28
Parts of houses closed—Section 18 of the Housing Act, 1957	—
Displaced persons and families (62 persons involving 31 families)	
Houses made fit (informal action)	17
Houses made fit by formal action	—
Houses subject to Closing Orders made fit and determined thereafter	11
Repairs under Public Health Act or other Acts formal notices	—
Houses subject to Demolition Orders made fit	—
Houses repaired generally	67

There was no use made of Clearance or Compulsory Purchase Orders during the year, this still being Council policy, and repairs and reconditioning are encouraged by informal means wherever possible—repair and reconditioning following any Closing or individual Demolition Orders made. Private enterprise continues to interest itself in repair and improvement work, as mentioned before, there being more encouragement now in the financial aid available and the ability to make more money from the recovery of older houses. The decision of the Council in the light of our Housing Survey carried out last year was that we should attempt to deal with 100 properties per year for the next 5 or 6 years so as to achieve the maximum result over that period in so far as tenanted unfit property is concerned. There will, of course, be owner-occupied properties coming into the unfitness category from time to time as found, and these will be dealt with as appropriate.

Overcrowding

45 (48) cases of overcrowding were reported during the year and 17 (9) were abated during the same period. All cases of overcrowding were concerned with multi-occupied premises and no cases of overcrowding were reported in single occupation dwellings, as was also reported last year. It is a relief to report that no major concern was caused by overcrowding cases found in the City and there seems a fairly satisfactory picture of conditions in multi-occupied premises in so far as numbers are concerned, for wherever cases are discovered action is taken at once to secure a recognition of the official number in connection with the property concerned and encouragement is then given to reduce numbers as soon as possible to that approved.

Land Charge enquires continued to give rise to considerable work, there being 2,159 (1,860) dealt with, and no less than 122 (10) house surveys were carried out in connection with applications to the City Council for mortgages. There seems need for more care in connection with mortgage applications where surveys are made by surveyors outside of Local Government in order to ensure that the condition of property inspected satisfies not only their valuation standards but also the Housing Act requirements as to fitness, for failure to achieve such fitness can only lead to problems later. Acute embarrassment has in fact been caused in the past in particular cases, not only to this Department but to the Council and its Housing and Estates Committees.

Repairs and Improvements carried out, 1970

Items	Dwelling houses	Food Premises	Other Premises	Total
Accumulations removed	—	37	1	38
Dampness remedied	35	2	—	37
Dustbins	—	7	1	8
Drains/Waste pipes cleared	10	7	—	17
Drains/Waste pipes, etc., repaired ..	44	—	1	45
Doors/Windows repaired	272	21	—	293
Floors repaired/renewed	118	43	4	165
Food cupboards	10	7	—	17
Gutters, spouting	44	1	—	45
Hot water supply	47	6	—	53
Lighting improved	23	8	5	36
Roofs repaired/renewed	54	—	—	54
Rooms cleansed/redecorated	174	45	42	261
San. Accom. provided/repared	32	8	9	49
San. Accom. cleaned/redecorated	4	23	19	46
Sinks/wash basins prov./rep.	47	14	16	77
Smoke nuisances (Clean Air Zone) ..	3	—	3	6
Ventilation improved	29	9	3	41
Walls and Chimneys (External)	30	5	—	35
Walls and Chimneys (Internal)	25	42	1	68
Water Heaters provided	24	6	—	30
Water supply installed	28	—	—	28
Water Supply Prov./Reinstated	24	2	—	26
Yards repaired, etc.	33	5	—	38
Other nuisances	11	112	80	203
Totals	1,121	410	185	1,716

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

There are 148 (163) milk distributors on the register and 23 (30) self-service vending machines. The recent trend of reduction in registrations continues with the closure of small family businesses and increasing popularity of large multi-trade supermarkets.

Out of 386 (342) samples of Heat Treated milk tested during the year 23 (22), or about 6% of the total failed the Methylene Blue keeping quality test. This is a continued improvement on recent years. Samples from roundsmen's vehicles accounted for 5 (6) of the failures, 4 were from

schools and retail food shops, and the remaining 14 (16) from vending machines. Although the number of milk vending machines in the City has decreased, there are still too many sample failures, mainly due to poor stock rotation and tradesmen's difficulty in estimating day to day demand. The careful operation of these milk vending machines has to be continually stressed. The usual number of complaints were received concerning condition of milk bottles (so many of them found to contain foreign material when returned to the Dairy) and there is still need to educate the public in the proper treatment of such returnable milk containers.

7 (6) samples of Raw milk out of a total of 391 (384) submitted to the Public Health Laboratory were found to contain antibiotic. Not enough care and attention was being given to the segregation for the requisite period of milk from cows treated with antibiotics, and in each case warning was given and follow-up samples were taken. All proved to be satisfactory.

Health Committee has until recently opposed Untreated Raw milk being sold retail in the City. However, the proprietor of a modern self-service shop applied for, and was granted subject to tight control on quality, an Untreated milk registration. Supplies are obtained from a herd declared free of Brucellosis and regular sampling has been carried out to check on this and also its keeping quality. All samples were returned as negative for Brucellosis but 3 failed the Methylene Blue test in fairly rapid succession. Representations were therefore made to both the Dairy farmer and the retailer pointing out the importance of cleanliness and care in production, handling and stock rotation of the milk. Careful and regular sampling is very necessary in the interests of public health since Brucellosis (Undulant Fever) can be an unpleasant debilitating disease from infected Raw milk. Appropriate heat treatment destroys the organism yet 3% of the milk supply in England and Wales during 1968/69 was not heat treated. Some people prefer Raw milk and the Special Designation Regulations allow such milk to be sold under the designation "Untreated". Unfortunately at the end of January 1970 there were only 5,850 accredited herds out of approximately 100,000 in England and Wales, but in March 1970 the Government stated that a Brucellosis Incentive Scheme was to be introduced to encourage accreditation by payment of a special premium for milk from herds registered as free of the disease. It is also the Government's intention to start compulsory eradication in 1971. This scheme is badly needed to free our dairy herds of the disease but it will take a number of years to complete.

4 additional samples of Raw milk taken from churns on arrival at the local Dairy Treatment Depot failed the Methylene Blue test and the co-operation of the Dairies and Milk Marketing Board's field officers was sought and resulted in subsequent satisfactory samples.

The office laboratory is used for the routine Gerber examination of milk and 259 (128) samples were examined by this means and average results continue to be well above minimum standards with Channel Island

at 4.5% (4.6%) butter fat and 9.24% (9.13%) non-fatty solids. Pasteurised milk averaged 3.62% butter fat with non-fatty solids 8.72% and these averages were the same as the previous year. The number of general stores selling pre-packed milk fell from 138 to 136 and a small amount of sterilised milk continues to be sold in the City. All school milk was found to be satisfactorily pasteurised and complied with the keeping quality test. There was one Phosphatase Test failure among 386 (342) samples taken during the year and investigation was not able to account for this particular failure. 37 (17) samples of Sterilised milk were found to satisfy the Turbidity Test and 9 (6) samples of Ultra High Temperature milk examined proved satisfactory. 3 samples of Untreated milk were submitted for biological testing and all of them proved to be negative for Tuberculosis and Brucellosis.

Milk Sampling Results

	Samples tested	Satisfactory	Failed	Void
Heat Treated Milk (Pasteurised)				
Methylene Blue Tests	386	358	23	5
Phosphatase Tests	386	385	1	—
Sterilised Milk				
Turbidity Tests	37	37	—	—
Ultra High Temperature Milk				
Colony Count	9	9	—	—
Untreated Milk				
Methelene Blue	21	14	7	—

Ice Cream

For a number of years samples of ice cream have been submitted to the Public Analyst and, without exception, they have all satisfied the Regulations concerning the amount of fat and sugar, and it was felt that a different approach should be made to the sampling of ice cream. It was therefore decided to concentrate on bacteriological quality of ice cream and 33 samples were examined during the year, all but 3 of these being reported upon satisfactorily. The 3 unsatisfactory samples had been taken from mobile vehicles selling soft ice cream and pointed to the need for continual checking of this type of trade to ensure that careful attention is given to cleanliness of the equipment and handling of the product. 2 of the unsatisfactory samples were placed in Grade 3 and the other in the lowest Grade 4.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

The routine inspection of all types of food premises under the Food Hygiene Regulations continues to be a very important part of the work of the Department. Last year 3,214 (2,885) visits were made. It is interesting to note that there was a reduction in the number of defects found—410 (654). Continuous attention must be given to food premises in order to ensure

that a suitable standard of hygiene is maintained, particularly when it is realised that basic cleaning is a non-productive service, and in this City of high employment cleaning staff are difficult to obtain. More Chinese Restaurants have opened in the City and a recent development noted is the number of establishments providing "take away" Chinese food.

3 cases of food poisoning were reported and investigated during the year. One concerned 4 young female clerical workers who ate a meal in a Chinese restaurant consisting of curry, boiled rice, chicken, mushrooms and prawns. No food poisoning organisms were found in samples submitted to the Public Health Laboratory and, despite careful enquiries, the source of infection was not identified. Another outbreak involved 3 doctors from the Radcliffe Infirmary who ate curried meat and fried rice at an Indian restaurant. No food poisoning organisms were isolated and the cause of the illness was not established. 2 elderly ladies stated they became ill after consuming drinking chocolate, but on investigation the drinking chocolate did not appear to be implicated.

It is often difficult and sometimes impossible to trace the cause of food poisoning incidents, particularly if not reported immediately, for the Public Health Laboratory must have in early course specimens of faeces, vomit and suspected food. These are often unobtainable because of late reports to the Health Department.

Imported Food Regulations. 1968

71 notifications were received of consignments of imported meat which had not been examined at the ports of arrival. These all consisted of beef quarters, edible offals, and boxes of boned beef and were delivered to three main wholesalers in the City. The majority of consignments entered through the ports of Holyhead, Manchester, Liverpool and Newport. All consignments were examined on the day of arrival and found to be satisfactory. No great difficulty has been experienced so far with such routine inspection of imported foodstuffs but such trade is likely to increase and the position will need to be watched very carefully.

(b) Inspection of Food Hawkers' Vehicles (Oxford Corporation Act). 1953). Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations. 1966

The number of Hawkers of food in the City registered under the Act is still increasing and is now 138 (134). There were also 2 additional stallholders operating food businesses in the Oxpens open market last year. 1,186 (1,272) inspections of vehicles and stalls were made during the year. Careful attention has to be given to refuse handling, both from the open and covered markets. During the strike of Municipal Refuse Disposal Operators special arrangements had to be made with the City Estates and City Engineer's Departments for the storage of refuse so as to avoid, as far as possible, public health hazard or nuisance.

A schedule of evening inspections of Hot Dog vehicles was organised throughout the year and confirmed that generally 8–10 vehicles are plying regularly for trade on any particular evening in the City. A reasonable standard of compliance with the Regulations was found but occasionally there were lapses which needed attention. This type of trade requires constant vigilance and firm handling.

The St. Giles' Fair was carefully supervised on both days and Inspectors were on duty in afternoons and evenings to ensure that a reasonable standard of food hygiene was maintained. It is pleasing to note there was a reduction in the number of contraventions and only 5 "on the spot" informal notices were issued. These were readily complied with.

Quite a high standard of equipment is now provided by food handlers, particularly in regard to washing facilities, but unfortunately they are not seen to be used as often as one would like. Only continual education in proper food handling techniques will bring about improvement. The refuse storage provision made by the City Engineer's Department and the mains water stand pipes of the Water Board provided for the stall-holders were commented on favourably, being certainly an improvement on conditions in previous years. The Cleansing Section of the City Engineer's Department and the City Estates Department staff are to be complimented on the expeditious and commendable way in which the cleaning up operations were carried out at the end of the Fair.

Noise readings were again taken in the vicinity of certain noise production sources and all proved lower than previous years, with one exception, which was at a particular type of ride called "The Rotor".

(c) Hygiene Education and Publicity

The Chief Inspector, his Deputy and other members of staff gave various lectures and talks to different bodies during the year. Visits were arranged for Student Nurses and Medical staff as part of their practical training and lectures were continued at the Polytechnic Catering School and certain schools where Domestic Science classes are held. The use of mounted specimens, coloured slides and film strips as visual aids make the talks more interesting. 12 lectures were given by the Chief Inspector, 14 by the Deputy and 5 by other Senior Inspectors. 15 sets of visits were arranged for various student groups. Close co-operation continues to be forthcoming from Domestic Bursars and Stewards of Colleges, Hospital catering supervisory staff and members of the food trade generally throughout the City.

(d) Hospital and College Hygiene

432 (402) visits were made to Colleges during the year and 486 (299) to hospital premises for advisory purposes. The Pest Control staff devoted a considerable amount of time to requests for treatment in the Colleges and hospitals. Food hygiene standards were found to be quite good and it is



DEMONSTRATION OF FOOD HYGIENE TO MEDICAL STUDENTS



Calves	...	...	...	...	...	...	103
Sheep	...	...	...	...	...	...	6,840
Pigs	...	...	...	...	...	...	8,548
							18,689

Poultry Slaughter

A small amount of poultry slaughtering was carried out at the premises of Mr. Allan of Headington before they were closed in July. 158 hens and 46 cockerels were dealt with and condemnations involved 25 hens weighing a total of 51 lbs. One or two requests were made for permission to slaughter poultry for Moslems—usually on unsatisfactory premises, and in all such cases they were dissuaded and advice given on how to achieve the appropriate fulfilment of their needs.

I would once more express my appreciation of the close and valuable collaboration with our Veterinary colleagues at Divisional Office headed by Mr. W. Beament, the Divisional Officer, who has now left to take up a new appointment at Reading. Dr. Jebb and his staff at the Public Health Laboratory have also been ready with assistance and advice on request.

Cysticercus bovis

Only one suspected case of this cystic stage of the beef tape worm was found during the year and it proved to be a degenerated cyst in the right internal masseter muscle of a bull. Deep freeze treatment was carried out as a precaution. This is the third successive year when no viable cysts have been found in beef carcasses and it would seem probable that this type of infestation is now on the decline.

Liver Fluke (Fascioliasis)

There has been a considerable reduction in the number of sheep found infested with liver fluke but the figure for bovine infestation remains high. Many sheep were found affected the previous year when slaughter for Moslem consumption was active. There is considerable economic loss to butchers because of liver condemnation.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1961	5,584	936	14.41	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
1964	6,773	1,032	15.23	22,996	340	1.47
1965	5,616	766	13.64	19,525	333	1.70
1966	5,232	829	15.84	20,518	886	4.32
1967	5,475	1,659	30.30	18,585	959	5.11
1968	4,931	1,813	36.77	24,955	5,187	20.79
1969	3,682	1,747	47.45	10,921	3,214	29.43
1970	3,198	1,265	39.61	6,840	291	4.25

Cysticercus Bovis—Annual Record of Incidence

Year	No. of Cattle Inspected (excluding Calves)	Suspected cases (i.e. Number refrigerated)	Viable Cysticercus bovis	Degenerated Cysts	Others
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	
1961	5,584	15	8	8	2 granulomata
1962	5,887	11	3	2	3 granulomata
1963	6,171	13	8	4	4 granulomata 2 sarcosporidia
1964	6,773	19	13	4	(3 having cysts of a parasitic nature suggestive of Cysticercus bovis, 1 doubtful)
1965	5,616	8	6	4	(2 suggestive of Cysticercus bovis)
1966	5,232	5	3	2	(1 suggestive of Cysticercus bovis)
1967	5,475	18	10	2	(1 old parasitic granulomata)
1968	4,931	3	Nil	7	(3 old parasitic granulomata)
1969	3,682	1	Nil	2	1 chronic abscess
1970	3,198	1	Nil	1	1 mucous Cyst
				1	(old Cysticercosis)

Tuberculosis

No Tuberculosis infection of animals was found at the Slaughterhouse.

Percentage of Animals affected with Tuberculosis

	Cattle	Cows	Calves	Pigs
1961	0.08	0.03	—	1.04
1962	0.05	—	—	0.55
1963	0.06	—	—	0.45
1964	—	—	—	0.28
1965	0.02	—	—	0.14
1966	—	—	—	0.03
1967	0.0004	—	—	—
1968	—	—	—	—
1969	—	—	—	—
1970	—	—	—	—

Inspections and Condemnations, 1970

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,997	201	103	6,840	8,548
Number inspected	2,997	201	103	6,840	8,548
All diseases except tuberculosis and cysticerci:					
Whole carcasses condemned ..	4	3	3	3	15
Carcases of which some part or organ was condemned	1,396	122	2	330	866
Percentages of numbers inspected affected with diseases other than tuberculosis and cysticerci ..	46.71	62.19	4.85	4.87	10.31
Tuberculosis only: (presumptive)					
Whole carcasses condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	—
Percentage of numbers inspected affected with tuberculosis ..	—	—	—	—	—
Cysticerci:					
Carcases of which some part or organ was condemned	1	—	—	—	—
Carcases submitted to treatment by refrigeration	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Unsound Meat

Quarterly returns were made to the Ministry of Agriculture, Fisheries and Food concerning disease conditions found at the Slaughterhouse. All condemned or surrendered material was disposed of for processing according to the Regulations, although occasionally small amounts were disposed of at the Churchill Hospital incinerator by kind permission of the Administrator and Engineer, to whom appreciation is expressed.

Diseases other than Tuberculosis in Food Animals, 1970

	Carcase		Offal	
	Total	Partial	Total	Partial
<i>Adult Cattle</i>				
Actinobacillosis (-mycosis) ..	—	—	—	4
Bruising ..	—	1	—	1
Cysticercosis (C. Bovis)				
(a) Rejected ..	—	—	—	1
(b) Refrigerated ..	1	—	—	1
Echinococcosis ..	—	—	—	2
Emaciation ..	1	—	1	—
Fascioliasis (Fluke) ..	—	—	—	1,265
Hepatic Abscess ..	—	—	—	181
Johne's Disease ..	1	—	1	—
Mastitis ..	—	—	—	—
Peritonitis ..	—	—	—	—
Pneumonia and/or Pleurisy ..	—	—	—	32
Septicaemic Conditions/Fever ..	4	—	4	—
Telangiectasis ..	—	—	—	18
Tumours ..	—	—	—	2
Other Conditions ..	1	—	1	13
Totals ..	8	1	7	1,520
<i>Calves</i>				
Bruising ..	—	—	—	—
Emaciation ..	—	—	—	—
Immaturity ..	—	—	—	—
Joint-ill or Navel-ill ..	1	—	1	—
Septicaemic Conditions/Fever ..	2	—	2	—
Other Conditions ..	—	—	—	2
Totals ..	3	—	3	2
<i>Pigs</i>				
Abscess ..	—	—	—	84
Arthritis ..	1	26	1	—
Ascariasis (Milk Spot) ..	—	—	—	612
Bruising ..	—	1	—	3
Echinococcosis ..	—	—	—	—
Emaciation ..	—	—	—	—
Jaundice ..	—	—	—	—
Pneumonia and/or Pleurisy ..	—	—	—	157
Pyæmia ..	4	—	4	—
Septicaemic Conditions/Fever ..	6	—	6	—
Swine Erysipelas ..	3	—	3	—
Tumours ..	1	—	1	1
Other Conditions ..	—	—	—	—
Totals ..	15	27	15	857
<i>Sheep</i>				
Abscess ..	—	—	—	17
Arthritis ..	1	2	1	—
Bruising ..	—	—	—	—
Cysticercus Ovis ..	—	—	—	—
Echinococcosis ..	—	—	—	—
Emaciation ..	—	—	—	—
Fascioliasis (Fluke) ..	—	—	—	291
Jaundice ..	—	—	—	—
Pneumonia and/or Pleurisy ..	—	—	—	9
Pyæmia ..	1	—	1	—
Septicaemic Conditions/Fever ..	1	—	1	—
Tumours ..	—	—	—	—
Other Conditions ..	—	—	1	19
Totals ..	3	2	4	336

(iv) Diseases of Animals Act, 1950

As from April 1st, 1970, the duties and responsibilities under this Act were transferred to this Department from the Thames Valley Constabulary. All Public Health Inspectors and the Meat Inspector were given official authorisation under the Act and various Orders. Mr. Allan, the Meat Inspector, attends the Oxford Cattle Market each Wednesday to carry out various duties under the Act, including the issue of Movement Licences under the Movement of Swine Order, 1959, which requires that any person buying swine in a cattle market must obtain a Movement Licence before removing them from the market either for slaughter at a Slaughterhouse or to farm premises.

A total of 89 Movement Licences were issued covering the movement of 853 pigs. There were no reported outbreaks of any disease within the City during the year.

The Meat Inspector visited the 5 farms situated within the City boundary to check on stock kept on the premises and in two cases it was found that stock were allowed to graze on Port Meadow for most of the year, being kept under cover during the winter months. 3 Piggeries were in operation in the City at the beginning of the year but 2 have now closed down. There are no plants for sterilising swill which come under the Waste Food Order.

(v) Sampling of Food and Drugs

173 (192) samples of food and drugs were submitted to the City Analyst for examination. A different approach was tried to sampling routine—visits being made to Bakehouses and Restaurants in order to obtain various samples of ingredients and foodstuffs used in the Bakery and Catering trades. Such are not normally available in retail food shops. Emphasis was also given to sampling of foreign foodstuffs, food in shops catering for immigrant communities, and to food on sale in Health Food Stores. General standard in this country of food composition and labelling is very good and it was therefore felt that some attention should be given to imported foods. It is reassuring to note that only 6 (14) samples were returned as unsatisfactory and they are listed below:—

1. Dried Pears—the sample contained maggots and a letter was sent to the retailers, who arranged for the stock to be withdrawn from sale and destroyed.
2. Chunky Apricot Pie Filling—soluble solids 32.5%, artificial colour and SO₂ absent. The sample was found slightly affected with mould growth, probably due to the lack of preservative. A letter was sent to the retailers, who took up the matter with supplier and manufacturer, and all remaining stocks were returned.
3. Canary Tomatoes—a routine sample taken for check of pesticide residues. The examination revealed that in parts per thousand million,

31 of B.H.C., 68 of D.D.E. and 640 of D.D.T. were present. These amounts were considered rather high and reported to retailer, wholesaler, and importer, who were most concerned at such results. Assurances were given by the retailer that careful checks would be made in future on imported tomatoes to ensure that they were satisfactory.

4. Plum Butter—soluble solids 58%, preservative absent, and artificial colour absent. The description "Plum Butter" was considered misleading as this implied that the product was plum flavoured butter, whereas it was merely plums and sugar. The product was essentially jam and should have contained not less than 65% soluble solids. The matter was resolved by labelling further consignments as "Plum Spread".
5. Chinese Red Bean Curd—total solids 47.1%, sugar 7.0%, artificial colour absent, oil 7.7%, benzoic acid 0.5%. The presence of benzoic acid contravened the Preservatives in Food Regulations. The sample was taken by consent from a private consignment imported into the country for personal consumption but the owner was warned not to use the foodstuff in his catering business. A subsequent sample of Red Bean Curd taken from his Restaurant proved to be satisfactory.
6. Pike Balls—the sample consisted of canned sausage shaped portions of "pasta" containing approximately 20% fish. These constituted 58% of the contents of the can. The term "Pike Balls" was considered misdescription of the product as it should have been mainly of fish (Pike) and not a pasta product flavoured with fish. The misdescription was taken up with the manufacturers.

Samples taken for analysis during the year 1970

Article	No. of samples obtained			Results of Analysis	
	Informal	Formal	Totals	Genuine	Non-Genuine
Beverages	1	—	1	1	—
Cakes and Puddings	3	—	3	3	—
Cheese	3	—	3	3	—
Confectionery .. .	10	—	10	10	—
Cream	3	—	3	3	—
Drugs and Vitamins	3	—	3	3	—
Fats	1	—	1	1	—
Fish	8	—	8	7	1
Flour	3	—	3	3	—
Fruit, dried	5	—	5	4	1
Fruit, fresh and tinned	25	—	25	25	—
Meat and Meat Products	30	—	30	30	—
Oriental Foods .. .	12	—	12	11	1
Poultry	2	—	2	2	—
Preserves	12	—	12	10	2
Rice	1	—	1	1	—
Sauces and Spices .. .	9	—	9	9	—
Sausages, Beef .. .	2	—	2	2	—
Sausages, Pork .. .	3	—	3	3	—
Soft Drinks	6	—	6	6	—
Spreads and Pastes .. .	4	—	4	4	—
Vegetables	27	—	27	25	2
	173	—	173	166	7

Pesticide Residues in Foodstuffs

As a routine measure, 18 samples of food were taken during the year and of these 9 were found to contain pesticides, but only in small amounts, except for the Canary Tomatoes already mentioned. The Public Analyst felt that the traces of pesticide in the other samples gave no real cause for concern. It is hoped that in due course national standards will be set for pesticide residues in foodstuffs which will enable a better check to be kept on levels of contamination.

Food Complaints

There were 131 (119) food complaints during the year and 14 (14) were reported to Health Committee for instructions. 13 (8) prosecutions were authorised, resulting in fines totalling £440 (£325) with £128 15s. 0d. costs and Advocates' fees.

1. Mouldy Pork Pie (Section 8(i), Food and Drugs Act)—fine £25, costs £75.
2. Glass in jar of Pickled Red Cabbage (Section 2, Food and Drugs Act)—fine £40, costs £5.
3. Cigarette end in Pastie (Section 2, Food and Drugs Act)—fine £20.
4. Mouldy Liqueur flavoured Chocolate Bottles (Section 2, Food and Drugs Act)—fine £20, costs £3.
5. Mouldy Harvest Fruit Pie (Section 2, Food and Drugs Act)—fine £25, costs £5.
6. Maggot in loaf of bread (Section 2, Food and Drugs Act)—fine £30, costs £5.
7. Unfit Chicken (Section 2, Food and Drugs Act)—fine £50, costs £5 15s. 0d.
8. Screw in Fruit and Nut bar of Chocolate (Section 2, Food and Drugs Act)—fine £50, costs £5.
9. Unsound Yogurt (Section 2, Food and Drugs Act)—fine £20, costs £5.
10. Mouldy "Take and Bake" loaf of bread (Section 2, Food and Drugs Act)—fine £20, costs £5.
11. Mouldy Pork Pie (Section 2, Food and Drugs Act)—fine £50, costs £5.
12. Insects in Cereal (Section 2, Food and Drugs Act)—fine £50, costs £5.
13. Mouldy Pork Pie (Section 2, Food and Drugs Act)—fine £25, costs £5.
14. Official seizure and condemnation of two pigs displayed for sale (Section 9, Food and Drugs Act)—hearing has not yet taken place.

The last case is interesting in that two pigs were found displayed for sale outside the doorway of a shop in the Covered Market just before Christmas, and from their appearance it was apparent that hair had been removed from the carcasses by burning. This is an out-of-date, unhygienic method of dressing, still occasionally carried out on country farms but not

acceptable under present day slaughtering techniques in licensed Slaughterhouses. The two pigs had every appearance of having been slaughtered and prepared illegally on unlicensed premises. It was also obvious that they had not been officially inspected and stamped as satisfactory and fit for human consumption. Complete inspection of the carcasses and offals was not possible, since the latter were not available. Under the circumstances it was felt imperative, in the interests of public health, to seize them officially and take them before a Magistrate. He decided to condemn them when the facts were presented to him and refused to permit them to be used for human consumption. An adjoining Rural District Council is also taking proceedings against a farmer for illegal slaughter under the Food and Drugs Act and for contraventions of the Meat Inspection Regulations.

One warning was given in connection with complaint of a bubble gum wrapper in a biscuit.

The greater proportion of the complaints were again due to poor stock rotation (mainly in retail shops) and foreign bodies in foodstuffs. There is still too much carelessness and a lack of attention to careful storage and sale of perishable food. Some trouble is unfortunately due to the fact that many retailers and shop assistants are unable to use manufacturers' codings on the foods or are not made aware of the system used. A good case can be made out for perishable food products to be dated in an open and honest fashion, although this would undoubtedly lead to difficulties in assessing sales margins. The consumer should be told either how old the food is or how long it may last, and a body of responsible opinion, including many Local Authorities and individual Public Health Inspectors, have even asked for legislation to compel manufacturers to date clearly pre-packed foods. Some British manufacturers are resisting such demands, although a number are now clearly dating their products. Public opinion is undoubtedly having a great deal of effect and it is likely that many more firms will be constrained to comply with public demand for better guidance.

There was a very large increase in the amount of food condemned, mainly due to the effects of refrigeration breakdown, particularly during the strike of electricity workers. More care is needed to ensure that frozen foods are kept at the required temperature from time of manufacturer and throughout transit and storage in the retail shopkeeper's premises. Frozen food is not dated or coded for external scrutiny by either purchaser or shopkeeper and better control of its condition and safety is desirable. A simple visual indicator of, say—a non-toxic dye—could be incorporated in the wrapping material of the food. If at any time the contents thawed and the food became defrosted, the dye would change colour, so revealing unsatisfactory storage conditions—acting as a freshness code indicator. It is not so much the length of time the food is kept but the temperature at which it is stored that affects its condition and safety.

Liquid Egg (Pasteurisation) Regulations, 1963

No samples were taken for examination by the Alpha Amylase test since there are no treatment plants in the City.

Bacteriological Investigations—Public Health Laboratory Service

A total of 155 (148) samples of various materials were submitted to the Public Health Laboratory for bacteriological examination, and the continued help and co-operation received from Dr. Jebb and his staff at the regional laboratory at the Radcliffe Infirmary is much appreciated in this connection. Out of 57 samples of ice cream examined, only 3 were returned as unsatisfactory, 2 of them being in Grade 3 and one in Grade 4 of the Methylene Blue reduction grading. 20 samples of fresh cream were taken and 7 were considered to be unsatisfactory in relation to the Methylene Blue reduction test and culture. The pasteurisation of cream is highly desirable, but a number of shops retail raw (fresh) cream, which needs to be carefully and constantly checked for bacteriological and keeping quality. It is a sensitive material too open to infection and contamination to be handled and sold with impunity.

Boiled Rice	...	...	...	...	...	...	...	1
Cream frosting from cake	...	...	...	...	...	...	...	1
Curry	...	...	...	...	...	...	...	1
Curry Sauce (cold)	...	...	...	...	...	...	...	1
Drinking Chocolate	...	...	...	...	...	...	...	2
Drinking Water samples	...	...	...	...	...	...	...	2
Faeces	...	...	...	...	...	...	...	2
Fresh Cream	...	...	...	...	...	...	...	20
Fried Rice	...	...	...	...	...	...	...	1
Ice Cream	...	...	...	...	...	...	...	33
Ice Lollies	...	...	...	...	...	...	...	16
Meat and Curry Sauce (hot)	...	...	...	...	...	...	...	1
Mushrooms	...	...	...	...	...	...	...	1
Pigeons	...	...	...	...	...	...	...	2
Poultry	...	...	...	...	...	...	...	1
Prawns	...	...	...	...	...	...	...	1
Swimming Bath samples	...	...	...	...	...	...	...	67
Veal (Jellied)	...	...	...	...	...	...	...	1
Water (River)	...	...	...	...	...	...	...	1

 155

There was a record amount of 13 tons of foodstuffs surrendered for destruction. The largest increase was in the amount of frozen food destroyed. This was 2½ times greater than in the previous year and was mainly due to the strike of electricity workers causing frozen food display cabinets to be unusable. 63 visits to food premises were made by staff concerning

Foodstuffs Surrendered for Destruction

Commodity	Weight in lbs.
Cereal	165
Cheese	41½
Confectionery	2,618¼
Cordials	170
Fats	302
Fish	42
Flour	673½
Fruit	1,300
Meat	4,058
Poultry	320½
Salt	117
Sauces	129
Sausages (beef)	6
Sausages (pork)	8
Vegetables	480
	10,430½
Canned	
Meat	999¼
Fruit	3,785
Vegetables	3,818
Fish	338¾
Milk	797¼
Jam	199½
Soup	872¼
Miscellaneous	1,646
	12,456
Frozen goods	6,280¼
	29,167½

food condemnation, which resulted in an income of £61 10s. 0d. There was also an increase in the amount of canned food found in an unsatisfactory condition.

Fertilisers and Feeding Stuffs

10 (12) samples were taken under the Act—7 samples of fertilisers and 3 of feeding stuffs. All except one feeding stuff—Baby Chick Cereals—were satisfactory. The manufacturers did not state, as required, guaranteed figures for oil, protein and fibre content. The matter was taken up with them and they agreed to give the required statement with future packages.

(vi) Markets

The number of food stalls at the covered and open Markets is 34 (35) and 21 (19) respectively. During the strike of Refuse Disposal Operators very careful attention had to be given to the facilities for refuse storage at both Markets and the three members of our Pest Control Section are to be commended for the very able manner in which they coped with the situation. Close and effective co-operation was also maintained with the Estates and Engineer's Departments during the strike.

Both Markets are regularly visited in order to check that the Food Hygiene Regulations are complied with. This is not an easy matter since

the covered Market is not of modern construction which creates difficulties in implementation of the Regulations. The stalls in the Open (Widened) Open Market also fall short of satisfactory construction in regard to food hygiene. It is hoped that when the Open Market moves to a new site within the Waigali redevelopment area a modern and hygienic type of food stall will be provided so as to encourage better standards of hygiene.

Covered Market

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