[Report 1971] / Medical Officer of Health, Oxford City.

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CITY OF OXFORD

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1971

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is my twenty-fourth Annual Report and is compiled in accordance with Department of Health and Social Security Circular 1/72.

Last year, the Oxford birth rate was the lowest for 50 years, and this year the rate has remained the same. Even at this relatively very low level, there is a fairly substantial excess of births over deaths.

The death rate was about average for the City. There was an increase in the number of deaths from diseases of the heart and circulatory system, largely as a result of an increase in the number of deaths of elderly women within this category. On the other hand, there were fewer cancer deaths and also a diminished number of deaths from diseases of the respiratory system and from violence.

The report from the Oxford Record Linkage Study has this year concentrated on Oxford residents discharged from hospital after suffering from some diseases which are of importance in terms of morbidity and possible prevention. Information is given concerning coronary artery disease, certain cancers, accidents and poisoning. Because comparable figures are only available from 1967, the trends shown in the graphs should as yet be interpreted with caution.

Oxford now has eight health centres at which 55% of City general practitioners are practising wholly or partly. There is a very great need for a health centres administrator to co-ordinate, evaluate and plan this rapidly-developing service. Although the facilities provided for social workers at the Blackbird Leys Health Centre have been well used for several years, little if any use has, so far, been made of the accommodation offered at other health centres; this is disappointing as it is felt that health centres are a natural meeting place for the health and social services at field work level. An increasing volume of work is being undertaken in the treatment room at health centres and it is clear that both doctors and nurses are gaining professional satisfaction by using their skills to advantage, whilst the patients are saved time and the hospitals are relieved of a considerable amount of work.

The completed extensions to the East Oxford Health Centre provide additional surgery accommodation and extended office/reception facilities for both the existing practices; in addition, part of the dental accommodation has been converted into surgery accommodation for the use of a third partnership. Internal reorganisation at the Summertown Health Centre has enabled a much-needed larger office to be provided; the car park has also been enlarged consequential to the opening of the Marston Ferry Link Road. At the beginning of the year, the Wood Farm, Northway and South Oxford clinic premises were officially redesignated as health centres. The newly-constructed Jericho Health Centre, which came into use in June, was officially opened on 4th November by Dr. G. I. Watson,

President of the Royal College of General Practitioners, with the Lord Mayor presiding.

Health centres are now being planned for available sites at Headington and Cowley. The request for a central health centre has been renewed but the problem of finding a suitable site remains unresolved. To complete the programme for the City, there will be a need for a further extension to the East Oxford Health Centre and the replacement of the Summertown Health Centre by a new building within the Summertown civic area.

The ambulance service has had another busy year with further increases both in the number of patients carried and also in the mileage travelled. A new staff grading structure has been introduced, whilst the staff training programme is going well. A further development of the road accident emergency scheme in this area has resulted in special equipment being carried on all ambulance vehicles.

The importance of health education cannot be overestimated. Because the results in this field are usually long-term, it is easy to become discouraged by the paucity of signs of rapid improvement. However, slowly but surely progress is being made in the anti-cigarette-smoking campaign; the drug abuse problem is being contained, and there is increasing public awareness of the hazards of obesity. Health visitors have shown initiative in forming weight control clubs in various parts of the City. There have been increased attendances at parentcraft classes and greater attention has been given to the important subjects of home safety and food hygiene.

On 1st July, the City assumed direct responsibility for providing a comprehensive family planning service. Grateful thanks are due to the Oxford Branch of the Family Planning Association for having run this service so well on an agency basis since 1st April, 1968. Additional clinics have already been opened to serve the St. Barnabas, Wood Farm and East Oxford districts. A survey amongst general practitioners showed that 90% were providing a family planning service of varying extent for their patients. This has been the sixth year of the domiciliary service and in the autumn a grant was received from the Urban Aid IV Programme which will enable this valuable component of the family planning service to be extended.

There were fewer new patients requesting cervical cytology but a greater number of recall patients on the local basis of once every five years up to the age of 40, every three years between 40 and 50 and yearly over the age of 50. There was an acceptance rate of 60% amongst the recall patients. The incidence of carcinoma in situ in new patients was 2.6 per 1000 whereas the overall incidence including recalls was 1.6 per 1000. The six patients with confirmed carcinoma in situ were all over 40 years of age. Since the scheme began in 1965, 61 cases of carcinoma in situ have been found (57 new patients and four recall patients), and of these, ten were under 35 years of age, 36 were between 35 and 50, and 15 were aged 50 or over.

The work load of the domiciliary occupational therapy service again increased and the present establishment is insufficient to meet the need. It will be necessary to plan new headquarters for this service as a result of the proposals of the Social Services Committee for a new handicapped workshop to take the place of the Red Barn. In a unified health service, the hospital and domiciliary occupational therapy services might usefully share the same headquarters.

The chiropody service has been improved but demand continues to increase. Further treatment sessions have been transferred to health centres or clinics and more up-do-date equipment has been obtained. The establishment of chiropodists has been increased but recruitment is difficult because the present local authority salary scales compare most unfavourably with remuneration in private practice.

Six patients are now receiving domiciliary renal dialysis and all are at work. The two new patients both required Portakabins because their houses were unsuitable for conversion. Special arrangements have been made for the collection and incineration of the disposable equipment used by these patients.

There has been a further increase in the number of applications for rehousing on medical grounds. Three 3-bedroomed purpose-built bungalows for seriously disabled persons and their families were completed and allocated on the Laurels' site at Headington.

Since the transfer of the former mental health, welfare, home help and nursery and child minder services to the Social Services Department on 1st January, 1971, every effort has been made to maintain close co-operation between the two Departments. The Director of Social Services has attended meetings of the Health Committee, whilst the Deputy Medical Officer of Health has attended meetings of the Social Services Committee, and there has been much good will on both sides. The senior staff of the new Social Services Department have been overwhelmed with such problems as restructuring, accommodation, new legislation and inadequate resources, but have still managed to find some time for liaison and discussion. It is, however, at the field work level that the gaps have been most noticeable, and in the realm of mental health, consultant psychiatrists and general practitioners have increasingly complained of an inadequate and inferior service. Serious consideration may well have to be given to a return to the specialised social worker in the mental health sphere.

The Oxford GP/nursing staff attachment scheme was completed in 1965, since when every practice both large and small has had its team of health visitors, district nurses and midwives. All concerned have appreciated the advantages of this way of working and certainly the nursing staff would not now wish to return to their previous geographical

districts. The general practitioners are most anxious to improve their teams by the addition of social workers. It is sad to hear once again the same sort of excuses, for example shortage of staff, that were put forward over ten years ago by those opposed to health visitor attachment to general practitioners. Whatever the number of available staff, the size of the population to be covered remains the same whether the staff are deployed in geographical areas or are attached to practices. There is a distinct possibility that the advantages that may accrue from the proposed unification of the health services may be offset by the disadvantages of the separation of the health and social services. one certain way to obtain the closest possible co-operation between the health and social services, at the essential grass roots level, is to attach general purpose social workers to the existing GP/nursing staff teams, and where these are centred on health centres the working relationship will become all the closer. It is earnestly to be hoped that, at least, experiments on these lines can be tried out speedily. There is great willingness on the part of general practitioners and nursing staff to have social worker colleagues.

There is again no progress to report concerning the fluoridation of the water supply. Perhaps reorganisation of local government will make it easier to put this much-needed advance in the preventive field into effect. At a relatively small cost the present high incidence of dental caries could be halved with enormous benefit to health. As a poor second best, and on a trial basis only, it is planned to make available bottles of fluoride drops at some child health clinics during the next year. Those mothers who wish it will then be able to purchase such bottles at cost price.

This has been the fifth full year of the G.P. Maternity Unit at the Churchill Hospital and it will probably be the last, as a move to the new John Radcliffe Hospital is planned for July, 1972. The G.P. Maternity Unit has been an outstanding example of a miniature unified health service made possible by the full co-operation between the United Oxford Hospitals, general practitioners and the two local health authorities. Domiciliary confinements again fell sharply but as the number of women delivered in the G.P. Unit increased, the work of the City midwives remained about the same. Unfortunately there were two domiciliary maternal deaths, one due to cerebral haemorrhage caused by a fulminating toxaemia, and the other to a totally concealed pregnancy with death resulting from postpartum haemorrhage. More happily there was no neonatal death nor stillbirth either at the G.P. Unit or at home.

A full establishment of health visitors was maintained but there is an increased need for health visitors resulting from a variety of circumstances, namely the development of the G.P. attachment scheme, the increasing number of early discharges from hospitals, a greater number of immigrants, the need for increased health education, and finally to help to combat the increase in the venereal diseases. The work of health visitors

continues to show an increasing trend towards total family care, with over 20% of visits now devoted to persons aged 65 and over.

During the summer the surgical ward sisters at the Radcliffe Infirmary each spent a week with members of the district nursing service. This proved to be a very worthwhile exercise which was followed by the district nurses making routine visits to the wards of the Radcliffe Infirmary to confer with ward sisters about patients who were to be discharged. A room in the Radcliffe Infirmary has been made available to the Health Department and on two afternoons a week this is manned by a district nursing sister. Two part-time nurses are now undertaking evening visiting which has proved to be a useful extension of the district nursing service. There has been an increase in the work load at doctors' surgeries and at health centres; there are now ten such centres where patents visit the nurse rather than vice versa.

The falling birth rate and the change in policy regarding routine smallpox vaccination have resulted in reduced attendances at child health clinics. It has, therefore, been decided to make some reductions in the frequency and duration of certain clinics. The work of medical officers at the clinics continues to be more or less equally divided between periodic medical examinations, vaccination and immunisation procedures and consultation about a problem. Changes in the supply of national welfare foods has resulted in the provision of concentrated vitamin drops containing vitamins A, C and D in place of cod liver oil and concentrated orange juice.

Of the 27 infant deaths, ten occurred in the first 24 hours of life. There were six 'cot deaths' but careful investigation failed to reveal any obvious avoidable factors. One infant was found to be suffering from phenylketonuria but this had been anticipated as an older sibling also suffered from this condition. There was a further substantial drop in the number of babies available for adoption.

In response to recommendations from the Department of Health, routine infant vaccination against smallpox ceased in August. It is, of course, still essential that travellers to countries having endemic smallpox should be adequately vaccinated; also that medical, nursing and other public health staff in this country should keep up their protection against smallpox. Once again high vaccination rates were achieved for triple vaccine (96.5%), poliomyelitis (94%), measles (81%) and rubella in school girls (97%). Yellow fever vaccination again increased as more travellers now go to or across equatorial Africa and South America.

It has been a quiet year for the infectious diseases. There were 38 cases of whooping cough, most occurring in the first six months. An unexpected but relatively small outbreak of measles occurred from June to August. Although this demonstrated a 90% protective value for measles vaccine it

nevertheless indicated that routine vaccination of the child population will have to reach a substantially higher level than the present 80% if measles is to be eliminated. There were nine cases of bacillary dysentery, the lowest number so far recorded, and four of these were contracted abroad. The single case of typhoid was infected in Italy, but the source of infection of the paratyphoid B case was not ascertained. There was no substantial outbreak of food poisoning and only a very small number of isolated cases occurred. The 75 cases of infective hepatitis occurred mainly in the early part of the year and represented the end of the two year epidemic. The three cases of malaria had all been contracted abroad. The extension of cholera to North Africa and Spain during the summer led to the surveillance of 124 returned holiday makers.

Oxford took part in an E.B. virus antibody survey undertaken by the Public Health Laboratory Service, and of a sample of nursery school children in the City, 31% were found to have E.B. virus antibodies. Those children who were negative had a further blood sample taken six months later, and of these, three now showed the presence of E.B. virus antibodies; all had had mild but dissimilar illnesses between the two blood tests.

There has been an increase in head louse infestation with some resistance to the routine methods of treatment, but a new insecticide (Malathion) has been found to be an acceptable and effective alternative.

Although notifications of tuberculosis increased slightly, they were the second lowest total reported. The importance of the presence of tuberculosis amongst the immigrant population is shown by means of a graph; and this provides further evidence for the necessity for all immigrants to have a medical examination, including a chest X-ray, preferably in their country of origin. Of the 49 total notifications, 23 were amongst immigrants of whom 12 came from Pakistan. Amongst university students attending the Mass Miniature Radiogaphy Unit, two cases of sputum positive disease in African students were ascertained. There were only two deaths directly due to pulmonary tuberculosis.

Three additional weekly V.D. clinics have been provided at the Radcliffe Infirmary, although the space available is very inadequate. There is an urgent need to increase social worker cover. A full-time contact tracer has been appointed by Oxfordshire Health Department and she will operate in both City and County next year. New cases again increased in number substantially, but patients with gonorrhoea and syphilis represented only 12% of the total seen; the remainder proving to be a miscellaneous collection of sexually-transmitted diseases of which the most common was non-specific urethritis. There was no significant change in the incidence of syphilis, the majority of cases being found in homosexual males. There was a small increase in the number of male cases of gonorrhoea but there were fewer cases in women.

With regard to environmental health, an increasing number of complaints related to rodents and insects. Mice showed an increased resistance to Warfarin.

The Salvation Army completed their new Citadel in St. Ebbe's and the Church Army are now urgently seeking a new site on which to build a new hostel. Both these bodies provide an invaluable social service.

There was continuing trouble with the temporary gipsy caravan site at Slade Park just over the City boundary and within the Bullingdon Rural District Council area. The solution to this long-standing problem is the provision by both City and Bullingdon of official gipsy camping sites under the Caravan Sites Act 1968. Bullingdon R.D.C. hope to have their site at Sandford finished by the summer of 1972, whilst the City have reached agreement concerning a permanent warden-controlled site at Slade Park for up to 15 caravans which it is hoped will be completed by the end of 1972.

No. 10 smoke control order covering the Donnington Bridge and Cowley St. John areas of the City became operative on 1st April. In October an adjoining area (No. 11) was submitted to the Department of the Environment for approval. Progress towards a completely smoke-free City proceeds at a painfully slow rate, being limited mainly by finance. It is hoped that the remaining parts of East Oxford can be dealt with next year as an integral part of a scheme for environmental improvement in that part of the City. The Churchill Hospital now has a new modern-type incinerator, whilst the incinerator at the Austin-Morris Division of British Leyland, the cause of many complaints from nearby residents, closed down during the year.

The paint shop in the East Block of South Works of British Leyland has given rise to increasing nuisance, both from fumes from the paint drying ovens and also from noise from exhaust ducts. The introduction of a new electrocoating paint application system caused considerable volumes of moist evil-smelling fumes to be emitted at a relatively low level. This was disappointing as it had been hoped that the new process would be an improvement over the old paint system. As it was understood that other car manufacturing plants were experiencing similar trouble, visits by Health Committee members and officers were made to the Chrysler factory and to British Leyland at Longbridge. In October the City Council served an abatement notice under Section 93 of the Public Health Act 1936 requiring British Leyland to abate the nuisance from East Block, South Works, arising from the emission of smoke, smell, fumes and smuts, by 1st October, 1972.

The noise problem from East Block has lessened following the installation of additional silencers on certain exhaust stacks.

In general there has been considerable activity concerning noise nuisance, particular examples being traffic noise in relation to schools,

building work involving road drills and compressors, drop hammer pile driving, industrial fans, and the testing of large diesel-powered cranes.

The increasing number of bathing pools, particularly at schools, has required more time being spent on supervision and testing. The River Cherwell bathing place at St. Clements was closed permanently because of sewage contamination.

The water supply to the City maintained a high standard and presented no problems. A smell nuisance from the sewage works was troublesome in the late summer; after extensive analytical work, it was thought that this may have been due to a particular type of solvent used by the motor manufacturing industry.

Rehabilitation in the Jericho area continued to dominate the housing scene. Towards the end of the year, a local plan for environmental improvement in East Oxford was under active discussion. The annual number of unfit houses dealt with increased from 75 to 100. The problem of multi-occupation of houses is increasing.

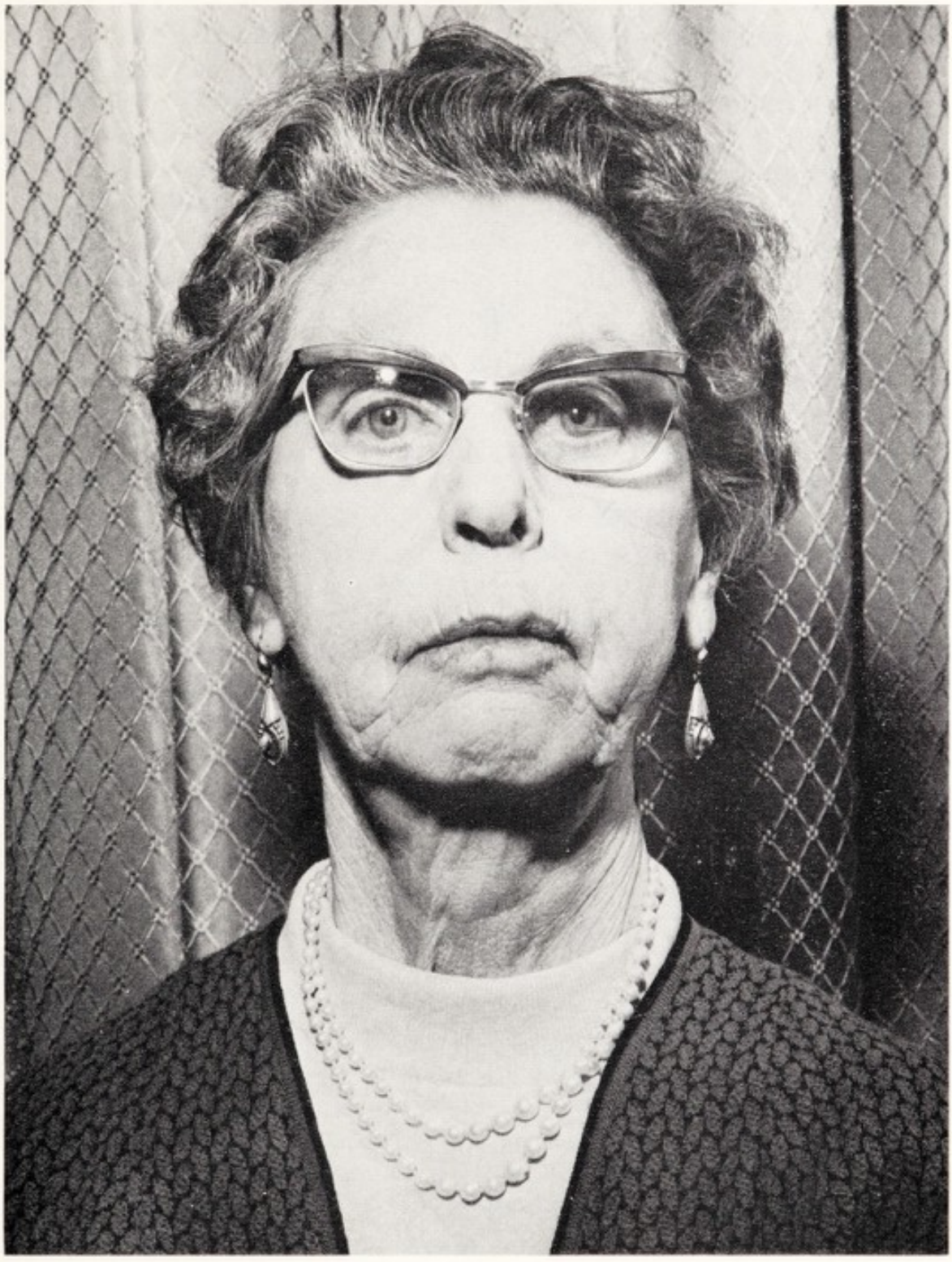
The few failures in connection with milk testing related to unsatisfactory rotation in vending machines. It was disappointing to have to register two retailers for the sale of untreated milk and a careful watch will need to be kept on this relatively unsafe milk supply. A complaint of tainted milk over a period of two to three days was eventually found to be due to the overzealous use of hyperchorite solution as a disinfectant at one farm.

The regular inspection of all food preparation premises is regarded as of high priority and, as a result, there have been a number of prosecutions. Excellent co-operation from the colleges and hospitals has been maintained. There has been a further increase in the amount of imported container meat which needs to be inspected on arrival. In June, the one remaining slaughterhouse, namely that operated by the Oxford and Swindon Co-operative Society at Botley, closed down. Satisfactory arrangements were made between the Oxford butchers and neighbouring slaughterhouses at Abingdon, Witney and Thame. No case of tuberculosis or cysticercus bovis was found in slaughtered animals, and the incidence of liver fluke infestation was much diminished.

Food and drugs sampling was concentrated mainly on imported goods. The majority of food complaints proved to be due to carelessness in stock rotation. Open date stamping of perishable pre-packed foods remains a subject for discussion but many of the larger firms are adopting this practice. The swabbing of kitchen utensils and equipment followed by a demonstration of the resultant bacteriological culture plates has proved to be of educational value to employees.

The use of a shallow well to provide drinking water for the staff of a large works has been accepted with some apprehension, although a series of bacteriological results have been consistently good.

Your Medical Officer of Health has continued to be a member of the Joint Committee on Vaccination and Immunisation set up to advise the



ALDERMAN MRS HARRISON-HALL, J.P., M.B., CH.B.

Member of the City Council	1929 to 1971
Member of Health Committee	1929 to 1971
Chairman of Health Committee	1945 to 1954

Health Ministers on all medical aspects of vaccination and immunisation. He has continued as Chairman of the Smallpox Vaccination Sub-Committee and as a member of the Measles Vaccination, Rubella Vaccination and B.C.G. Vaccination Sub-Committees. He has also continued to be a member of the Public Health Laboratory Service Board. He has been re-appointed Chairman of the Isis Group Hospital Management Committee for the period 1st April, 1971, to 31st March, 1974. Your Medical Officer of Health, who was awarded an O.B.E. in the Birthday Honours List in June, wishes to pay tribute to the support he has received from his staff and members of the Health Committee past and present.

Alderman Mrs. I. D. Harrison-Hall, who retired in September, had joined the City Council in 1929. For the whole of the 42 years of her service, first as Councillor, and then from 1942 to 1971 as Alderman, she was a member of the Health Committee. Alderman Mrs. Harrison-Hall was Chairman of the Health Committee from 1945 to 1954 and, therefore, was in the Chair in 1948 at the time of appointment of your present Medical Officer of Health. Alderman Mrs. Harrison-Hall was not only a most able Chairman but, as a member of the medical profession, she was particularly knowledgeable and helpful concerning many of the problems which came before the Health Committee. As a small but very sincere tribute to this outstanding period of public service and in recognition of my personal debt to Alderman Mrs. Harrison-Hall, I have included a photograph as part of this introductory letter.

In July, our two Senior Medical Officers, Dr. Vera Hollyhock and Dr. John Rodgers, both obtained Senior Assistant Medical Officer appointments with the Oxford Regional Hospital Board. Although it was gratifying that they should have been chosen for promotion in this way, a big gap was left in the ranks of the senior medical staff of the Department. Dr. Hollyhock will be remembered perhaps particularly for her work with the elderly and handicapped, whilst Dr. Rodgers undertook important pioneering research work in connection with immunisation and vaccination. In thanking them for their services, we know that we have two very good friends at the Oxford Regional Hospital Board. Dr. Paul Harker was promoted to one of the vacancies, and was replaced by Dr. Muir Gray who is at present attending the D.P.H. course at Bristol University. Dr. Diane Gurd, who resigned her post as Departmental Medical Officer in August in order to get married, had been a popular member of the staff during the last year and we offer her our best wishes for the future. She was replaced by Drs. Patience Burn and Gillian Sleight each undertaking a half-time appointment.

Mr. Wilfred Combey retired at the end of the year from the post of Chief Public Health Inspector which he had occupied for the last 22 years, and after a total period of 50 years in local government health department service. He was appointed from a very strong shortlist and has more than fully justified the confidence then placed in him. He administered the public health inspectors' section of the Health Department with maximum

delegated responsibility and with complete loyalty, so that his long term of service has been a particularly happy partnership of mutual trust. Mr. Combey was always full of enthusiasm for his work and ready and willing at all times of the night or day to deal with emergency situations. He worked hard himself and expected his staff to do likewise. He was a man of complete integrity, fairness and firmness, who was well liked and respected by all concerned. 'Combey of Oxford' became a well-recognised name in public health circles in this country. He took a particular interest in housing and in smoke control measures, and had achieved the honour of being Deputy Chairman of the National Society for Clean Air. In thanking Mr. Combey for all that he has done for this City, we wish him a healthy and happy retirement. Mr. Combey was replaced by his Deputy, Mr. S. J. Garrod, who deservedly won promotion in competition from a strong outside field. Mr. A. Fenn from Grimsby was appointed to succeed Mr. Garrod as Deputy Chief Public Health Inspector. The public health inspectorate also lost, by retirement, another long-standing member in the name of Mr. D. Watson who had served the Department for a period of 34 years. He was a quiet and popular Senior Public Health Inspector who gave loyal and effective service, and we wish him, too, a happy retirement.

Two other long-standing members of the staff, namely Miss H. M. Mitchell appointed in 1945, and Miss N. M. Johnson in 1947, retired during the year. They had been concerned with clerical work in connection with the maternity and child health and infectious diseases services, and had undertaken their duties with conspicuous skill and accuracy. We shall miss them very much and hope that they will enjoy their retirement to the full.

I would also like to refer to the retirement of Dr. W. H. H. Jebb who has been either Deputy Director or Director of the Oxford Public Health Laboratory throughout most of my service as Medical Officer of Health. Collaboration between the Health Department and the Public Health Laboratory Service is of the greatest importance and I would like to pay tribute to Dr. Jebb and thank him for all the very great help he gave to the Department over many years.

Towards the end of the year, agreement was reached as to a restructuring of the senior staff in the public health inspectors and nursing sections of the Department. The result should give more efficient management with some financial saving.

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

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

Yours faithfully,

J. F. WARIN, *Medical Officer of Health*

SECTION I

A. COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Alderman WOODWARD

Vice-Chairman: Councillor Mrs GEE

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	Mrs. HAMILTON
,,	BROMLEY	,,	Mrs. SPOKES
,,	NIMMO	,,	MACBETH, M.A., D.M.
Councillor	ANDREWS	,,	WALSH
,,	Mrs. M. HOUGHTON Representing the Oxford County and City Executive Council		
	Mrs. M. MCCARTHY Representing the United Oxford Hospitals		

GENERAL PURPOSES SUB-COMMITTEE

Alderman WOODWARD	Alderman BROMLEY
Councillor Mrs. GEE	Councillor WALSH
Alderman Mrs. ANDREWS, M.B.E.	

COWLEY INDUSTRIES SUB-COMMITTEE

Alderman BROMLEY	Alderman WOODWARD
Alderman NIMMO	Councillor Mrs. GEE
	Councillor MACBETH, M.A., D.M.

Representatives of the Health Committee on City and County Joint Ambulance Committee

Alderman WOODWARD
Councillor ANDREWS
,, Mrs. GEE
,, MACBETH, M.A., D.M.
,, Mrs. SPOKES

Representatives of the Health Committee on Health Centres Joint Committee

Alderman WOODWARD
Councillor Mrs. GEE

HOUSING COMMITTEE

Chairman: Councillor BLAGROVE

Vice-Chairman: Councillor GRIFFITHS, M.A.

Alderman	FAGG	Councillor	Miss. HARVEY, B.A.
Alderman	INGRAM (Sheriff)	,,	LIDDLE
Councillor	BOWDERY	,,	Mrs. MCCARTHY
,,	FRASER, B.A.	,,	MERCER
,,	Mrs. GEE	,,	WILLIAMSON, M.A.
,,	Mrs. GREEN		

B. HEALTH DEPARTMENT STAFF

Medical Officer of Heath
J. F. WARIN, O.B.E., 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. (ceased 25.7.71)
J. S. RODGERS, M.B., Ch.B., D.P.H. (ceased 18.7.71)
P. HARKER, M.B., B.S., D.P.H. (from 19.7.71)

Departmental Medical Officers
DIANA E. GURD, M.B., Ch.B., (ceased 31.8.71)
CYNTHIA M. PHILLIPS, B.M., B.Ch. (part-time)
GILLIAN SLEIGHT, M.B., B.S. (part-time) (commenced 1.9.71)
PATIENCE CATHERINE BURN, M.B., B.S., Dip. in Child Health (part-time) (commenced 1.9.71)
J. A. MUIR GRAY, M.B. (commenced 16.8.71)

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., A.M.I.P.H.E. (*a*) (*b*) (*c*)

Deputy Chief Public Health Inspector
S. J. GARROD (*a*) (*b*) (*c*)

Senior Public Health Inspectors
P. F. ALLEN (*a*) (*c*) (*e*) (commenced 1.6.71)
R. CROSSLEY (*a*) Housing
K. O. KEIGHLEY (*a*)
N. I. MASON (*a*) Housing (commenced 1.8.71)
J. W. P. MULLARD (*a*)
J. G. SCOTT (*a*) (*c*) (*d*)
D. WATSON (*a*) (*c*) (ceased 4.7.71)

District Public Health Inspectors
K. R. DALTON (*a*) (Housing) (commenced 12/7/71)
I. P. GLISTER (*a*) (*c*)
I. F. KING (*a*) (*e*) (on full-time degree course)
D. J. TURNER (*a*)

Authorised Meat Inspector
P. G. ALLEN (ceased 12/9/71)

Techanical Assistants
D. G. CROSS, City & Guilds Certificate (ceased 23.7.71)
J. A. WIRDNAM, City & Guilds Certificate, Member of Institute of Boilermakers
R. S. F. BRANCH, Construction Technicians Course-Building-Part I. (commenced 13.9.71)
D. C. MOORE, O.N.C. Building Construction (commenced 27.9.71)

Pupil Public Health Inspectors
K. DALTON (ceased 9.7.71)
A. R. LONGFORD (commenced 6.9.71)
C. WILKINSON
Vacant (1)

Pest Control Officer
G. A. WILLIAMSON

Pest Control Operators
A. G. BARNSLEY
R. A. BECKETT

(*a*) Public Health Inspector's Diploma, Public Health Inspector's Educational Board.
Including:- Sanitary Inspector's Certificate,
Sanitary Inspector's Joint Board.
Public Health Inspector's Certificate,
Public Health Inspector's Joint Board.
Meat and Food Inspector's Certificate,
Royal Society of Health.
(*b*) Sanitary Science Certificate, Royal Society of Health
(*c*) Smoke Inspector's Certificate, Royal Society of Health
(*d*) Testamur of Institute Public Cleansing
(*e*) Diploma in Municipal Administration

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 N. CROOKALL (*a*) (*d*)
Miss D. BREE (*a*) (*c*) (*d*) (ceased 28.5.71)

Health Visitors
Miss E. J. BLACKLER (*a*) (*c*) (*d*)
Miss J. M. BOWYER (*a*) (*c*) (*d*)
Mrs. L. M. CHESTER (*a*) (*c*) (*d*) (*e*)
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*)
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) (ceased 13.8.71)
Miss H. RANKIN (*a*) (*c*) (*d*)
Miss B. J. M. ROBERTS (*a*) (*c*) (*d*)
Miss H. L. ROBINSON (*a*) (*c*) (*d*)
Miss D. R. TATTERSALL (*a*) (*c*) (*d*)
Mrs. S. H. CHINNOCK-JONES (*a*) (*d*) (commenced 1.10.71)
Mrs. M. E. WATT (*a*) (*c*) (*d*) (*e*) (part-time) (ceased 19.12.71)
Mrs. N. P. WELCH (*a*) (*d*) (part-time)
Miss P. V. YOUNG (*a*) (*c*) (*d*) (commenced 1.10.71)
Miss M. WITTEN-HANNAH (*a*) (*d*)

School Nurses: 4 (part-time)
Student Health Visitors: 1st year 5, 2nd year 4.

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 B. A. FALCONER (*a*) (*c*) (commenced 25.4.71)
Miss M. C. R. FISHER (*a*) (*c*) M.T.D.
Miss J. HEPWORTH (*a*) (*c*)
Miss C. HARVEY (*a*) (*c*)
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*) (ceased 11.5.71)
Miss V. A. STOLTON (*a*) (*c*)
Mrs. S. J. OAKEY (*a*) (*c*) (part-time)
Mrs. A. B. PARKINSON (*a*) (*c*) (part-time)
Mrs. B. C. WHEAL (*b*) (*c*) (in G. P. Unit)

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*) (ceased 31.12.71)
Miss E. W. TURRILL (*a*) (*e*) (*f*)
Miss B. MOSS (*a*) (*e*) (from 1.1.72)

District Nurses
Miss M. M. ASTIN (*a*) (*d*) (commenced 13.12.71)
Miss C. M. BELCHER (*a*) (*e*)
Miss J. BRADFORD (*a*) (commenced 28.6.71)
Mrs R. E. BUSFIELD (*a*) (*e*) (transferred to Health Visitor training)
Mrs. V. N. CARTER (*a*) (*c*) (*d*) (*e*)
Miss J. S. COOK (*a*) (*e*)

Mrs. B. E. Cox (*a*) (commenced 16.8.71)
Mrs. S. D. Dance (*a*) (*e*)
Miss C. M. Ely (*a*) (*c*) (*e*) (*f*) (ceased 10.4.71)
Mrs. D. L. Greaves (*a*) (commenced 13.12.71)
Miss C. W. M. Green (*a*) (*e*)
Mrs. I. M. Hutchinson (*b*)
Mrs. E. M. Medcraft (*b*) (*e*)
Mrs. D. M. Moore (*b*)
Mrs. B. E. Mosolf (*b*)
Miss B. M. Parker (*a*) (*e*)
Mrs. J. E. Ruston (*a*) (*e*) (ceased 31.1.71)
Mrs. J. E. Skeete (*a*) (*c*) (*e*) (ceased 31.1.71)
Miss L. G. Scott (*a*) (*c*) (*e*)
Mrs. L. J. Smith (*b*)
Mrs. D. P. Taylor (*a*) (commenced 11.1.71) (ceased 28.8.71)
Miss D. J. Wallbridge (*a*) (*e*) (commenced 22.2.71)
Miss M. E. Watts (*a*) (commenced 22.2.71)
Mrs. N. M. Wheeler (*a*) (*c*) (*e*)
Mrs. A. Wilkins (*a*) (*c*) (*e*)
Mrs. C. J. Woollam (*a*) (commenced 9.8.71)

Part-time District Nurses
Mrs. O. L. M. Allington (*a*) (commenced 6.9.71)
Mrs. J. Burden (*a*) (*e*)
Mrs. V. Harris (*a*) (*c*)
Mrs. A. Matchett (*a*)
Mrs. A. M. Finnigan (*a*) (commenced 11.10.71)
Mrs. F. Roper (*a*) (*e*) (transferred to Jericho H.C.)
Mrs. R. Wilson (*a*) (*c*)
Mrs. E. Winning (*a*) (ceased 23.11.71)

Nursing Aides (Part time)
Mrs. M. C. Andrews
Mr. M. Clarke
Mrs. E. Stafford
Mrs. O. Webster
Mrs. E. Woodley (ceased 31/12/71)
Mrs. S. Horsman
Mrs. C. A. Frost (commenced 4/1/71)
Mrs. D. A. Livingstone (commenced 14/6/71)

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)
Mrs. D. L. Fox, 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)
Mrs. E. D. Burnhope (*a*) (*e*) Surgery Nurse (Part-time)
Mrs. D. M. Francis, Surgery Nurse (*a*), (Commenced 1.11.71)
Mrs. K. Vines, (*a*) (*c*) Surgery Nurse (Part-time)
Mrs. S. Ward, Nursing Auxilliary (commenced 11.1.71)
Mrs. M. B. Burden, Nursing Auxilliary

Summertown
Mrs. J. S. Withers, Clerk/Receptionist (ceased 8.7.71)
Mrs. E. M. G. Ballance, Secretary/Receptionist (part-time from 22.11.71)
Mrs. I. Cripps, Clerk/Receptionist (Part-time) (ceased 5.7.71)
Miss J. C. McLintock, Clerk/Receptionist (commenced 2.8.71)
Mrs. J. D. Wheeler, Secretary/Receptionist (commenced 18.10.71)
Mrs. J. M. Davies, Clerk/Receptionist (part-time)

Jericho
Mrs. V. M. COATES, Clerk/Receptionist (commenced 24.5.71)
Mrs. M. A. KEDDIE, Clerk/Receptionist (commenced 24.5.71)
Mrs. K. D. KEMPSON, Clerk/Receptionist (commenced 24.5.71)
Mrs. J. R. HUMPHRIES, Clerk/Receptionist (commenced 24.5.71)
Mrs. M. ALLEN, Clerk/Receptionist (part-time) (commenced 24.5.71)
Miss S. P. OSTICK, Clerk/Receptionist (part-time) (commenced 24.5.71)
Mrs. I. CRIPPS, Clerk/Receptionist (part-time) (commenced 5.7.71)
Mrs. J. C. BUTLER, Surgery Nurse (*a*) (*e*) (part-time) (commenced 24.5.71)
Mrs. F. M. S. ROPER, Surgery Nurse (*a*) (*e*) (part-time) (commenced 24.5.71)

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

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

Senior Chiropodist
Mrs. F. LYON, M.Ch.S.

Occupational Therapists
Miss J. A. GOULD, S.R.O.T., Head Occupational Therapist
Mrs. R. DEACON. S.R.O.T., Senior Occupational Therapist
Miss W. E. HILL, S.R.O.T. Senior Occupational Therapist (commenced 11.1.71)

Medical Social Worker
Mrs. B. J. MERCER (Venereal Diseases) (Part-time)

Family Planning Organiser
Miss M. M. BAXENDALE (commenced 1.4.71)

Administration
H. G. ANNELY, Chief Administrative Assistant (Retired 31.3.71)
N. M. BAIRD, D.M.A., Chief Administrative Assistant (commenced 1.1.71)
T. D. THOMSON, Senior Administrative Assistant
W. J. GIBBS, Administrative Assistant (Finance)
H. C. BEEDLE, Administrative Assistant (Public Health Inspectors)
Miss M. V. CRABB, Medical Officer of Health's Secretary
Mrs. J. A. TAYLOR, Chief Public Health Inspector's Typist/Secretary
Miss H. M. MITCHELL, Clerical Assistant (Retired 31.8.71)
Mrs. R. J. V. CRAMMOND, Clerical Assistant (commenced 2.8.71) (ceased 19.12.71)
Mrs. S. BOARDMAN, Clerical Assistant (Statistics and Nursing Administration) (commenced 28.9.71)
Miss I. STONE, Clerical Assistant, (Immunisation & Vaccination)
Miss M. K. WELCH, Shorthand/Typist (Public Health Inspectors)
Mrs. D. DEVONPORT, Shorthand/Typist (Health Education) (Part-time)
Mrs. M. PETERS, Shorthand/Typist (Cervical Cytology)
Miss S. D. RICE, Shorthand/Typist (Health Administration)
R. P. WHITE, Telephone Operator

Clerks
Mrs. B. E. BARDEN, Cervical Cytology
Mrs. S. D. CLEMENTS, Chiropody
Miss N. M. JOHNSON, Health Visitors (Retired 31.10.71)
Miss L. M. GARRETT, Statistics and Nursing Administration (Part-time)
Miss E. MORGAN, Statistics & Nursing Administration
Miss A. J. CLUTTERBUCK, Vaccination & Immunisation
Mrs. G. A. BULL, Vaccination & Immunisation (Part-time)
Mrs. B. M. GRANT, Welfare Foods (ceased 5.12.71)
Mrs. G. HAGAN, Administration (Part-time)
Miss E. M. RICE, Administration
Mrs. S. E. BRIGGS, Public Health Inspectors
Miss S. M. HUTT, Public Health Inspectors

C. OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		Tel: No. Oxford
Headquarters	Greyfriars, Paradise Street	47212
Public Health Inspectors	Pembroke Street	49811
District Nurses' & Midwives Headquarters and Hostel	East Oxford Health, Centre, Cowley Road	40153
Blackbird Leys Health Centre	Blackbird Leys Road, Blackbird Leys	78244
	Main Surgery	
	Dr. Thomas Partnership	
	Branch Surgery	
	Dr. Laurie	
	Dr. Black	
	Dr. Lawrence	
	Dr. Dunnill	
	Dr. Stringfellow	
	Dr. James	
Donnington Clinic	Henley Avenue—	77203
	Main Surgery	
	Dr. Seaver Partnership	71313
	Branch Surgery	
	Dr. Richards	
	Dr. Laurie	
	Dr. Lawrence	
East Oxford Health Centre	Cowley Road—	40153
	Dr. Neill Partnership	42334
	Dr. Lawrence Partnership	42109
	Dr. Stringfellow Partnership	43050
Jericho Health Centre	Cranham Street—	52971
	Dr. Fraser Partnership	
	Dr. S. James Partnership	
	Dr. Barrett	
Northway Health Centre	Maltfield Road—	61068
	Branch Surgery	
	Dr. Dismorr	
	Dr. Kirkham	
	Dr. Kenworthy-Browne	
South Oxford Health Centre	Lake Street—	47996
	Branch Surgery	
	Dr. Strode	
	Dr. E. James	
Summertown Health Centre	160 Banbury Road—	57347
	Dr. Davies Partnership	
West Oxford Health Centre	Binsey Lane—	46496
	Branch Surgery	
	Dr. Bedford	46495
Wood Farm Health Centre	5th Avenue, Slade Park—	63593
	Branch Surgery	
	Dr. Balassa	63594
	Dr. Sherliker	
	Dr. Turner	
Domiciliary Occupational Therapy	12 Woodstock Road	52308
Ambulance Headquarters	Churchill Drive, Old Headington	61336

D. CLINICS

Clinics were held as follows:-

1. 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 2–4 p.m. Thursday 2–4 p.m. *Friday 2–3 p.m.
Church Hall, Bayswater Road, Headington	Wednesday 2–4 p.m.
Clinic Premises, Albert Street, St. Barnabas	Monday 2–4 p.m. *Wednesday 2–4 p.m.
Health Centre, South Oxford, Lake Street, Hinksey	*Tuesday 2–4 p.m. Friday 2–4 p.m.
Clinic Premises, Maltfield Road, Northway Estate	Thursday 2–4 p.m.
Clinic Premises, South Parade, Summertown	Tuesday 2–4 p.m. Thursday 10.00–12 noon
Clinic Premises, Temple Road, Cowley	Monday 2–4 p.m. *Tuesday 2–4 p.m. *Wednesday 9–11 a.m.
Community Centre, The Oval, Rose Hill	Thursday 2–4 p.m.
Donnington Clinic, Henley Avenue	Wednesday 2.30–3.30 p.m. *Friday 2–4 p.m.
Health Centre, Blackbird Leys Road (Closed 25.5.71) (Commenced 21.9.71)	*Tuesday 2–4 p.m. Tuesday 2–4 p.m. *Wednesday 2–4 p.m. *Thursday 2.30–4 p.m. *Friday 2–4 p.m.
Health Centre, East Oxford, Cowley Road	Monday 2–4 p.m. *Wednesday 2–4 p.m. *Thursday 2.30–4 p.m. *Friday 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.
Surgery Premises, 288 Iffley Road (Commenced 6.12.71)	*Alternate Mondays 2–4 p.m.

* General Practice Clinic

2. IMMUNISATION AND VACCINATION

Yellow Fever, Greyfriars, Paradise Street	Tuesday 2.00 p.m. (By Appointment)

3. DENTAL

East Oxford Health Centre, Cowley Road	(By Appointment)

4. CERVICAL CYTOLOGY

Bury Knowle House, Old High Street, Headington	Friday 10.30–12 noon Wednesday 2.00–3.45 p.m.
East Oxford Health Centre, Cowley Road	Tuesday 9.30–11.45 a.m.
Health Department, Greyfriars, Paradise Street	Wednesday 9.30–11.45 a.m.
Clinic South Parade, Summertown	Monday 2.00–3.45 p.m. Thursday 2.00–3.45 p.m.

All Clinics by appointment only

5. FAMILY PLANNING (Commenced 1. 7. 71)

Blackbird Leys Health Centre	Friday	4.30–6.30 p.m.
Cowley Child Health Clinic, Temple Road	Wednesday	1.30–3.30 p.m. (By appointment)
East Oxford Health Centre, Cowley Road Hospital	Monday	5.30–7.30 p.m. (By appointment)
Headington, Bury Knowle Child Health Clinic, Bury Knowle Park	Thursday	9.30–11.30 a.m. (By appointment)
Summertown Child Health Clinic, South Parade	Wednesday & Friday	9.30–11.30 a.m. (By appointment)
St. Barnabas Clinic, Albert Street	Tuesday	1.00–3.00 & 3.30–5.30 p.m. (By appointment)
Wood Farm Health Centre, Fifth Avenue, Slade Park	Tuesday	10.00–12.00 a.m. (By appointment)

YOUNG PEOPLES' ADVISORY SERVICE

East Oxford Health Centre, Cowley Road Hospital	Thursday	5.30–7.30 p.m. (By appointment)
Summertown Child Health Clinic, South Parade	Wednesday	7.00–9.00 p.m. (By appointment)

SECTION II

STATISTICS

Report prepared by N. M. Baird, D.M.A.,
Chief Administrative Assistant

Area of City	8,785 acres
Population (estimated mid year 1971)	110,630
Number of inhabited houses at 31.3.71	32,208
Rateable value of City at 31.3.71	£7,361,472
Product of 1p. rate for 1970/71	£69,915

Total cost of all health services for 1970/71:-

	Gross	Net
	£	£
Environmental Health Services	72,107	64,857
Health Services	341,945	245,883
	£414,052	£310,740

In addition to the above, the City Council's share of the net expenditure of the City and County Joint Ambulance Committee in 1970/71 was £92,157.

	City of Oxford		*England*
		Average	*and Wales*
	1971	*1961–70*	*1971*
Live births:—			
Number	1,407		783,165
Rate per 1000 population (recorded) ...	12.7	15.47	16.0
Rate per 1000 population (as adjusted by comparability factor 0.94)	11.9		16.0
Illegitimate live births per cent of total live births	12.0	11.23	8.0
Stillbirths:—			
Number	20		9,898
Rate per 1000 total live and stillbirths ...	14.0	10.56	12.0
Total live and stillbirths	1427		793,063
Infant deaths (deaths under 1 year) ...	28		13,726
Infant mortality rates:—			
Total infant deaths per 1000 live births ...	20.0	16.88	18.0
Legitimate infant deaths per 1000 legitimate live births	20.0	16.14	17.0
Illegitimate infant deaths per 1000 illegitimate live births	18.0	22.46	24.0

Neonatal mortality rate (deaths under 4 weeks per 1000 total live births) ...	10.0	11.56	12.0
Early neonatal mortality rate (deaths under 1 week per 1000 total live births) ...	10.0	10.18	10.0
Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths)	24.0	20.45	22.0
Maternal mortality (including abortion)			
Number of deaths	2		
Rate per 1000 total live and stillbirths ...	1.4	0.28	
Death rate per 1000 population (recorded)...	10.4	10.27	11.6
Death rate per 1000 population (as adjusted by comparability factor 0.94)	9.8		11.6

	City of Oxford	
	1971	*Average 1961–70*
Death rate per 1000 population from:—		
(a) Diseases of the heart and circulatory system	5.11	4.04
(b) Cancer (all forms)	1.90	2.02
(c) Influenza, Pneumonia, Bronchitis and other diseases of the respiratory system	1.33	1.42
(d) Tuberculosis (all forms)	0.05	0.04
(e) Violence (including suicides) ...	0.47	0.53

(a) BIRTHS

Of the 4,763 notified live births 1,362 were Oxford residents and 45 births to Oxford residents occurred outside the City, making a total of 1,407 births allocated to the City. Of these 1,237 were legitimate (627 male, 610 female) and 170 were illegitimate (86 male, 84 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) Registered Births

Total live births:—

Male	2,399
Female	2,353
	4,752
(Illegitimate	349)

	Resident		Non-resident	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	498	9	1,943	26
Born in Churchill Hospital ..	428	10	1,237	14
Born in General Practitioner Maternity Unit	330	—	236	—
Born in private houses	79	1	1	—
	1,335	20	3,417	40

(b) Notified Births

Resident		Non-resident	
Live births	Still-births	Live births	Still-births
1,362	20	3,401	40

CLASSIFICATION OF THE CAUSES OF DEATH

The table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,150 deaths (1,148 in 1970) 555 were male and 595 female.

Two deaths were directly attributable to tuberculosis of the respiratory system, one of which was a man aged 50 and the other a woman aged 38. Late effects of respiratory tuberculosis also accounted for two deaths, one in a man aged 72 and the other a woman aged 59 years.

Causes of death at different periods of Life in the City of Oxford during 1971

(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
B4	Enteritis & other Diarrhoeal Diseases	1	—	—	—	—	—	—	—	—	—	—	
B5	Respiratory tuberculosis	2	—	—	—	—	—	—	1	1	—	—	—
B6(1)	Late effects of respiratory tuberculosis	2	—	—	—	—	—	—	—	—	1	1	—
B6(2)	Other Tuberculosis	1	—	—	—	—	—	—	—	—	—	—	
B18	Other infective and parasitic diseases	1	—	—	—	—	—	—	—	—	—	—	
B19(1)	Malignant neoplasm, buccal cavity and pharynx	4	—	—	—	—	—	—	—	1	1	1	
B19(2)	Malignant neoplasm, oesophagus	5	—	—	—	—	—	—	—	—	2	1	
B19(3)	Malignant neoplasm, stomach ...	17	—	—	—	—	—	—	—	—	2	9	
B19(4)	Malignant neoplasm, intestine ...	37	—	—	—	—	—	—	—	2	10	9	16
B19(5)	Malignant neoplasm, larynx ...	2	—	—	—	—	—	—	—	—	1	1	—
B19(6)	Malignant neoplasm, lung, bronchus	55	—	—	—	—	—	—	2	4	18	23	8
B19(7)	Malignant neoplasm, breast ...	16	—	—	—	—	—	—	2	6	2	2	4
B19(8)	Malignant neoplasm, uterus ...	6	—	—	—	—	—	—	—	2	3	—	1
B19(9)	Malignant neoplasm, prostate ...	10	—	—	—	—	—	—	—	—	—	6	4
B19(10)	Leukaemia	10	—	—	—	—	1	—	1	1	—	4	3
B19(11)	Other malignant neoplasms ...	69	—	—	—	1	—	1	1	6	12	27	21
B20	Benign and unspecified neoplasms	3	—	—	—	—	—	—	—	1	1	—	1
B21	Diabetes mellitus	8	—	—	—	—	—	—	—	—	2	3	3
B46(1)	Other endocrine etc. diseases ...	3	—	1	—	—	—	—	—	—	—	1	1
B23	Anaemias	3	—	—	—	—	—	—	—	—	1	—	2
B46(3)	Mental Disorders	6	—	—	—	1	—	—	1	—	—	—	4
B46(4)	Multiple sclerosis	1	—	—	—	—	—	—	1	—	—	—	—
B46(5)	Other diseases of nervous system	14	—	—	—	1	—	—	—	—	2	4	7
B26	Chronic rheumatic heart disease	12	—	—	—	—	—	—	—	2	1	5	4
B27	Hypertensive disease	9	—	—	—	—	—	—	—	—	—	2	7
B28	Ischaemic heart disease	291	—	—	—	—	—	—	5	16	48	73	149
B29	Other forms of heart disease	39	—	—	—	—	1	—	1	—	2	5	30
B30	Cerebro-vascular disease	156	—	—	—	—	—	—	—	4	19	33	100
B46(6)	Other diseases of circulatory system	68	—	—	—	—	—	—	2	—	3	14	49
B32	Pneumonia	88	—	—	—	1	—	—	—	1	—	12	74
B33(1)	Bronchitis and emphysema ...	48	—	—	—	1	—	—	—	2	9	15	21
B33(2)	Asthma	3	—	—	—	—	—	—	—	1	1	1	—
B46(7)	Other diseases of respiratory system	11	—	3	—	—	1	—	—	—	1	2	4
B34	Peptic ulcer	6	—	—	—	—	1	—	—	—	—	1	4
B36	Intestinal obstruction and hernia	7	—	1	—	—	—	—	—	—	1	1	4
B37	Cirrhosis of liver	1	—	—	—	—	—	—	—	—	1	—	—
B46(8)	Other diseases of digestive system	19	—	—	—	—	—	—	2	1	3	3	10
B38	Nephritis and nephrosis	7	—	—	—	—	—	—	—	—	—	2	5
B39	Hyperplasia of prostate	1	—	—	—	—	—	—	—	—	—	—	1
B46(9)	Other diseases of genito-urinary system	8	—	—	—	—	—	—	—	—	—	1	7
B41	Other Complications of Pregnancy, etc.	2	—	—	—	—	1	—	1	—	—	—	—
B46(10)	Diseases of skin, subcutaneous tissue	1	—	—	—	—	—	—	—	—	—	—	1
B46(11)	Diseases of musculo-skeletal system	3	—	—	—	—	—	—	—	—	—	—	3
B42	Congenital anomalies	13	2	6	2	1	—	1	—	—	1	—	—
B43	Birth injury, difficult labour, etc.	8	8	—	—	—	—	—	—	—	—	—	—
B44	Other causes of perinatal mortality	4	4	—	—	—	—	—	—	—	—	—	—
B45	Symptoms and ill-defined conditions	12	—	3	—	1	—	—	—	—	—	—	8
BE47	Motor vehicle accidents	17	—	—	—	1	2	1	1	—	7	4	1
BE48	All other accidents	24	—	—	—	—	2	—	—	—	2	4	16
BE49	Suicide and self-inflicted injuries	11	—	—	—	—	2	2	2	—	—	4	1
BE50	All other external causes ...	5	—	—	—	1	—	2	1	—	1	—	—

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—1971

ear	Population estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncorrected No.	Net				of Non-residents registered in the District	of Residents not registered in the District	Under 1 year		At all ages	
			No.	Rate	No.	Rate			No.	Rate per 1,000 Net Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
23	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.42
24	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
25	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
26	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
27	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
28	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
29	*70,730 70,590	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
30	*74,000 73,810	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
31	*80,810 80,530	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
32	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
33	83,410	1460	1140	13.67	1086	13.03	220	59	37	32.46	925	11.09
34	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.09
35	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
36	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
37	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
38	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
39	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.87
40	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
41	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
42	104,600	3124	1615	15.41	1480	14.51	519	59	54	33.5	1020	9.75
43	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.53
44	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
45	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
46	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
47	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
48	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.63
49	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
50	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
51	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45
52	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.93
53	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.36
54	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9.17
55	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9.50
56	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10.33
57 †	104,400 104,230	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9.96
58	104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10.15
59	104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	10.74
60	104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	10.08
61	106,410	3828	1695	15.93	1781	16.74	760	44	30	17.70	1065	10.01
62	106,560	3966	1695	15.91	1893	17.76	788	57	28	16.92	1162	10.93
63	107,110	4283	1842	17.20	1971	18.40	897	59	27	14.66	1133	10.58
64	108,880	4438	1872	17.19	1899	17.44	869	61	34	18.16	1091	10.02
65	109,320	4553	1805	16.51	1994	18.24	1000	55	31	17.71	1049	9.60
66	109,510	4636	1723	15.73	1988	18.15	934	51	28	16.25	1105	10.09
67	109,350	4686	1687	15.43	1915	17.51	918	61	25	14.82	1058	9.68
68	110,050	4742	1560	14.17	2088	18.97	973	75	21	13.46	1190	10.81
69	109,720	4630	1523	13.9	2156	19.65	1062	61	32	21.0	1155	10.5
70	109,330	4762	1384	12.7	2128	19.37	1036	56	26	19.0	1148	10.5
71	110,630	4763	1407	12.7	2176	19.67	1091	60	28	20.0	1150	10.4

*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 were fewer deaths in the respiratory diseases group, possibly due to the absence of any large scale influenza epidemic this year, as shown in the following table:—

	1970	*1971*
Influenza	12	—
Pneumonia	90	88
Bronchitis and emphysema	66	48
Other diseases of respiratory system ...	15	11
	183	147

Deaths from cancer (all sites) numbered 221 compared with 238 in 1970. Deaths from cancer of the lung and bronchus numbered 55 (43 male and 12 female), an increase of 3 over the previous year.

Two maternal deaths occurred. There were no deaths from measles or whooping cough.

Residents who Died in Institutions in Oxford

	1971
United Oxford Hospitals	610
Oxford Regional Hospital Board Group	8
Nursing Homes and other Institutions	26
Old People's Homes (Local Health Authority)	64
Old People's Homes (Private)	13
	*721

* = 33.1% of total deaths

Residents who Died away from Oxford

	1971
Regional Hospital Board Group	21
Nursing Homes and other Institutions	19
Private Houses	14
Accidents etc.	6
	60

Non-residents who Died in Oxford

	1971
United Oxford Hospitals Group	982
Oxford Regional Hospital Board Group	16
Nursing Homes and other Institutions	17
Private Houses	8
Accidents, etc.	68
	1,091

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 ..	118	—	—	—	—	—	1	3	6	27	52	29
Female ..	103	—	—	—	1	—	—	2	15	24	27	34
	221	—	—	—	1	—	1	5	21	51	79	63

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	1
Oesophagus ..	—	—	—	—	—	—	—	—	—	1	2
Stomach ..	—	—	—	—	—	—	—	—	2	6	5
Intestine	—	—	—	—	—	—	—	2	5	6	4
Larynx	—	—	—	—	—	—	—	—	1	1	—
Lung, bronchus ..	—	—	—	—	—	—	2	1	13	19	8
Prostate	—	—	—	—	—	—	—	—	—	6	4
Other sites ..	—	—	—	—	—	1	1	3	5	12	5
	—	—	—	—	—	1	3	6	27	52	29

Female

	Under 4 weeks	4 wks. & under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—
Buccal cavity and pharynx ..	—	—	—	—	—	—	—	1	—	—	—
Oesophagus ..	—	—	—	—	—	—	—	—	2	—	—
Stomach	—	—	—	—	—	—	—	—	—	3	1
Intestine	—	—	—	—	—	—	—	—	5	3	12
Lung, bronchus ..	—	—	—	—	—	—	—	3	5	4	—
Breast	—	—	—	—	—	—	2	6	2	2	4
Uterus	—	—	—	—	—	—	—	2	3	—	1
Other sites ..	—	—	—	1	—	—	—	3	7	15	16
	—	—	—	1	—	—	2	15	24	27	34

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

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969*	1970	1971
Buccal cavity and pharynx—												
Male ..	—	—	—	—	—	—	—	—	—	1	2	3
Female ..	—	—	—	—	—	—	—	—	—	—	—	1
Oesphagus—												
Male ..	—	—	—	—	—	—	—	—	—	2	2	3
Female ..	—	—	—	—	—	—	—	—	—	2	3	2
Stomach—												
Male ..	17	21	13	17	16	10	8	17	16	14	12	13
Female ..	16	12	15	18	13	8	9	7	8	13	10	4
Intestine—												
Male ..	—	—	—	—	—	—	—	—	—	16	18	17
Female ..	—	—	—	—	—	—	—	—	—	28	23	20
Larynx—												
Male ..	—	—	—	—	—	—	—	—	—	2	1	2
Female ..	—	—	—	—	—	—	—	—	—	—	—	—
Lung, bronchus—												
Male ..	40	44	53	37	44	39	45	48	46	49	45	43
Female ..	6	11	9	8	18	13	12	12	6	8	7	12
Breast ..	17	27	21	22	21	12	19	27	20	28	24	16
Uterus ..	8	4	5	8	5	7	7	11	5	7	4	6
Prostate ..	—	—	—	—	—	—	—	—	—	3	13	10
Other sites—												
Male ..	56	48	60	52	52	49	57	76	50	27	37	27
Female ..	48	47	48	42	51	56	60	51	52	33	37	42
	208	214	224	204	220	194	217	249	203	233	238	221

*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	262	—	—	—	—	1	—	6	16	58	73	108
Female	313	—	—	—	—	—	—	2	6	15	59	231
	575	—	—	—	—	1	—	8	22	73	132	339

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	—	—	—	—	—	—	4	13	39	49	57
Chronic rheumatic heart disease	—	—	—	—	—	—	—	1	1	2	—
Hypertensive disease	—	—	—	—	—	—	—	—	—	1	3
Other forms of heart disease	—	—	—	—	1	—	—	—	2	2	7
Cerebro-vascular disease	—	—	—	—	—	—	—	2	15	14	26
Other diseases of circulatory system	—	—	—	—	—	—	2	—	1	5	15
	—	—	—	—	1	—	6	16	58	73	108

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	3	9	24	92
Chronic rheumatic heart disease	—	—	—	—	—	—	—	1	—	3	4
Hypertensive disease	—	—	—	—	—	—	—	—	—	1	4
Other forms of heart disease	—	—	—	—	—	—	1	—	—	3	23
Cerebro-vascular disease	—	—	—	—	—	—	—	2	4	19	74
Other diseases of circulatory system	—	—	—	—	—	—	—	—	2	9	34
	—	—	—	—	—	—	2	6	15	59	231

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

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Coronary or ischaemic heart disease—												
Male	112	118	120	139	130	155	161	135	185	151	173	162
Female	89	100	111	107	90	121	127	101	160	136	124	129
Chronic rheumatic heart disease—												
Male	—	—	—	—	—	—	—	—	6	6	4	4
Female	—	—	—	—	—	—	—	—	6	13	6	8
Hypertensive disease—												
Male	9	2	6	8	11	2	—	5	7	7	5	4
Female	12	9	6	11	12	2	5	3	5	9	2	5
Other forms of heart disease—												
Male	36	34	38	25	27	33	26	25	21	19	11	12
Female	56	62	69	70	44	44	41	55	24	12	25	27
Cerebro-vascular disease—												
Male	66	54	69	42	53	36	40	44	61	40	49	57
Female	109	83	103	82	87	66	68	76	94	99	98	99
Other diseases of circulatory system—												
Male	19	17	23	30	18	18	17	18	22	22	24	23
Female	35	23	15	34	32	40	29	21	30	31	29	45
	543	502	560	548	504	517	514	483	621	545	550	575

HOSPITALISATION OF OXFORD RESIDENTS

A Report from the Oxford Record Linkage Study

by Dr. John S. Rodgers

As in previous years, details of the hospital discharges of Oxford residents have been studied. From this interesting information some selection has been made, and graphs prepared to show trends in incidence of certain diseases which are important in terms of morbidity, and also of possible prevention. It is possible, for all the diseases selected, to apply accepted preventive measures and then an analysis of trends over several years could be used as a measure of the effectiveness of health education in altering some of the habits of the general public.

The figures and graphs show only episodes of inpatient hospital care for each of the diseases, and can only be seen as an indirect measure of the health of a community. Changes in treatment from inpatient to outpatient or community care could alter the rates expressed just as much as changes in the incidence of disease, so that the figures and graphs must be approached with caution.

General Morbidity

The tables and graphs show the trends for certain specific disease groups from 1967 to 1970. Rates are expressed per 1,000 of the male and female population.

Maternity

The changes in the place of booking for all births to mothers resident in Oxford is shown in graph 1. The total numbers have continued to decline, though the trend towards institutional confinement has continued. It is still somewhat disturbing to find 8.3% of all high risk cases booked for a home confinement (table I).

Abortions (graph II)

There has been a very large increase in the number of therapeutic abortions performed under the Abortion Act 1968. In 1970 therapeutic abortions totalled 12.9 per 1,000 women aged 15 to 50 years which is a very high rate and the efficiency of the family planning service will need to be measured against this figure.

Malignant disease (graph III)

A slow decrease in the rate of hospital discharge for cancer of the bronchus in men, is matched by a rise in the rate for women, a trend which has been noticed nationally in recent years. A significant decrease in the rate

for cancer of the breast in women may demonstrate a true decrease in incidence of the disease, or fewer admissions per case, which may reflect earlier diagnosis and treatment. The rates of discharge for cervical carcinoma has increased, but the trend over several more years must be analysed before the efficiency of the cervical screening programme can be fully assessed.

Neurotic depression and alcoholism (graph IV)

In 1970 there was a marked increase in the number of male patients discharged with a diagnosis of neurotic depression, and a smaller rise for women. The rates for discharge for alcoholism remained very similar to the previous year.

Coronary artery disease (graph V)

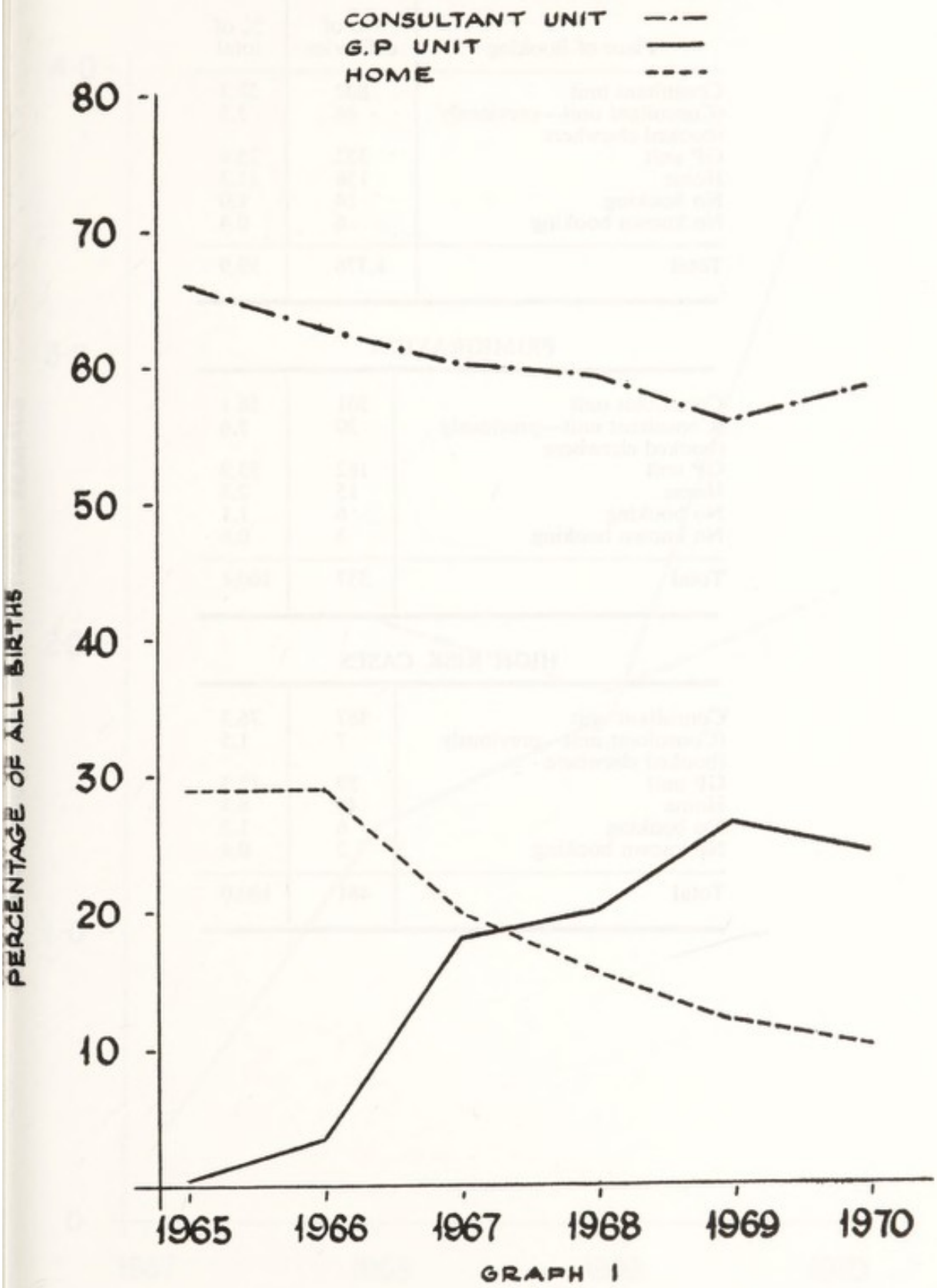
The discharge rates for diseases under this general heading did not differ significantly from previous years. These diseases remain one of the most important causes of death and disability in middle age. There is much disagreement as to the cause of the primary arterial defect, so that preventive measures probably rely on the old maxim of moderation, in terms of food, work and exercise.

Accidents, Violence and Poisoning (Graphs VI and VII and Table II)

Discharge rates under this heading fell during 1970, but this may only reflect the seriousness of accidents, in terms of the necessity for admission, rather than the total incidence. Normal hospital practice dictates admission for most cases of poisoning, so that here the decrease in 1970 is probably significant. It is not possible from the available data to separate self poisoning from accidental poisoning, but most cases are probably in the former category.

WILFRED COMBEY, CHIEF PUBLIC HEALTH INSPECTOR, 1950 – 1971

MOTHERS RESIDENT IN OXFORD C.B. BIRTHS BY PLACE OF BOOKING.



GRAPH 1

Table I

Mothers resident in Oxford C.B.C. 1970

ALL BIRTHS

Place of Booking	No of deliveries	% of total
Consultant unit	802	58.3
(Consultant unit—previously (booked elsewhere	46	3.3
GP unit	352	25.6
Home	156	11.3
No booking	14	1.0
No known booking	6	0.4
Total	1,376	99.9

PRIMIGRAVIDA

Consultant unit	301	56.1
(Consultant unit—previously (booked elsewhere	30	5.6
GP unit	182	33.9
Home	15	2.8
No booking	6	1.1
No known booking	3	0.6
Total	537	100.1

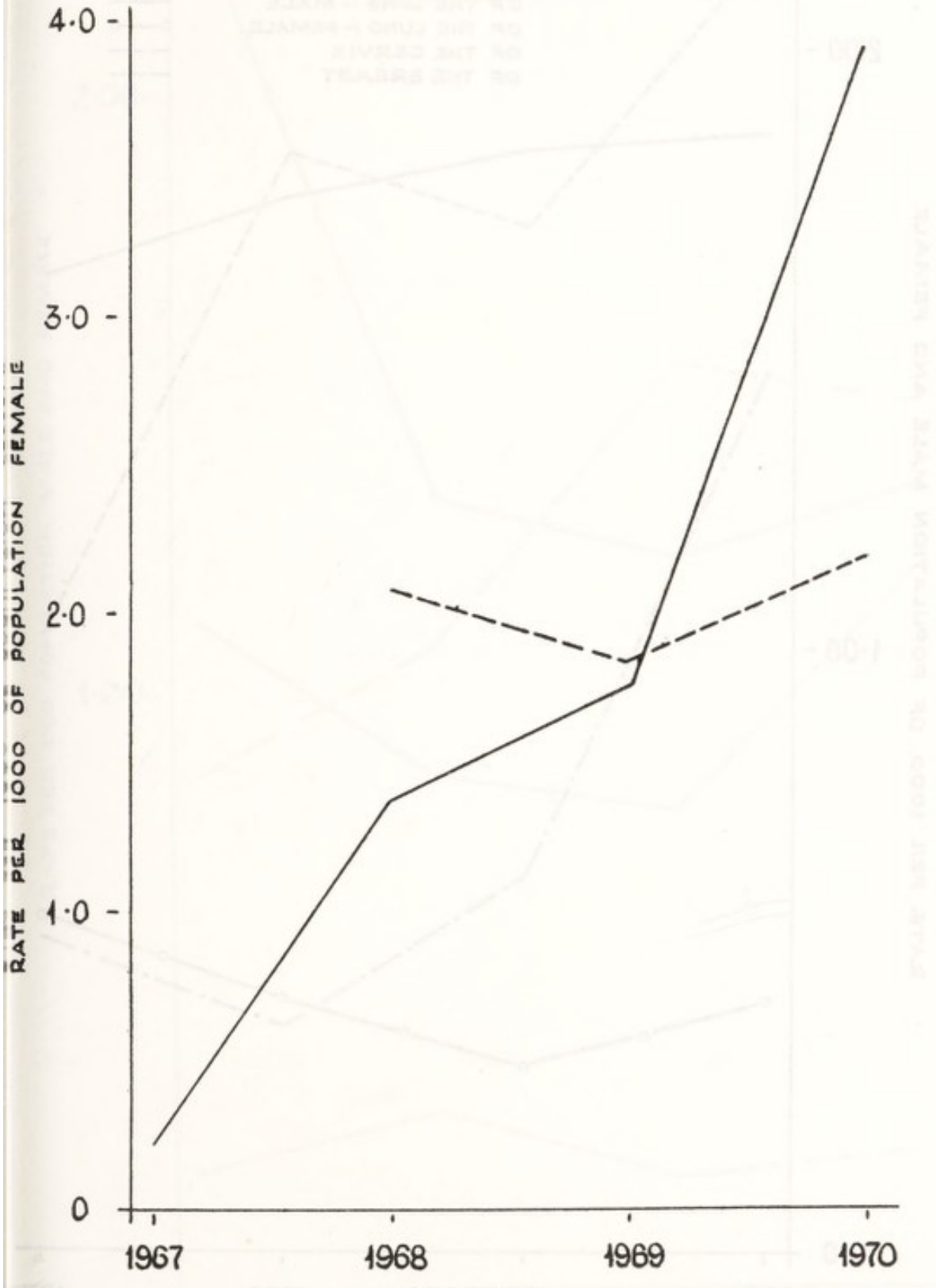
HIGH RISK CASES

Consultant unit	367	76.3
(Consultant unit—previously (booked elsewhere	7	1.5
GP unit	59	12.3
Home	40	8.3
No booking	6	1.2
No known booking	2	0.4
Total	481	100.0

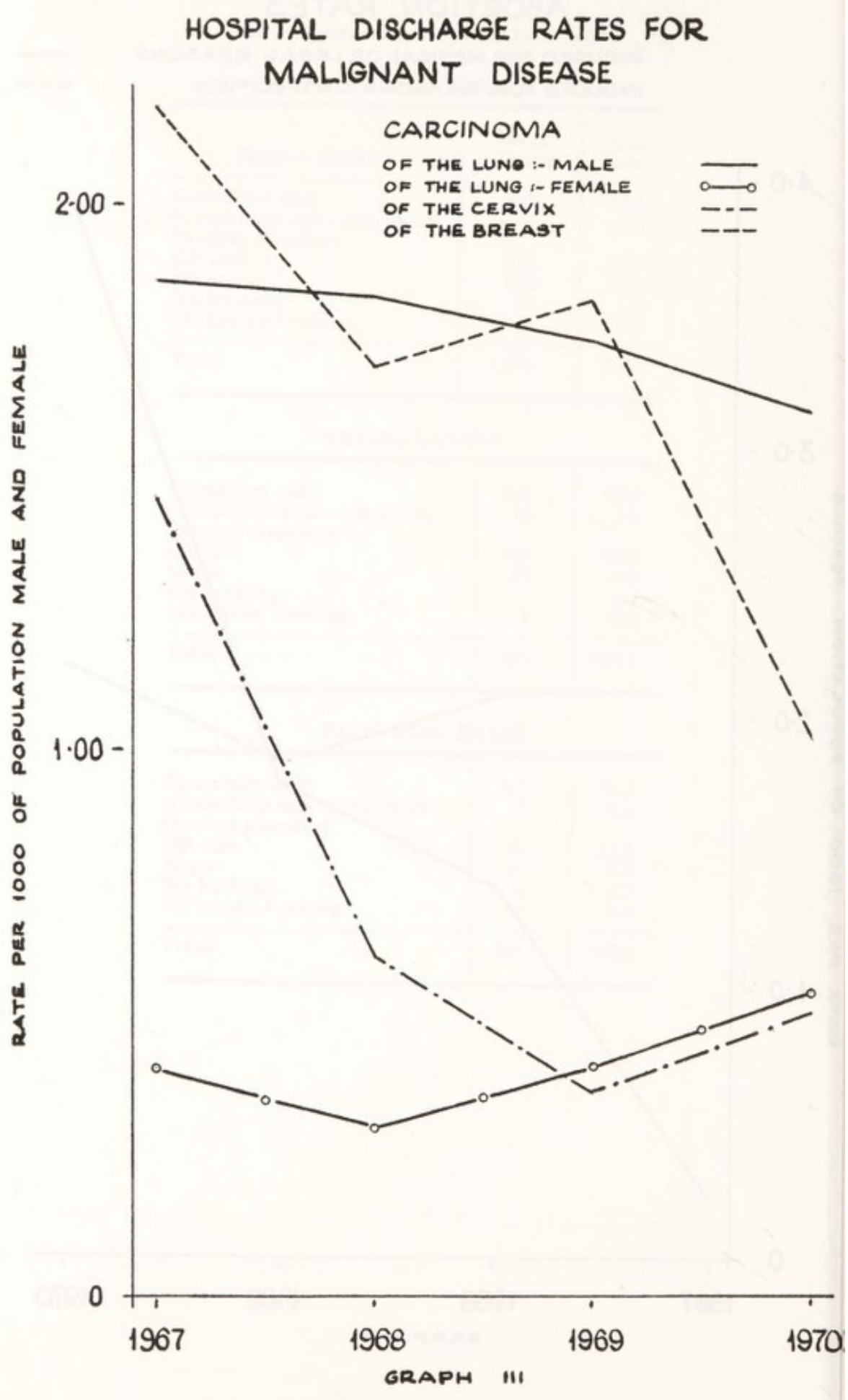
ABORTION RATES

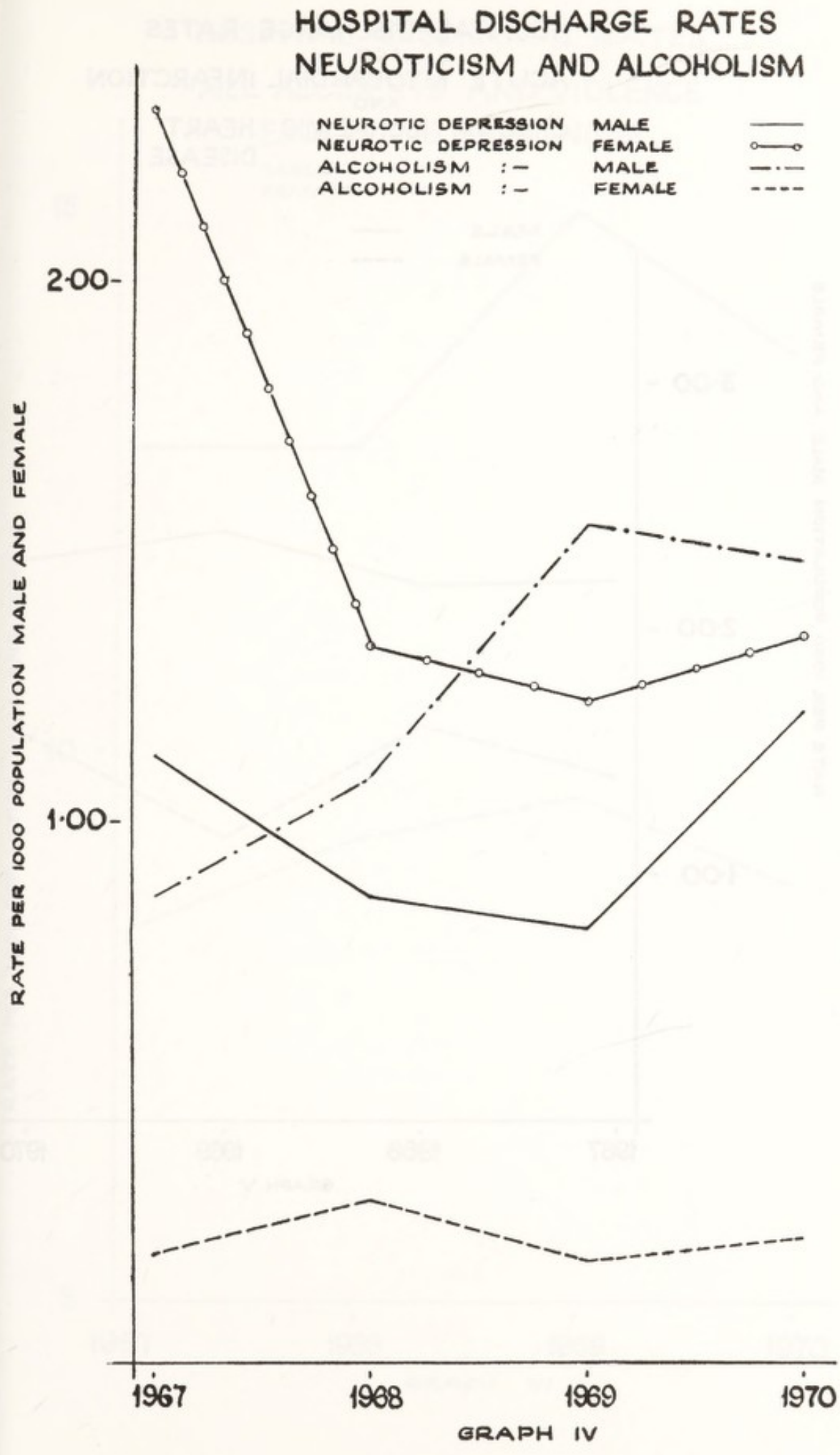
INDUCED FOR MEDICAL OR LEGAL REASONS ——

INDUCED FOR REASONS UNSPECIFIED - - - -

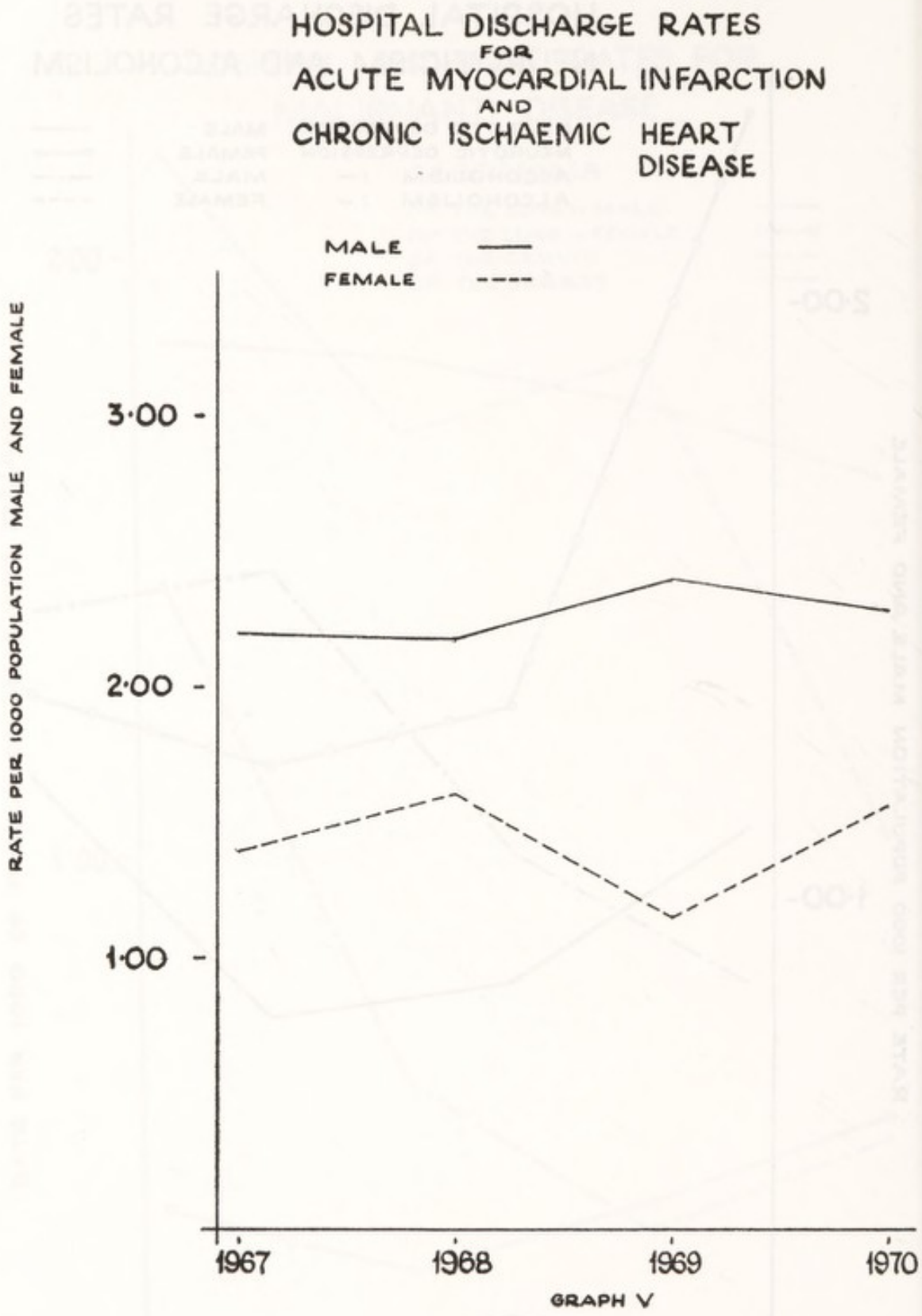


GRAPH II

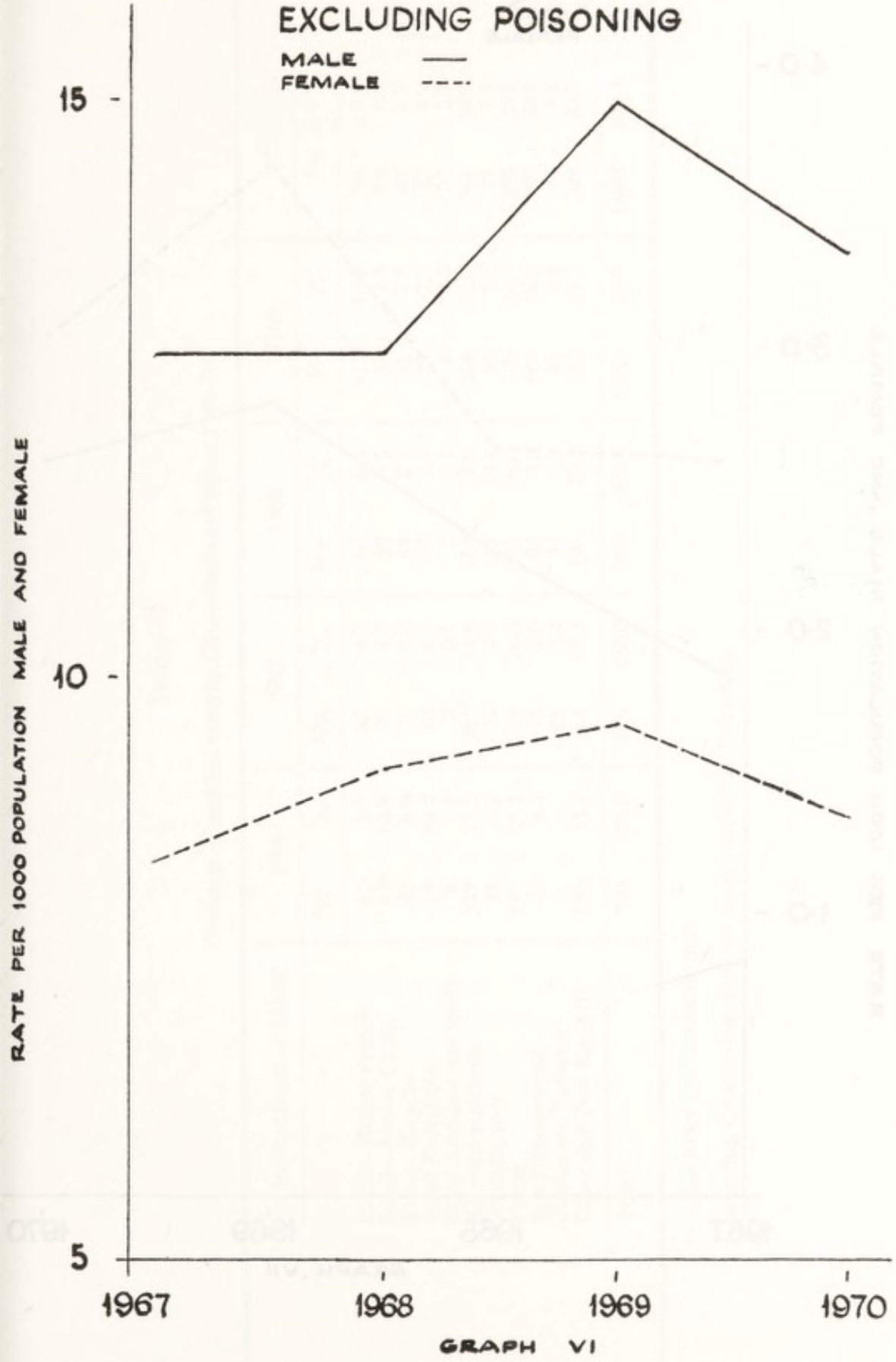

HOSPITAL DISCHARGE RATES FOR MALIGNANT DISEASE
CARCINOMA
OF THE LUNG :- MALE
OF THE LUNG :- FEMALE
OF THE CERVIX
OF THE BREAST
2·00
1·00
0
RATE PER 1000 OF POPULATION MALE AND FEMALE
1967
1968
1969
1970
GRAPH III


HOSPITAL DISCHARGE RATES
NEUROTICISM AND ALCOHOLISM
NEUROTIC DEPRESSION MALE
NEUROTIC DEPRESSION FEMALE
ALCOHOLISM :- MALE
ALCOHOLISM :- FEMALE
2·00-
1·00-
RATE PER 1000 POPULATION MALE AND FEMALE
1967
1968
1969
1970

GRAPH IV

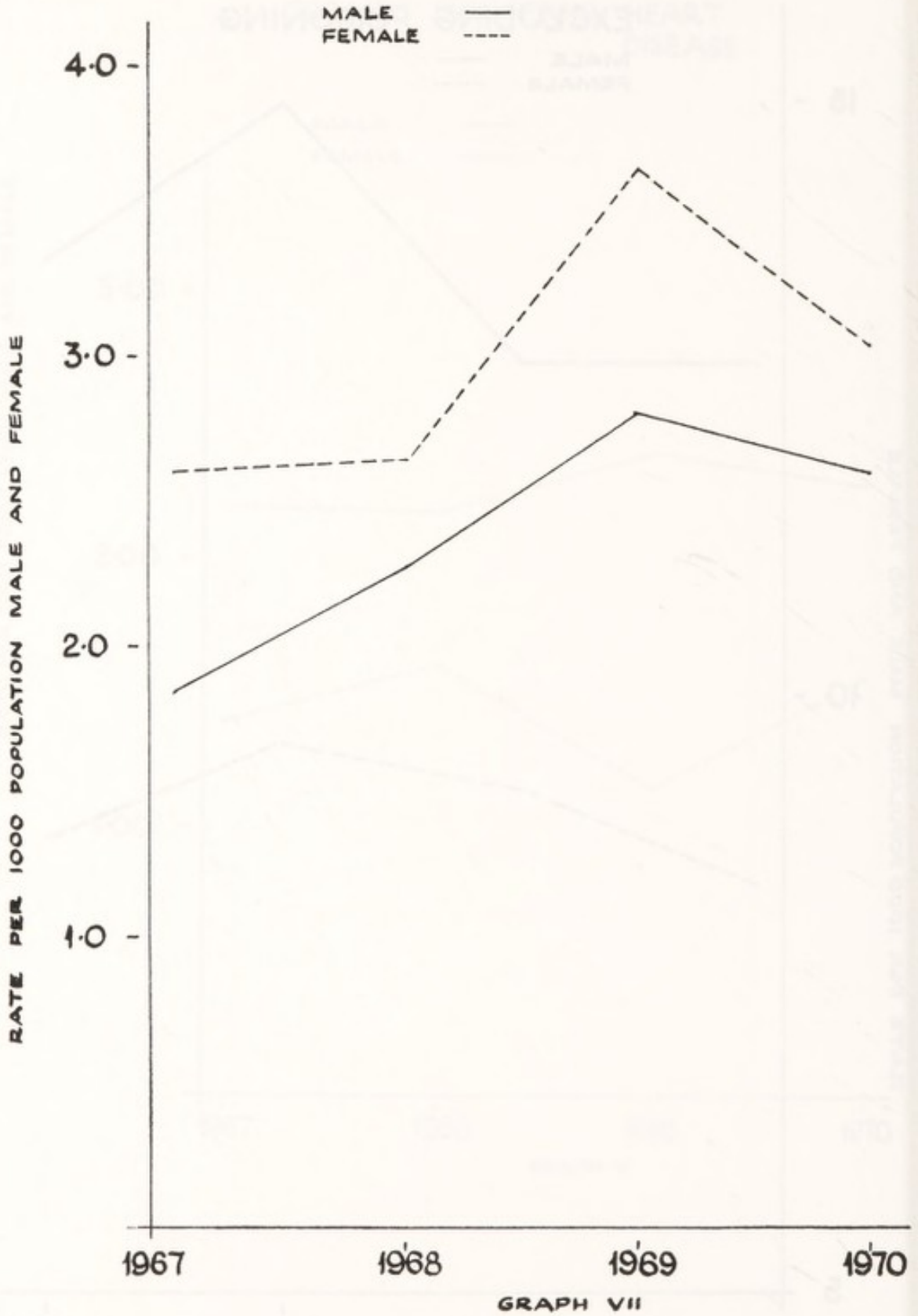

HOSPITAL DISCHARGE RATES
FOR
ACUTE MYOCARDIAL INFARCTION
AND
CHRONIC ISCHAEMIC HEART
DISEASE
MALE
FEMALE
RATE PER 1000 POPULATION MALE AND FEMALE
3·00
2·00
1·00
1967
1968
1969
1970
GRAPH V

HOSPITAL DISCHARGE RATES FOR ALL ACCIDENTS AND VIOLENCE EXCLUDING POISONING



GRAPH VI

HOSPITAL DISCHARGE RATES FOR POISONING



GRAPH VII

TABLE II

Discharge of accident cases by Circumstances of Injury 1966–70

Circumstances of Injury	1966		1967		1968		1969		1970	
	No.	%	No.	%	No.	%	No.	%	No.	%
Road—Motor Vehicle	65	8.7	80	9.2	80	8.3	115	10.5	96	9.6
Road—Motor Cycle	81	10.9	76	8.7	50	5.2	83	7.6	64	6.4
Road—Bicycle	45	6.0	71	8.2	84	8.7	81	7.4	87	8.7
Road Pedestrian	78	10.5	70	8.1	67	6.9	79	7.2	87	8.7
Road Accident not traffic	8	1.1	5	0.6	7	0.7	8	0.7	27	2.7
All road accidents	277	37.2	302	34.8	288	29.8	366	33.5	361	36.1
Work/School	51	6.9	79	9.1	105	10.8	93	8.5	78	7.8
Home	187	25.2	228	26.2	252	26.0	270	24.7	200	20.0
Sport/Playground	48	6.5	78	9.0	91	9.4	119	10.9	109	10.9
Deliberate Violence*	—	—	21	2.4	37	3.8	41	3.8	48	4.8
Other and Not Known†	180	24.2	161	18.5	196	20.2	202	18.5	207	20.7
Total	743	100.0	869	100.0	969	100.0	1,091	99.9	1,003	100.3

* Coded from 1967 onwards only.

† Including Concussion, Foreign Body; excluding Poisoning.

SECTION III

HEALTH CENTRES

Report by Dr. E. P. LAWRENCE,
Deputy Medical Officer of Health

Section 21 of the National Health Service Act of 1946 lays a duty on local authorities to provide, equip and maintain health centres to meet the needs of all or any of the three branches of the National Health Service. Professor Wofinden of Bristol defines a health centre as "a field base functionally designed for a group of professional people, each with varied skills, to work together as a team whose objective should be the prevention of illness, the early detection of physical or mental ill health and the speedy restoration of the sick to as sound a state of health as possible." So far Oxford has led the field with eight health centres in use at the end of of the year—one more than Bristol, our nearest rival, and two more than Birmingham. In Oxford just over half the general practitioners—55%—work wholly or partly from health centres. Unfortunately, whilst achieving some measure of success in opening a rapid succession of health centres in the past four years, the administrative machine necessary to keep them running efficiently has not kept pace and is now overloaded to the point of breakdown. There is simply not enough clerical and administrative staff time to service our existing centres as well as plan new ones. There is a very real and pressing need for a health centre administrator to co-ordinate services, supervise the day to day running, evaluate the service provided, and plan new ventures in existing centres. Such a person would also be invaluable in the detailed planning of new centres. It is to be hoped that this need for an additional post will be met before our centres start to run down.

When the Director of Social Services attended a recent meeting of the Local Medical Committee, general practitioners urged her to attach social workers to the domiciliary team, but so far little progress has been made. At all centres a room could be made available for a social worker to interview clients, and at two centres a room has been specifically allotted for this purpose, but Blackbird Leys is the only one so used. It would be a very worthwhile step for a social worker to be attached to each group of doctors working from a health centre as a practical demonstration that the health and social services should work together.

An interesting development has been the increasing amount of work undertaken in treatment rooms. Not only do the doctors and nurses enjoy facilities to use their respective skills to the full, but the need for patients to

attend the hospital casualty department is reduced. This is popular with patients and saves the hospital a considerable amount of work.

Ten parties of visitors were shown round our health centres during the year, including, on separate occasions, both Senator Edward Kennedy and Dr. Egeberg, President Nixon's Medical Adviser. In December members of the Health Committee visited Summertown, Blackbird Leys and East Oxford.

(1) *Blackbird Leys* (Opened 1960, Extended 1965)

This busy health centre serves a population of about 9,000 in a new housing estate and provides a main surgery for a partnership of two full time principals, plus a part-time assistant, as well as a branch surgery for five other practices. The building contains four surgeries but no examination rooms. There is a small treatment room where the district nurse sees patients daily and a new venture has been a weekly minor operation session attended by two doctors, one of whom gives general anaesthetics. There is a room for social workers which is used regularly by the Social Services Department and an office for the three attached health visitors who are based at Blackbird Leys.

(2) *East Oxford* (Opened 1967, Extended 1971)

An extension was built during the summer as a self-financing scheme to provide urgently needed extra surgery and office accommodation for the two existing practices, each of four doctors. Also, part of the local authority dental accommodation upstairs was adapted to provide a surgery, health visitor's room and reception office for a third partnership of two practitioners. As a result, ten doctors now practice from this health centre serving about 23,000 patients—over a fifth of the City's population. There are seven surgeries, four examination rooms and three health visitors' offices. Each of the three practices has its own waiting room and receptionist's office, an arrangement that has posed considerable problems regarding the provision of an adequate telephone system.

The treatment room is very busy and serves all three practices. It is staffed by three part-time surgery nurses and two part time nursing auxiliaries. Minor operations are carried out and general anaesthetics are given. The work carried out by the doctors over the past four years is shown in the following table:—

East Oxford Health Centre Treatment Room
Minor Operations

	1968	1969	1970	1971
Drainage of abscesses	27	22	33	39
Incision of septic fingers, paronychia	10	12	16	16
Ingrowing toe nails	9	14	14	11
Excision of warts and verrucas	48	97	112	109
Excision of sebaceous cysts	13	14	14	34
Lacerations—toilet and suture	1	9	8	15
Intra uterine contraceptive devices	27	38	34	77
Injection of varicose veins	—	—	—	34
Other procedures	15	17	32	40
Total	150	223	263	375
Operations under local anaesthetic	35	71	81	139
Operations under general anaesthetic	87	113	145	114

In addition Surgery nurses carried out the work shown in the following table:

	1970	1971
Injections	2,877	3,167
Dressings	2,000	2,675
Ear, nose and throat	509	540
Orthopaedic	201	341
Ophthalmic	60	71
Others	50	118
Total treatments	5,697	6,912
Total new patients	3,072	3,419

(3) *Summertown* (Opened 1967)

A partnership of four doctors, with one assistant, provide services for about 10,000 patients from this health centre which is a converted private house. During the year, the layout was reorganised to provide a much larger office for the receptionist staff. There are four surgeries, a health visitors' office and a treatment room. The arrangement by which the district nurse attends to patients for a short period each day has been found to be inadequate for the number of patients requiring treatment, so a part-time surgery nurse will be employed in 1972. The construction of the Marston Ferry Link road caused considerable noise and disturbance but is fortunately now complete. The car park has had to be enlarged as street parking outside the health centre is no longer possible.

(4) *West Oxford* (Opened 1969)

This small, purpose built extension to the Community Association building has continued to function very successfully and provides a branch surgery for one practice as well as local authority clinics. The practice health visitor is based at the health centre.

(5) *Wood Farm* (Opened 1969)

This building provides branch surgery facilities for one practice as well as accommodation for local authority child health and chiropody clinics and a daily play group. The building serves as headquarters for the practice health visitor. There are two surgeries and an examination room as well as health visitor's office, waiting room and large clinic space.

(6) *Northway* (Opened 1955, designated a health centre, 1971)

This building has been used by two practices as a branch surgery since 1958 as well as providing local authority clinic facilities. It has now reached the stage of needing refurnishing to bring it up to a standard comparable with other centres and it is hoped this can be done in 1972.

(7) *South Oxford* (Opened 1966, designated a health centre, 1971)

This building, a very successful adaptation and extension of former slipper baths, provides accommodation for local authority clinics, a general practitioner branch surgery, the practice health visitor and an active voluntary association play group for the mentally handicapped.

(8) *Jericho* (Opened June 1971)

This new centre was completed and occupied in June. On November 4th the centre was officially opened by Dr. G.I. Watson, O.B.E., M.A., M.D., President of the Royal College of General Practitioners, in the presence of the Lord Mayor, members of the Health Committee and many others actively concerned with its creation. Dr. Watson gave the following opening address:

"When the National Health Service began, general practice was carried out almost entirely from the doctor's private residence. Few buildings in 1948 apart from hospitals and laboratories could be wholly identified with the medical services. In the 1950's a few partnerships built at their own expense special premises separated from their own homes. Their patients liked the new arrangements and so did their staff and so did the doctors' wives who were released in part from their thankless unpaid task of manning the practice 'phone. As costs increased, however, fewer partnerships could afford the expense of putting up their own building and your prospective partners shied off the idea of raising enough capital to buy a share of such premises. Health centres built by local authorities and rented to doctors working in them can provide all these and other benefits while avoiding some of the disadvantages of privately owned premises. Even Health Centres, however, are expensive and therefore the wider the range of services provided in each, the greater benefit which the local community derives from the funds which they supply.

Oxford has been among the leaders of Health Centre development and this has been achieved largely through the wisdom, energy and co-operation of two remarkable men, both of whom have been in office since the National Health Service began: Dr. John Warin, your Medical Officer of Health, and Dr. Colin Cooke, Chairman of the Executive Council. In saying this I do not belittle in any way the contribution of past and present chairmen and members of the Health Committee and Local Medical Committee. I know too that if the general practitioners in these three practices had not asked for an opportunity to work together in a Health Centre, Jericho would not have been built. Everyone connected with this venture, medically, architecturally and administratively, deserves our warmest congratulations. The people of Jericho have indeed been fortunate. (Incidentally, why is this part of Oxford called Jericho?).

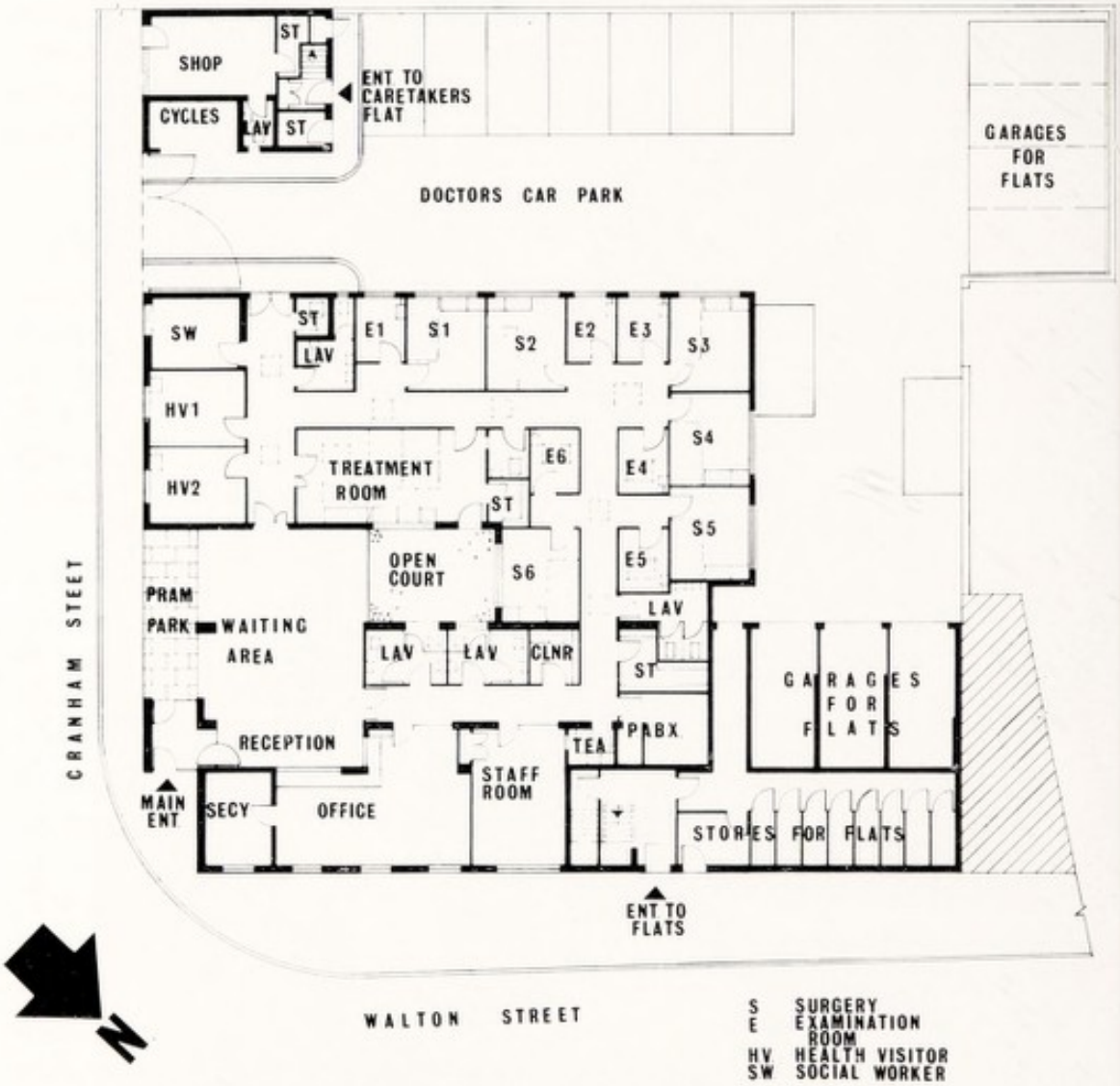
Away from Oxford, what would a person usually associate with the name Jericho? Not a health centre, for sure; more probably "the walls". Have you ever stopped to wonder why the walls of Jericho needed such special treatment by Joshua, in order to break them down? We don't hear of other generals using such elaborate methods against fortresses elsewhere. Was it Jericho or its walls which were so special? There is one hint which comes from archaeology, so please forgive me for a short digression.

In the first Stone Age, the oldest man being lately down from the trees and not having any other shelter, adapted himself to living in natural holes or caves wherever these occurred. In the middle Stone Age, called the Mesolothic Age, he learned how to dig artificial holes into the ground where he wanted them and these he roofed over with skins and branches. In the third stone age, the Neolithic Age, man learned many new skills, including how to build a house with walls above ground level.

Well now, some years ago an archaeologist was excavating the old walls in Jericho. As she dug down she found that each new wall was built on the ruins of an older one. Eventually she got down to the oldest wall on record, older than any other known wall in the world; so naturally she dug down with excitement to see what this one was built on. Imagine her surprise in finding that it too was built on top of another wall, older still but with one important difference. This was a mesolithic wall, the only one known in the world, a wall built by a culture of Man never known to have made a wall elsewhere. So, was this the special feature of the walls of Jericho? Was Jericho the place where man first used the mud from a hole he was digging to build the walls of a shelter above ground level, the place where walls were invented? It is just possible!

What will those who work in this new Jericho discover? Will they build something new? Not new walls or barriers around themselves, I hope, or another Joshua will be needed to break them down. My world atlas lists

OPENING OF JERICHO HEALTH CENTRE
4th November, 1971, by
Dr. G. I. Watson, O.B.E., M.A., M.D.
President of the Royal College of General Practitioners



S SURGERY
E EXAMINATION ROOM
HV HEALTH VISITOR
SW SOCIAL WORKER

JERICHO HEALTH CENTRE

SCALE IN FEET

two other Oxfords, to which the emigrants from this city no doubt took, not only their ancestral place name but also many old customs, however irrelevant to their new homes.

A lively health centre should become something more than just a collection of old habits under one roof. To each member of the new team, professional and lay, comes this fresh opportunity to reconsider how best to work together towards the four goals of modern medicine. These are: the maintenance and promotion of health, the prevention of disease and disability, the cure or alleviation of suffering, and the restoration of function and wellbeing.

In the past doctors spent nearly all their time on the alleviation of suffering; there was so little else they could do. One of the first great steps towards the active prevention of disease, apart from quarantine, was taken by a general practitioner not all that far from Oxford, Dr. Edward Jenner. In the lifetime of some of those in this room began the tremendous therapeutic explosion, starting with 606 and insulin and liver injection, then gathering strength with the discovery of sulphonamides, antibiotics, steroids and the rest.

The triumphs of 19th and 20th century surgery have enormously extended our capacity to restore function after illness or injury. Yet in spite of all these benefits, modern epidemic agents, such as sugar and starch, tobacco and the motor car now kill or damage more people in Britain each year than lived in the whole of Palestine when Joshua blew down the walls of Jericho.

So the time has come for us to try and identify those people who over long periods of time do *not* suffer accidents and illness; and for a larger share of our research effort in Britain to be spent in trying to determine why and how such people stay well. The new register and record systems of modern general practice can provide an ideal starting point for such an identification. I would go further and say that if the initiative for such an enquiry does not come from general practitioners themselves, assisted of course by all the necessary skills of other specialists, then the secrets of good health will remain a little longer where they are, in a closed book.

May I therefore commend these four goals, and particularly the first, to all those who use this place, whether as patients or staff. I have the greatest pleasure now in formally declaring the Jericho Health Centre open by unveiling this plaque."

The health centre is situated on the corner of Walton Street and Cranham Street, very close to the Radcliffe Infirmary. The only disadvantage of this site is its small size, which limited the car parking facilities to eight spaces. The health centre occupies the ground floor of the building with two storeys of residential flats above. The cost, including the site, was £59,000. There is a separate flat for a resident caretaker.

The accommodation includes six general practitioner surgery suites with a common waiting room, reception and office facilities. There is a treatment room, separate rooms for health visitors and social workers and a staff room. There are both public and staff toilets and a pram shelter which is easily visible from the waiting room.

The centre provides main surgery facilities for eight doctors in three practices and caters for about 14,000 patients. Frequent meetings were held with the family doctors throughout the planning of the building, and all who were to use the building joined in discussions regarding the furnishing and operation of the centre. These meetings proved invaluable and cooperation was such that few teething troubles were experienced when the centre finally opened.

An important lesson learned was the necessity for adequate sound-proofing of the receptionists' office. The automatic branch exchange telephone system has proved successful and effective and it is hoped that in the near future it can be connected direct to the nearby Radcliffe Infirmary telephone system, thus effectively linking hospital and domiciliary medicine.

The staff common room is well used by all members of staff and plays a definite part in fostering a happy team spirit. The treatment room has been kept very busy with an average of over thirty patients each day. It is staffed by two part time surgery nurses. A summary of the treatments carried out during the first six months, when 2,316 new patients were seen, is shown below:

Jericho Health Centre Treatment Room 1.6.71–31.12.71

Injections	2,045
Dressings	1,131
Ear, nose and throat	345
Venepuncture	329
Orthopaedic	156
Ophthalmic	26
Others	176
Total treatments	4,208

CLINIC PREMISES USED AS GENERAL PRACTITIONER SURGERIES

(1) *Minchery Farm*

This small purpose built building which opened in 1958 is used by two practices for a total of three sessions a week.

(2) *Bury Knowle*

These clinic premises have been used since 1968 by one practice for six sessions a week. This is a temporary arrangement until they can move into the proposed Headington Health Centre.

(3) *Donnington*

One group of four general practitioners has used this clinic, following minor alterations, since July 1970 as their main surgery premises. A purpose built extension will, it is hoped, convert the clinic into a health centre by the end of 1972.

FUTURE HEALTH CENTRE PROGRAMME

(1) *Headington*

Plans are being prepared for a health centre in the grounds of the new John Radcliffe Hospital. It is hoped that building will start in 1973.

(2) *Temple Cowley*

Preliminary meetings have been held to discuss the provision of a centre on a site at the junction of Oxford Road and Temple Road. If agreement is reached, building is planned for 1974.

(3) *Central*

Two practices working from the centre of the City are pressing for the provision of a health centre. So far no suitable site has been found.

(4) *East Oxford Extension*

A site is available adjoining the present health centre. The only remaining practice in the vicinity has now requested health centre accommodation.

(5) *Summertown*

A site has been earmarked within the Civic Centre area for a purpose-built centre to replace 160, Banbury Road.

SECTION IV

AMBULANCE SERVICE

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

Administration

The administration of the Ambulance Service by the Joint Committee continues successfully. Following a recommendation from the Local Joint Consultative Committee the Joint Committee requested that the Work Study and O & M Unit of the County Council should formulate a productivity agreement within the guide lines set out by the Prices and Incomes Board. They were asked to examine and make recommendations upon the organisational aspect of the Service and to formulate proposals for a grading structure which will have due regards to career development. Towards the end of the year the details of this report were finalised and the new structure introduced. This has created promotion for certain personnel and the Service now has an additional asset in that there are Leading Ambulancemen working on the road. It is too early at this stage to comment upon the productivity agreement which is in the six month trial period stage.

Vehicles

Six stretcher case ambulances and two sitting case vehicles were ordered to replace vehicles that had reached the replacement stage. Delivery of vehicles has become protracted, by the end of the year only four of the six that should have been delivered during 1970 had arrived and completion of the 1971 order could not be foreseen. Ambulance coachwork is a specialised job, more vehicles are being replaced annually and there are fewer specialists now working in this field. Our present suppliers were well known ambulance builders up to 1920 when they ceased ambulance body building to undertake commercial body work. Their workmanship and finished article is first class and they are now producing a prototype ambulance in line with the Ambulance Service Advisory Committee's working party recommendations.

With a delay in the arrival of new vehicles, there is a long waiting list of schools, old peoples homes etc. wishing to purchase redundant vehicles.

Staff

The proposals for a grading structure within the Ambulance Service has resulted in a change in the designation of certain officers. Officers in charge of stations are now known as Station Superintendents, Control Officers as Station Officers whilst the leading driver is known as a Deputy Station Officer. The position of Leading Ambulancemen has been created among the staff on the road.

Training of new entrants to the Service continues. All ambulancemen with two to five years service have completed their two week course at the School. An in service competition was organised early in the year, the winning team going forward to represent the Authority in the regional competition of the National Ambulance Officers Competition.

LOCATION OF STATIONS AND ESTABLISHMENTS

Location	Vehicles		Staff	
	Ambulances	Sitting case vehicles	Driver attendant	Leading Driver Sub. Officer
Oxford City	12	14	44	7
7 County Stations	16	12	52	9
Spare vehicles	4	1	—	—
Total	32	27	96	16

General

Numerous visits from schools, nurses, medical students and youth clubs have been made to the Central Control and Ambulance Station of the Service. Those attending have found the visits pleasant and all leave with a wider knowledge of the operation involved when dealing with a call. The visits by nurses and medical students are now paying dividends, a very much greater degree of co-operation between the services exists.

The Road Accident Emergency Scheme, where certain general practitioners will attend an emergency in their area when called by the police, continues to function efficiently. Since last year, this service has expanded and special equipment is now carried on ambulances in Buckinghamshire Berkshire and Reading Borough in addition to that provided on our vehicles. Dr. Joe Pimm of Nettlebed is the driving force behind this excellent venture.

During the year, the Department of Health and Social Security issued directives on Radio Communications in the Ambulance Service. In future, all Ambulance Services throughout the country will use frequency modulated multi channel equipment. New frequencies in the high band have been allocated and this new concept will allow for inter communications between neighbouring services. A National Emergency Reserve Channel has also been planned for use when major disasters occur and could also be used by ambulances when undertaking long distance removals. Consideration is also being given to the problem of Radio Communications between ambulances and Hospital Casualty Services.

Our radio equipment, installed in 1962, is now due for replacement and towards the end of the year surveys were commenced with this new equipment. This will be a lengthy procedure and will entail demonstrations of all known manufacturers' equipment in order that the best system may be installed during the 1972/3 financial year.

Patients carried and Mileage travelled

It is difficult to compare the work load this year against the previous year owing to the industrial dispute that lasted from the 1st October to the 8th November 1970. The first three quarters of this year shows an increase in the number of patients carried as 14,783 with a corresponding increase of 125,980 miles above the same period in 1970. The total work load of 322,352 patients and 2,360,343 miles for 1971 is an increase of 12,563 patients and 236,703 miles above that of 1969.

The demands upon the service from 1967 until 1970 remained fairly static but it is evident from the above information we are again experiencing an increasing trend.

The following table shows a comparison of work over the past six years.

Year	Ambulance Service		H.C.S. & Contract Car		Gross Total	
	Patients	Miles	Patients	Miles	Patients	Miles
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	172,509	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
1971	166,950	913,639	155,402	1,444,713	322,352	2,358,352

SECTION V

HEALTH EDUCATION

Report by Mr. D. F. Lewis,
Health Education Officer

Slowly, almost imperceptibly, public attitudes towards the many anti-health practices begin to form and to bear the fruit of long term health education. Current concern with environmental pollution, over population, home and industrial safety, etc., are the results of informing and educating the public over many years. Periodically the gradual erosion of apathy and disinterest receive fresh impetus through national publicity on the dangers to health associated with a particular harmful practice.

Smoking

Without doubt the publication of the Royal College of Physicians report on 'Smoking and Health Now' during the year acted as a powerful catalyst in the campaign against smoking. The further realisation that thousands of lives were unnecessarily lost, that a considerable proportion of illness was due to cigarette smoking, prompted immense interest in the topic. Many requests for literature, talks and practical assistance in breaking the habit were received. These ranged from enquiries about anti-smoking clinics to requests for hypnosis as an aid to overcoming the habit. The new style posters on the subject, designed to give factual information rather than general exhortation to 'give up', were distributed to a great many organisations. Thousands of leaflets were made available to schools, colleges, associations, clubs, surgeries and hospitals. In isolation such literature may be of only limited value, but in conjunction with such publicity as press reports, television programmes and propaganda, they play their part in bringing the problem to the attention of the public.

The problem of smoking has not been tackled in isolation. An excellent working relationship has been established with the consultant staff of the chest clinic in a local hospital. This has led to a team approach in talking to many groups. A programme to influence the pattern of smoking among the public has been considered for the future. In this it is hoped that the hospital will play the leading part, supported by the health education services in the department.

Emphasis has been placed on the need to discourage the start of the smoking habit by encouraging schools to pursue projects, surveys and similar investigations into smoking. This work, together with an account of the extensive programme of health education in schools, has been presented in the Principal School Medical Officer's Report.

Obesity

Overweight, with its major contribution to the cause of much ill health and mental anguish, has become one of the diseases of modern society. There has been considerable talk about 'losing weight', but relatively little skilled help offered in achieving it. To correct this omission two health visitors have started a series of 'Weight Control Clubs'. These have been opened at Temple Cowley, Blackbird Leys and Donnington. They differ slightly in their approach but in essence follow a similar pattern.

At Temple Cowley the club meets weekly for two hours during an evening. The club has grown rapidly, proving very popular especially among young married women in the 20–35 years age range. There has been an average attendance of 25 out of 54 registered members. Those attending have their weight checked and recorded. Diet sheets are issued and the appropriate advice given. Members discuss in a group setting the problems which they encounter. Much health education takes place with the emphasis naturally placed on nutrition. Full benefit is made of films, slides and other visual aid material. Outside speakers are invited to talk on many interesting and applicable topics such as hairdressing, make-up and fashion while a representative of the Southern Electricity Board has given a demonstration of low calorie meals. Recently the sessions have been extended to include 'keep fit'. Members are encouraged to lose weight in a variety of ways. One of these is for the members to contribute to a gift token which is awarded each week to the member losing most weight.

At Blackbird Leys Health Centre the sessions are run very much on the lines of a child health clinic, but open to men and women. A total of 136 people have registered, with an average attendance of about 20. There is an open weigh-in, all part of the 'therapy', followed by individual advice and help. Occasionally a film is shown during the two morning sessions when the weight control clinic is held.

Weight cards have been produced for the personal record of each member, while a chart is given on which their target weight is entered. Progress towards this target is recorded on the chart in the form of a graph giving, it is hoped, encouragement to continue reducing weight.

Eating habits are inclined to be established at an early age. It has therefore been seen as a natural development to extend these weight control groups to schools. Four schools have now been offered, and are implementing, a similar programme, with appropriate variations according to the age of those attending.

Talks and Lectures

Health Education is rightly receiving greater emphasis as a prime factor in the work of health visitors. They have given many talks on a variety of

subjects to students, mothers clubs, professional groups and womens clubs. Health visitors also gave 229 talks in schools during the year.

Among the talks given by health visitors was a series to immigrants. Cultural and linguistic problems make the task of talking to this group a particularly skilled one. Unfortunately the range of visual aids appropriate to this special group is very limited and imposes an extra difficulty in talking on diet, child care, preparation of feeds and family planning. Following discussion it is hoped to produce our own slides accompanied by tape recordings in the appropriate language.

Doctors from the department have similarly been called upon to give many talks. Among these have been two talks to schools parent associations on "Your Child's Health".

Parents remain anxious for their children in the present climate of drug mis-use among the young, it is therefore not surprising to receive so many requests to talk on the subject. At one such meeting held at Milham Ford School, a team, consisting of a member of staff from the local drug addiction unit, a member of the police drug squad and the Health Education Officer, gave brief talks, showed a film and answered questions on the subject. The combination of medical, legal and educational approaches served to provide a well balanced programme. Similar meetings have been held with youth clubs.

Other talks have been given on the ever present problem of home safety, a problem resulting in more deaths per year than from road accidents, although attracting far less attention. It is therefore particularly pleasing to receive requests for such talks from 'mothers clubs'. Talks on other topics such as first aid, cancer education and food hygiene have been given, the latter by public health inspectors.

Professional staff have frequent opportunity to talk on aspects of health education and to draw the attention of the public to conditions which endanger their health. In consequence opportunities to lecture and talk to such groups are always accepted. During the year the audiences have included medical, health visitor, district nurse, midwife and college of education students.

Several informal discussions were held with mothers at the Mother and Baby Hostel. These proved particularly interesting in considering the issues of personal relationships, peer group pressures and the persistent belief in many 'old wives' tales.

The growing number of requests for talks made the recently purchased second 16mm film projector particularly valuable. This was clearly illustrated from the number of 267 bookings for the projector and other audio-visual aid material. The Health Education Officer gave 77 talks during the year.

Parentcraft classes

Clinic	No. registered	Total attendance
East Oxford	55	172
Summertown	100	423
Temple Cowley	70	261
Total	225	856

Year	1966	1967	1968	1969	1970	1971
No. registered	179	222	184	243	203	225
Total attendance	819	617	718	641	666	856

Following the previous year's fluctuation in the number of centres holding parentcraft classes, brought about in an attempt to cater for the needs of forthcoming parents in a variety of areas, the classes were grouped together this year in three main centres. How much this has been responsible for the increased attendence is not known. It may just be that such classes are increasingly accepted as a valuable and necessary part in preparing for childbirth and in caring for children. This in itself is a measure of the success of the work.

In-serving training

To employ technical staff responsible for the projection and servicing of films, slides and other audiovisual aid material would be ideal. Meanwhile several short courses on the use of the equipment have been arranged for doctors, health visitors and public health inspectors, to enable them to make full use of these aids in their lectures and talks.

Two Health Visitor Study Mornings have been arranged. At the first one, held at the East Oxford Health Centre, Dr. Bobrow, of the Population and Genetics Unit in Oxford, kindly gave two illustrated talks on "Chromosome Disorders" and "Inherited diseases and the risk of their recurrence". This led to much valuable discussion on the topic of genetic counselling. The second study morning was held at the Churchill Hospital and covered two different themes. Dr. Laing talked on "Radiotherapy" followed by a visit to the hospital radiotherapy unit. Later Dr. Lloyd talked on his work in the "Pain Clinic". The health visitors found both occasions of immense value in refreshing their past knowledge and bringing them up to date with current developments.

The nursing staff have been jointly involved with teachers in a series of meetings on social hazards. These meetings have been on Alcoholism, Smoking, and Drug Addiction. The latter was held at the drug addiction centre at Littlemore and included brief talks by a psychiatrist and two young addicts, the showing of the recently produced English film on the subject, 'One Way Ticket', and some lively discussion.

One health visitor took part in the three day residential conference for teachers on Education for Personal Relationships, so furthering the excellent working relationship which exists between these two professional groups.

A speaker from the National Childbirth Trust was invited to talk to the nursing staff on the recent developments in this field, accompanied by a couple of films.

General

The regular distribution of literature to interested sections of the community has continued. There has been a noticeable growth in the number of requests from students and school children for information, material and advice. This interest reflects the degree of involvement and study now being pursued in health education by medical and educational establishments. It imposes an extra strain on time and resources, but in the long term should help achieve the objectives of health education.

Two leaflets have been produced by the department in response to continued requests for information. One on 'foot care for walkers', which has proved necessary with the present popularity for sponsored walks, the other, "Do's and Don'ts", on communication with the hard of hearing.

SECTION VI

GENERAL HEALTH SERVICES

A. FAMILY PLANNING

(Dr. Joan Gray)

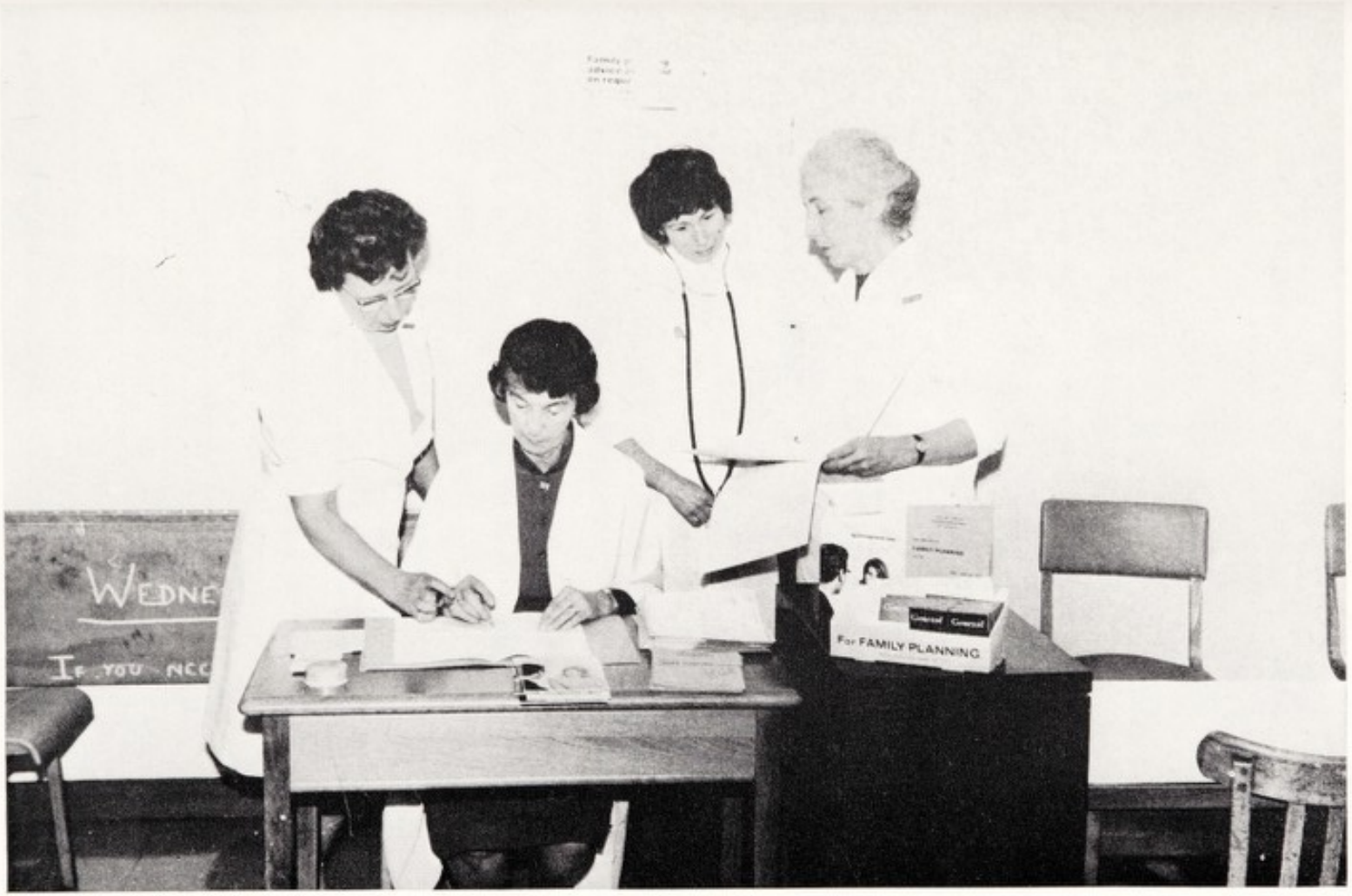
1. Clinic Service

For the first six months of the year the Family Planning Association continued as agents for the City, organising and staffing clinics and receiving a financial grant for their administration. On July 1st, 1971 the City Council assumed direct responsibility for providing a comprehensive family planning service. Miss Baxendale was appointed Family Planning Organiser from April 1st 1971 and with the assistance of other health department staff concerned, planned the amalgamation of the directly run domiciliary service with the family planning clinics already held at local authority premises.

The change was mainly an administrative exercise as the doctors, nurses and voluntary workers attached to the various clinics remained in post and carried on their work as before. Close co-operation and consultation with the Family Planning Association continued throughout the change-over period, and either the Principal Medical Officer or the Family Planning Organiser are invited to be present at the Oxford Branch Executive Meetings. As all doctors and nurses now employed on a sessional basis are F.P.A. Trained and most of the voluntary workers are members of the Association, the valuable close ties between the F.P.A. and the Local Authority clearly continue to exist. The two clinics at Bury Knowle and East Oxford Health Centre are recognised by the F.P.A. for training purposes and two doctors and three nurses have successfully completed such training since July 1st.

In addition to the clinics held at East Oxford and Blackbird Leys Health Centres and Summertown, Bury Knowle and Temple Cowley Clinic premises, a clinic to serve the central area of the City started on July 6th at St. Barnabas Clinic, and a further clinic was opened at the Wood Farm Health Centre on November 9th. A monthly I.U.D. clinic started in September at East Oxford Health Centre. Two doctors and three nurses are on duty during each session and a total of 49 intra-uterine devices were fitted during the three months up to the end of the year. With heavy commitments in all these clinics, particularly those in the City centre, expansion is planned to take place next year.

In all cases, consultation is free and those patients deemed medically or socially necessitous also receive their "supplies" free. In the case of non-City residents, a per capita fee is paid by Oxfordshire and Berkshire County Councils, whilst patients from other areas pay a consultation fee. During



FAMILY PLANNING TEAM AT ST. BARNABAS CLINIC

the six months July to December, 733 new patients were seen of whom 74% were Oxford residents, 19.5% lived in Oxfordshire, 5% came from North Berkshire and 1.5% from other areas. The majority of patients (58%) were married women.

The following table gives the relevant details.

	Medical	*Social*	*Others*	*New Patients*	*Repeat Visits*
Oxford	65	200	3,030	543	2,752
Oxfordshire	14	28	882	143	781
Berkshire	—	2	264	40	226
Other areas	—	—	30	7	23
Total	79	230	4,026	733	3,782

The following table indicates the method of contraception chosen by new patients

Pill	433 (59%)
Cap	125 (17%)
IUD	65 (8%)
Other method	68 (9%)
No method advised	42 (7%)
TOTAL	733

Since July 1st 523 cervical smears were taken of which two were suspicious and required further investigation.

The following table giving age at first visit shows the tendency for younger women to seek advice which is mainly given at the two Young Peoples' Advisory clinics.

-20	20-24	35-29	30-34	35+
250	238	124	58	63

The following figures for parity at first visit indicate an early acceptance of contraceptive advice.

0	1	2	3	4	5	6	+
383	155	109	59	23	7	-	1

During the last six months of the year meetings of doctors and nurses, and of lay-workers, were held to discuss procedure and progress. Towards the end of the year discussions were also held with the Regional Hospital Board and the gynaecologists and obstetricians concerning the provision of contraceptive advice to hospital patients, following the Department of Health circular on this matter. Local authorities were asked to assess all

family planning provisions in their area and accordingly all Oxford general practitioners were sent a brief questionnaire. The very gratifying 100% response indicated that 59 doctors (90%) were providing a family planning service of varying extent for their patients, the remainder preferring to refer their patients to Family Planning clinics. Four general practitioners fitted I.U.D.'s at their surgery premises.

2. Domiciliary Service

This has been the sixth year of this valuable service, and for the first six months it continued as an isolated direct service, provided by a medical officer who visited the homes of women referred to her as in need of contraceptive advice and who were unable or unwilling for one reason or another, to attend a Family Planning Clinic. The doctor also held occasional "half-way clinics" at suitable premises, where a small number of women living in the immediate neighbourhood could sometimes be persuaded to attend. As from July 1st, the domiciliary service was slowly integrated into the total family planning service, with consequential diminishing demands on the "half-way" clinics, but with still a significant number of requests for home visiting. One "half-way" clinic on a housing estate is held concurrently with a practice "well-baby" clinic, the Health Visitor acting as the liaison officer.

In the autumn a grant was received from the Urban Aid IV programme which enabled two State Registered nurses to be employed for the purposes of following-up domiciliary cases as well as those "failed" clinic cases, which doctors considered to be particularly at risk. One of these nurses has the added qualification of speaking Hindi, Bengali and Urdu as well as understanding other dialects and she has been of considerable help in visiting immigrant families and acting as interpreter in clinics.

Visitors from other local authorities, the Department of Health and from overseas through the agency of the International Planned Parenthood Federation have been very welcome during the year.

At the end of the year 113 patients were on the register as compared with 120 last year and the following statistics give relevant details about the 50 new patients seen (74 in 1970).

(a) *New Patients*

Home consultations	35
"Half-way" clinic consultations	15
Total	50

(b) *Source of Reference*

General practitioners	3
Hospital medical social workers	1
Health visitors	46
Total	50

(c) *Ethnic Groups*

	1971	1970
British (including Irish)	28	45
Asian	17	18
Other	5	11
Total	50	74

(d) *Age*

Under 20	8	15
20–24	15	18
25–29	15	25
30–40	11	14
40+	1	2
Total	50	74

(e) *Parity*

No child	1	2
1 child	4	8
2 children	17	19
3 children	11	20
4 children	8	9
5 children	3	10
6 children	4	3
7 children or more	2	3
Total	50	74

(f) *Initial Method Chosen*

Pill	20 (44%)	(60%)
Cap	—	(1.5%)
I.U.D.	13 (29%)	(18%)
Other method	5 (11%)	(15.5%)
No method advised	7 (16%)	(5%)
Already pregnant	5	
Total	50	

It will be seen that in this problematical group a much higher proportion of patients (29%) were fitted with I.U.D.'s than in clinic attenders (8%), and a significant number (16%) found no method acceptable as compared with 7% of clinic attenders.

(g) "*Half-way*" *Clinics*

A total of 15 new patients were seen at these clinics and 136 repeat visits were made:

	Sessions Held	*New patients*	*Repeat visits*
Rosehill Community Centre	9	4	37
Wood Farm Health Centre	7	4	31
Blackbird Leys Health Centre	13	3	32
South Oxford Health Centre	7	3	33
West Oxford Health Centre	3	1	3
Total 1971	39	15	136
Total 1970	40	31	193

(h) *Individual Follow-up Visits*

A total of 182 visits were made by the doctor during the year (153 in 1970). Before the end of the year the nurses appointed for this work under the Urban Aid programme had already helped to relieve this work load.

38 families (76%) were visited on more than one occasion as follows

Two visits	20
Three visits...	11
Four or more visits	7

(i) *Pregnancies*

Of all patients seen during the year 9 became pregnant. Two of these had had I.U.D.'s inserted, four were pill and 3 were sheath failures. All were offered but refused termination and/or tubal ligation; however two husbands subsequently accepted vasectomy.

B. CERVICAL CYTOLOGY

(Dr. Joan Gray)

The screening of women for carcinoma in situ of the uterine cervix continued throughout the year, including those due for a repeat examination.

The local recall scheme organised in conjunction with Dr. Spriggs of the Laboratory of Clinical Cytology operates on an age basis, patients under

40 years being recalled every 5 years, those between 40–50 every 3 years and those over 50 yearly.

During the year, 1,499 new and 2,182 recall patients were examined. The total of 3,681 was slightly less than last year, new patients falling by 500, and recall patients rising by nearly 400. The number of clinics held was 294, compared with 297 in 1970.

The number of smears taken by general practitioners rose slightly, and it is significant that many doctors now routinely include such a test both at postnatal examinations and when their patients seek contraceptive advice. At the City family planning clinics, 523 smears were taken in the six months, July to December.

Both the number of smears taken and the number of clinics held were severely affected in January and February by the postal strike, as all appointments are normally sent to patients by mail. Many were delivered by hand by various members of the staff, but the 25% of patients normally attending from outside the City could not be reached. Of the 3,559 recall appointments sent out during the year, 2,182 were kept, an acceptance rate of 60% the same as last year.

Details of the examinations carried out during the year are shown in the following tables.

Number of Patients

	1969	1970	1971
Local Authority Sessions			
New Patients	888	964	586
Recalls	719	1088	1337
Total	1607	2052	1923
General Practitioner Sessions			
New Patients	940	1033	913
Recalls	585	712	845
Total	1525	1745	1758
Total of all patients examined:	3132	3797	3681

Oxford residents numbered 2,406 (75%)

Clinic Sessions

	1970	1971
Local Authority	153	143
General Practitioner	144	151
Total	297	294

Age and parity of new patients

Age (years)	Number of children													
	0	1	2	3	4	5	6	7	8	9	10	12	Not stated	Total
–25	298	93	45	14	4	–	–	–	–	–	–	–	–	454
26–29	58	45	68	26	2	3	–	–	–	–	–	–	–	202
30–34	19	30	84	41	16	–	1	1	–	–	–	–	–	192
35–39	16	17	65	35	14	6	3	3	–	–	–	–	–	159
40–44	18	28	51	39	14	6	5	4	–	–	–	–	–	165
45–49	24	21	46	30	9	5	1	–	–	–	–	1	–	137
50–54	7	17	31	11	9	3	1	2	–	–	1	–	–	82
55–59	3	16	25	6	5	5	2	1	–	–	–	–	–	63
60+	5	8	14	7	2	1	1	1	1	–	–	–	–	40
Not stated	2	–	2	–	–	–	–	–	–	–	–	–	1	5
Total	450	275	431	209	75	29	14	12	1	–	1	1	1	1,499

The greatest number of women receiving the test is still under 35 years (57%) whilst 22% of patients were between 35 and 45 years and 21% were over 45 years.

Age and parity of recall patients

Age years	Number of children										
	0	1	2	3	4	5	6	7	8	12	Total
–25	2	–	1	–	1	–	–	–	–	–	4
26–29	4	5	7	3	–	–	–	–	–	–	19
30–34	8	23	38	17	4	1	–	–	–	–	91
35–39	9	26	98	52	10	4	1	–	–	–	200
40–44	21	45	113	56	27	10	5	–	2	–	279
45–49	22	27	53	35	10	3	3	1	–	–	154
50–54	63	115	181	101	36	16	8	3	1	–	524
55–59	73	117	174	79	47	7	6	3	3	–	509
60+	54	103	134	64	21	9	7	3	3	1	399
Not stated	2	–	1	–	–	–	–	–	–	–	3
Total	258	461	800	407	156	50	30	10	9	1	2,182

Because of the criteria laid down for recall examinations, there were a greater number of patients attending over 50 years of age.

Results

	1970			1971		
	New patients	Recall patients	Total	New patients	Recall patients	Total
Negative smears ...	1971	1793	3764	1475	2172	3647
Suspicious smears confirmed by biopsy ...	6	1	7	3	3	6
Suspicious smears not confirmed by biopsy ...	5	—	5	2	2	4
Suspicious smears not confirmed by repeats ...	—	—	—	—	—	—
Doubtful smears not confirmed by repeat smears	5	2	7	9	1	10
Suspicious smears awaiting further investigation	8	3	11	8	4	12
Doubtful smears follow-up not possible ...	1	—	1	2	—	2
Other gynaecological abnormalities detected	130	178	308	122	220	342

The age and parity of the six patients with confirmed carcinoma-in-situ are shown in the following table:

	Number of children							
Age	0	1	2	3	4	5	6	Total
40–44	—	—	—	—	—	—	1	1
45–49	1	—	—	—	—	—	—	1
50+	—	3	—	—	1	—	—	4
Total	1	3	—	—	1	—	6	6

It is interesting to note that four out of the six confirmed cases were in women over 50 years, all of whom had had children. One of the three recall cases was over 50 years and had had a negative test 3 years previously. The remaining recall cases were aged 42 and 47 years and both had a negative test 5 years previously.

The incidence of carcinoma-in-situ in new patients was 3 in 1,499 or 2.6 per 1000 (3 per thousand in 1970). The over-all incidence was 6 in 3,681 patients screened, including recalls or 1.6 per 1000.

Amongst the 13,677 new patients examined since the scheme started in 1965 there have now been 57 confirmed cases of carcinoma-in-situ and a recent follow-up of all these patients showed that only two had died as a result of the condition, both patients presenting with symptoms when the smear was taken. Amongst the 5,286 recall patients examined since 1969 there have been 4 confirmed cases of carcinoma-in-situ, all of whom are alive and well.

The age and parity of these 61 patients with confirmed carcinoma-in-situ are indicated in the following table:

Age (years)	Number of Children								
	0	1	2	3	4	5	6	7	Total
−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	1	14
45–49	2	2	3	4	—	1	—	—	12
50+	—	6	1	1	5	2	—	—	15
Total	5	18	12	11	9	4	1	1	61

C. DOMICILIARY OCCUPATIONAL THERAPY

(Dr. P. Harker)

The work of this department was well publicised when Miss Gould was invited by Radio Oxford to broadcast on the programme "Other People's Jobs" in March. This year there was an increase of 11% in new referrals and a further increase in work concerned with Aids to Daily Living compared with last year. Craft work judged by sales and cash return to patients showed a very slight decrease. It is important that this work, a very beneficial therapy, should be maintained.

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

The Service had a full complement of Staff throughout the year with Miss Hill joining the Staff in January.

The total number of patients continues to increase resulting in less frequent visits being made to any one patient.

An assessment of the home situation prior to a patient's discharge from hospital is very time consuming, but the relatives find the resultant advice and guidance very useful.

	1969	1970	1971
Patients (at end of year)	245	297	345
New referrals	168	211	235
Withdrawn	155	168	187

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

	1969	1970	1971
Bathing aids (rails, seats, mats etc.)	108	149	170
Adaptations to furniture	20	29	46
Toilet aids (rails, raised seats etc.)	52	54	60
Dressing, feeding and kitchen equipment	18	39	40
Walking aids	24	23	21
Advice and assessment for rails, ramps etc.	59	60	112
Hoists (electric and hydraulic) ...	2	9	11

Bathing is again shown by this table to be the major problem for the physically handicapped. In some cases where equipment has been supplied it is still necessary for the nursing auxiliaries to assist patients with bathing. However in the majority of cases with the help of the correct equipment patients are able to maintain their independence in this important activity.

The three purpose built bungalows for disabled families were completed early in the year and in two of these it was necessary to install electric hoists to enable the disabled member of the family to get in and out of the bath. Advice was given as to suitable heights for the sink and other working surfaces in the kitchen and similarly for the bathroom fixtures so as to suit the disabled tenant of each bungalow. There is a great need for further bungalows of this type as well as for purpose designed ground floor flats for disabled persons. It has been possible to adapt several Council properties during the year so as to make them suitable for their disabled tenants.

The sale of patients' work in the Blind and Handicapped shop together with the payments made to patients for compiling inpatient folders and various other work undertaken for the United Oxford Hospitals is shown in the following table.

	1969	1970	1971
Total sales	£2622	2170	2182
Cash return to patients	£1110	932	855

The fortnightly social group meeting at Dorset House School of Occupational Therapy continued throughout the year, except during the vacations when the Wood Farm Health Centre was used for this purpose. The number of patients attending was generally between thirty and thirty-five. Transport was provided by the Social Services Department, with a rota of voluntary drivers, together with the assistance of the three

occupational therapists. The afternoon's activities were arranged by the students and a very varied programme was carried out during the year.

An outing was organised in June to Windsor Safari Park and two coaches were used for forty-eight patients. One of the coaches, kindly loaned by the Wallingford Rotary Club, had a hydraulic tail lift which enabled the more severely handicapped persons to remain in their own wheelchairs.

D. CHIROPODY

(Dr. P. Harker)

There is a national shortage of chiropodists willing to be employed by local authorities and this is mainly due to the inadequate salary scales offered in comparison with private practice incomes. It is hoped that the unification of the Health Service will provide a stimulus to all concerned to try and achieve a really national chiropody service attractive to all qualified chiropodists.

The present service in the City strives mainly to meet the requirements of the aged. Although there has been some improvement in staffiing it has not yet been possible to offer an adequate service. There has however been some improvement in quality as a result of an increased use of health centre and clinic premises and by the purchase of additional specific equipment.

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

"Additional Clinic sessions to replace sessions at Club premises were started during the year. Patients receiving treatment at the Senior Citizens Club were transferred to St. Barnabas Clinic, and those being treated at the Regal Residents Community Centre, now go to East Oxford Health Centre. The Temple Cowley Club patients have been provided for at both the Wood Farm and Blackbird Leys Health Centres. This resulted in part of the service, previously organised by the Oxford Council of Social Service, being transferred to the administration of the Health Department.

Patients living in the vicinity of Rose Hill will continue to receive treatment at the Community Centre until such time as a Clinic becomes available in this area. It may however soon be possible to provide more adequate equipment for this Centre.

The better equipped facilities offered at the Health Centres and Clinics are greatly appreciated, and help to achieve a high quality of service.

Clinics are now held at ten Centres, and as a result there has been a notable increase in the number of sessions and patients treated. Nevertheless the increasing pressure on the service has widened the gap between individual treatments to an unacceptable and inefficient degree. To deal

with this problem it was felt there was no alternative but to introduce a waiting list which at the end of the year totalled 101 patients. Further calls on the service cannot be met until an additional Chiropodist can be appointed.

There has been an intake of 315 new patients during the year. Those removed from the list total 80, of whom 61 died, and 19 obtained such benefit that no further treatment was required for the time being.

Domiciliary treatment which is costly in time has increased, requests usually coming from the patients general practitioner or hospital doctor with an appended note of urgency. The demand in this sector of the service is likely to continue because patients are being discharged earlier from hospital.

In connection with a survey being undertaken by the Ministry of Employment into the future recruitment of chiropodists, the Youth Employment Officer requested to see chiropodists at work in the clinics. Arrangements were therefore made for two Career Officers to visit Blackbird Leys Health Centre and St. Barnabas Clinic for three weeks. The knowledge gained by the Officers concerned at these visits will it is hoped have some bearing on future recruitment, because the shortage of qualified staff will be the biggest problem for the future.

A summary of work covered during the year is shown in the following tables."

Summary of Work 1963–1971

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
1971	2,267	6,283	986

Comparison between 1970 and 1971

Place of treatment	1970				1971			
	Patients	Treatments	Sessions	Av. treatments per session	Patients	Treatments	Sessions	Av. treatments per session
Clinics and Health Centres	748	2,359	334	7.0	991	2,560	385	6.6
Transport Sessions	462	943	153	6.2	571	1,182	186	6.4
City Homes	460	1,213	154	7.9	460	1,787	226	7.9
Totals	1,670	4,515	641	7.0	2,022	5,529	797	7.0
Patients' own home	182	507	127*	—	245	754	189*	—
Totals	1,852	5,022	768	—	2,267	6,283	986	—

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

Chiropody Clinics

Centre	Time	Transport Session	Patients	Treatments	Sessions	Av. Treatment per session
Blackbird Leys Health Centre	Wednesday 2–5 (Weekly)	Wednesday 9.30–12.30	329	592	92	6.4
Cutteslowe Court	—	Thursday 9.30–12.30 (Weekly)	144	296	48	6.2
East Oxford Health Centre	Tuesday 2–5 (Weekly)	—	58	168	24	7.0
Northway Clinic	Monday 9.15–12.30 (Fortnightly)	—	54	130	22	5.9
Oseney Court	—	Friday 9.30–12.30 (Weekly)	81	287	45	6.4
Rose Hill Community Centre	Thursday 9.15–12.30 (Weekly)	—	97	293	43	6.8
South Oxford Clinic	Wednesday 2–5 (Weekly)	—	89	371	46	8.0
St. Barnabas Clinic	Monday 9.15–12.30 (Weekly)	—	148	311	47	6.6
Summertown Clinic	Tuesday 9.15–12.30 (Weekly)	—	174	280	46	6.0
Wood Farm Health Centre	Tuesday 2–5 (Weekly) Wednesday 2–5 (Weekly) Thursday 2–5 (Weekly)	Monday 2–5 (Weekly)	388	1,014	158	6.4
		Totals	1,562	3,742	571	6.6

E. DOMICILIARY RENAL DIALYSIS

(Dr. P. Harker)

Two further City patients have been accepted for domiciliary renal dialysis. Both of these required a Portakabin Dialysis Unit in the back garden because there was no available house room suitable for conversion. Portakabins are portable buildings delivered as complete units, designed for dialysis and require the connection of water and electricity supplies and the installation of a water purification unit, dialyser, monitor and bed. Although each unit costs about £1,000 this is cheaper than building an extension to a house. A Portakabin also has the advantage that it could be made available to another patient. The installation and running of these units has been most satisfactory.

There are now six patients in the city on home dialysis. One problem with these patients has been the disposal of refuse, particularly because of the danger of hepatitis. The Chief Public Health Inspector has now made arrangements for a member of his staff to make a weekly collection of this refuse, which is placed in a special large grey bag, and taken to the Churchill Hospital for incineration.

The following table presents a review of the six home dialysis patients at the end of the year.

Sex	*Age*	*Work*	*Time on home dialysis*	*Type of provision*	*Cost of conversion*
M	48	Journalist	2 years 8 months	Room conversion	£329
F	29	Nurse	2 years 9 months	Room conversion	£178
M	54	Foundry Worker	1 year 10 months	Room conversion	£288
F	32	Statistician	1 year	Room conversion	£369
M	36	Carpenter	9 months	Portakabin	£996
F	18	Secretary	2 months	Portakabin	£1244

F. MEDICAL ASPECTS OF HOUSING

(Dr. P. Harker)

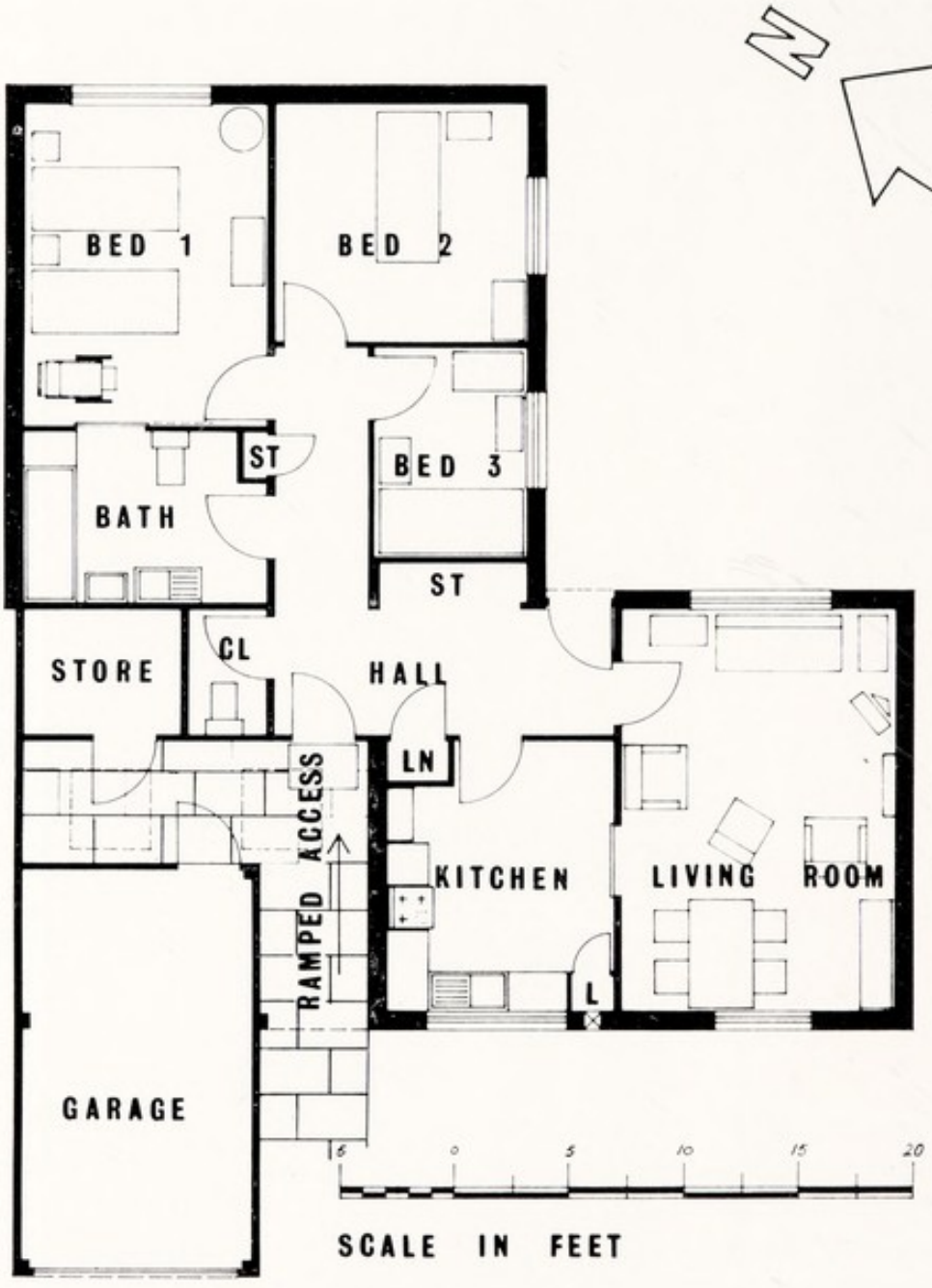
Application for rehousing on medical grounds with accompanying reports from hospital consultants, general practitioners and health visitors, have been carefully considered by the Senior Medical Officer who advises the Housing Committee. This committee makes 50 dwellings available for allocation on medical grounds, in addition to warden controlled flatlets which may be allocated on medical grounds. Cases recommended to the committee are categorised in order of priority as follows:

I. High—cases where there is severe danger to life or health.

II. Intermediate—cases with a strong medical requirement for rehousing.

III. Low—cases with a definite, but less urgent medical requirement for rehousing.

DISABLED PERSON'S BUNGALOW, 28 GLADSTONE ROAD, HEADINGTON



DISABLED PERSON'S BUNGALOW
LAURELS DEVELOPMENT

All class I cases are rehoused; the others being either rehoused or deferred for consideration at a future Committee in the light of additional information.

A further group of cases where accommodation is unsatisfactory in view of the medical condition, are discussed individually with the housing manager. As a result some of these are brought to committee but the majority are kept under review.

Cases investigated

	1969	1970	1971
Applications received	115	142	170
Not recommended	13	11	51
Recommended for rehousing:			
Priority—High	14	5	15
Intermediate	44	55	36
Low	32	43	19
Applications withdrawn or dealt with by another procedure	12	28	12
Cases under review	—	—	37

Committee decision

	1969	1970	1971
Permanent accommodation	40	53	60
Warden accommodation	—	3	2
Deferred	16	44	19
Rejected	7	4	2
Total (includes cases recommended in the previous year)	66	104	83

In June three 3-bedroomed purpose built bungalows for seriously disabled persons were completed on the Laurels site at Headington and these are now occupied. Two more purpose built bungalows are planned for the Barton area. The need for more accommodation for elderly people continues, and 32 flatlets, with warden supervision, are nearing completion in the Barton area.

G. NURSING HOMES

(Dr. P. Harker)

There has been no change in the Register of Nursing Homes, which at 31st December, 1971, 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.

H. AID IN SICKNESS CHARITIES

(Dr. P. Harker)

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 normally held 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 find it difficult by reason of health, to make regular visits to hospital.

	1970	1971
New cases	27	23
Old cases	33	24
Visits	1218	1288

It can be seen from the above table that there is a tendency for each case to receive more visits, so that fewer patients have been treated. Surprisingly this has not led to greater demand and methods of publicising the service are being considered.

2. *The Lying-in Charity*

No grant was made from this fund.

3. Other Charitable Grants

The Charity was able to make a contribution to the cost of one night storage heater for a patient who was unable to afford the cost of other methods of heating. It has been found to be more satisfactory to make a grant in this way rather than to purchase and loan out heaters, when there was frequently difficulty in recovery.

I. MEDICAL ASPECTS OF THE SOCIAL SERVICES

(Dr. E. P. Lawrence)

The former Mental Health and Welfare Sections, together with the Home Help Service, the Day Nurseries and responsibility for supervision of nurseries and child minders, were transferred to the new Social Services Department at the beginning of the year. At a time when unification and rationalisation of the health services is being vigorously pursued it is ironical that legislation has created an artificial, illogical and deep division between the complementary services devoted to the health and to the welfare of individuals in the community. However strong the case for a united Social Services Department, this is a heavy price to pay.

Continuous efforts have been made by all concerned during the year to bridge this sudden and serious division in the domiciliary services, but it has proved a difficult and at times a heart breaking task. The new Social Services Department has had many difficulties to overcome, not least the problem of trying to implement several recent new Acts of Parliament with inadequate resources. The essential restructuring of the administrative framework of the Social Services Department has made heavy demands on staff at the very time when the public are clamouring for more services from both individual case workers and the department as a whole. It is hardly surprising that there has been so little time and opportunity for the vital task of liaison between the two Departments.

However, meetings attended by doctors and social workers have been held with fair regularity in an effort to maintain the close co-operation which existed in the past. The Director of Social Services has attended the Health Committee and the Deputy Medical Officer of Health has attended all meetings of the Social Services Committee in an attempt to keep both Departments as fully informed as possible. A doctor from the Health Department has made regular visits to the residential establishments of the Social Services Department and staff at the Homes have been appreciative of the interest shown and help given. One useful result has been a recommended improvement in the laundry facilities at Old People's Homes. Medical students have continued to visit various parts of the Social Services Department as part of their training. Health visitors have actively assisted with the supervision of child minders as they visit the homes of parents with young children in the normal course of their duties.

One field in which particular difficulty is being experienced is that of the former mental health service. Social workers with previous experience only in child care or welfare find the psychiatric service a particularly difficult aspect of their work and time will be needed for them to acquire the relevant experience. At present psychiatrists, general practitioners and health visitors all feel they are not now getting the help they need when coping with cases of mental breakdown in the community.

If the two services are to work closely together in the future as they should, it is important that liaison and co-operation should take place frequently and at all levels. The medical staff of the Health Department have a vital part to play acting as co-ordinators between the hospital and general practitioner services and the community health and social services. It would be of the utmost value if the domiciliary team of general practitioner, district nurse, midwife and health visitor could also contain a social worker, so as to provide at the field work level a direct link with the social services.

J. DRIVERS AND EPILEPSY

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 long standing (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 for one year if medical reports from the family doctor are satisfactory. In doubtful cases a consultant opinion may be needed.

Two persons who had suffered from epilepsy in the past, and who had been granted driving licences in 1970, had these renewed for a further year. The granting of a licence was recommended for fifteen other applicants. One had to be refused on a consultant's advice as there was a risk of recurrence of fits which might interfere with the driver's control of his vehicle.

K. 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. Following Dr. Jebb's retirement towards the end of the year, the deputy director, Dr. H. H. Johnston, has been appointed as Acting Director.

Virology

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

L. FLUORIDATION

(Dr. E. P. Lawrence)

It is with regret that there is no progress to report. Complete agreement between Oxford, Oxfordshire and Berkshire is necessary before fluoride can be added to the City's water supply. The last time an estimate was made, in 1969, the capital cost of fluoridation was about 5 p. per head of the City population, with an annual running cost of about 2 p. per person. For this relatively very small financial outlay one could look forward to at least a 50% reduction in the present high incidence of dental caries. As a very second best and on a trial basis it is planned to make bottles of fluoride drops available at some child health clinics during the next year. Mothers who wish will be able to purchase such bottles at cost price.

SECTION VII

MATERNITY AND CHILD WELFARE DENTAL SCHEME

There has been a small fall in the attendances and treatment this year, no doubt in part due to the interruption of the work of the clinic during building alterations.

However, the proportion of children attending the clinic for a dental inspection who did not require treatment rose slightly. As this shows that the number of parents who seek advice before their children's teeth show signs of disease is being kept steady, it is reason for some satisfaction.

Dental health education must have as a principal aim to increase the number of children who have regular dental inspection, with the ideal, ultimately, of a six-monthly inspection for all children from the age of three years onwards, accepted as a matter of course by parents and children alike, irrespective of the absence of pain or visible disease.

This is clearly a fairly distant prospect, since public opinion is still less than fully convinced of the argument. Until the ideal can be attained, priority must be given to this group of children, probably the most important age group of all from this point of view, in the allocation of appointments for inspections and treatment at the clinic. This has been the policy for many years already.

		Children Under 5 Years	*Expectant and Nursing Mothers*
(i)	*Inspections*		
	Patients given first inspection	125	4
	Patients who required treatment	103	3
	Patients who were offered treatment	103	3
(ii)	*Visits for treatment*		
	First visits	125	4
	Subsequent visits	33	1
		158	5
(iii)	*Treatments provided*		
	Teeth filled	102	2
	Teeth extracted	50	—
	Scaling or removal of stains	22	4
	Teeth otherwise conserved	154	—
(iv)	Number of courses of treatment completed	116	4

SECTION VIII

COMMUNITY NURSING SERVICES

Report by Dr. Joan Gray,
Principal Medical Officer

A. 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) Staff midwife employed in the G.P. Maternity Unit	1
(c) Domiciliary midwives employed by Oxfordshire County Council in practice at the General Practitioner Maternity Unit	7
(d) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals	68
	89

2. *Administration*

The establishment provides for a non-medical supervisor of midwives, an assistant non-medical supervisor, one senior midwife and eleven midwives, including two part-time midwives employed to help in the care of hospital "early discharge" cases.

The assistant supervisor continued to act as Superintendent of the General Practitioner Unit. The midwives, in rotation, acted as relief superintendent in the Unit in addition to working in pairs attached to general practices, and attending general practitioner ante- and post-natal clinics where possible.

3. *General Practitioner Maternity Unit*

This was the fifth year of operation of the General Practitioner Unit at the Churchill Hospital and of the 624 patients admitted, 513 were delivered in the Unit of which City of Oxford midwives attended 361 (63%). The transfer of patients to consultant care numbered 203 in the antenatal period and 76 during labour, many of the latter being accompanied by the midwife.

During the year 12 perinatal deaths occurred of infants born to patients originally booked for the Unit, giving an overall perinatal mortality rate of 4.1/1000 compared with 4.36 in 1970.

The midwifery staffing of the Unit remained the responsibility of the City Council, resulting in a continuity of care for the patient before, during, and after her delivery.

4. *Antenatal Care*

Patients booked for home or G.P. Unit delivery are carefully selected and ante-natal care is provided by doctor and midwife in close co-operation. It is very much to the advantage of the mother if this care starts early in pregnancy and the following table shows the number of midwives' bookings according to the period when ante-natal care began.

	Number of bookings	
Period of gestation at booking	*Domiciliary*	*Unit*
Under 12 weeks	42	203
12–16 weeks	25	110
17–20 weeks	6	24
21–24 weeks	2	11
25–28 weeks	2	7
29–32 weeks	1	5
33–36 weeks	—	1
Over 36 weeks	1	—
Unknown	—	—
	—	—
	†79	361*
	—	—

† This figure includes 1 Oxfordshire and 2 Berkshire patients.
* This figure includes 14 Oxfordshire and 9 Berkshire patients.

Only 4 mothers booked for delivery at home and 13 for the G.P. Unit started antenatal care after the 24th week, but in most instances these patients had recently moved into the City.

At the end of the year 19 regular weekly G.P. antenatal clinics were being held, at which a midwife or her student were usually present.

The number of cancelled bookings for a home or Unit confinement is some measure of the thoroughness of the antenatal care undertaken by the domiciliary midwife prior to the patients transfer to hospital care. During the year 27 domiciliary bookings were cancelled, 21 because of medical and 6 because of social reasons. Similarly 110 G.P. Unit bookings were cancelled all for medical reasons.

Specimens for antenatal blood tests were obtained mainly at hospital laboratories or by the doctor or midwife at G.P. antenatal clinics. A study of the haemoglobin records of the 440 cases delivered during the year shows the following distribution reading during late pregnancy (34–36 weeks):

	Number of cases	
	Domiciliary	*G.P. Unit*
Hb.		
61–65%	—	1
9.0–9.5 gms%		
66–70%	1	3
9.6–10.2 gms%		
71–75%	3	18
10.3–11.0 gms%		
76–80%	15	68
11.1–11.7 gms%		
81–85%	28	107
11.8–12.4 gms%		
86–90%	18	104
12.5–13.2 gms%		
91%–95%...	11	38
13.3–13.8 gms%		
96%–100%	3	15
13.9–14.8 gms%		
101% & over	—	4
14.9 gms or over		
No record...	—	3
	—	—
	79	361
	—	—

It is satisfactory to record that only 5 patients (1 home and 4 Unit patients) had haemoglobin levels of less than 10.2 gms% (70%).

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:

30–40 cases	3
20–29 cases	2
10–19 cases	15
5–9 cases	9
1–4 cases	11

This trend seems to indicate that obstetrics is becoming the major interest of fewer doctors, with perhaps, one practitioner in any group practice maintaining all the obstetric care.

6. *Work of Midwives*

The following tables show the work of midwives during the year and include deliveries and visits carried out by student midwives.

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

(i) There was again a decrease in the number of domiciliary deliveries, 76 compared with 133 in 1970. Deliveries of City resident patients at the G.P. Unit, however, increased to 338 (282) the total number of deliveries remaining approximately the same—(414 : 415).

The domiciliary confinement rate thus fell to 5.6% (10% in 1970) but City midwives were still responsible for the care of over 30% of City confinements.

(ii) Two domiciliary maternal deaths occurred during the year.

(iii) No still-birth or neonatal death occurred at home or in the G.P. Unit.

(iv) Of the mothers delivered at home, doctors were present at 33% cases (27%) in 1970). Of mothers delivered in the Unit, the doctor was present at 45% cases (48% in 1970).

(v) There were no forceps deliveries in the domiciliary cases and the rate for the Unit was 3.2% the same as in 1970.

(vi) Of all infants attended by the domiciliary midwives at home or in the Unit, 52% were fully breast fed at 14 days, compared to 50% last year.

Domiciliary cases

	Doctor present at delivery	Doctor not present at delivery	Total	Antenatal visits	Postnatal visits	Total visits
1971	26*	53*	79	1115	1438	2553
1970	39	99	138	1602	2244	3846

* These figures include deliveries of 1 Oxfordshire and 2 Berkshire patients.

General Practitioner Maternity Unit cases

	Doctor present at delivery	Doctor not present at delivery	Total	Antenatal visits	Postnatal visits	Total visits
1971	156*	205*	361	5298	7794	13,092
1970	149	152	301	4307	6490	10,797

* These figures include deliveries of 14 Oxfordshire and 9 Berkshire patients.

In addition midwives made 1621 visits for assessment purposes compared with 1499 last year and 2692 visits to patients discharged from hospital compared with 2517 in 1970.

7. Analysis of domiciliary deliveries

	Doctor present at delivery		Doctor not present at delivery		
	Primiparae	Multiparae	Primiparae	Multiparae	Total
Total births	5	20	3	48	76
Still births	—	—	—	—	—
Twin deliveries					—
Death of baby at home					—
Forceps deliveries					—
Emergency Obstetric Service					2
Baby transferred to hospital					—
Mother and baby transferred to hospital					1
Mother and baby transferred to G.P. Maternity Unit					5

8. Analysis of deliveries at the General Practitioner Maternity Unit

	Doctor present at delivery		Doctor not present at delivery		
	Primiparae	Multiparae	Primiparae	Multiparae	Total
Total births	91	60	49	148	348
Still births	—	—	—	—	—
Twin deliveries					—
Death of baby at the G.P. Maternity Unit					—
Forceps deliveries					13
Mothers transferred to Consultant Unit					7
Babies transferred to Consultant Unit					14

9. Transfer of patients to hospital

(i) *Domiciliary Bookings*

During the year, one mother was transferred to hospital in labour, and one mother and baby were transferred after delivery.

(ii) *G.P. Unit Bookings*

This year 55 (15%) mothers were transferred in labour to the Consultant Unit at the Churchill Hospital compared with 39 (14%) in 1970.

Seven mothers were transferred following delivery and 14 babies were admitted to the special care unit. One mother had undiagnosed twins, the first baby being delivered in the G.P. Unit and the second, a breech in the Consultant Unit.

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 clinic and East Oxford Health Centre with the assistance of general practitioners, midwives and health

visitors, whilst at the Summertown Clinic, midwives and health visitors were responsible for the teaching. Classes are also held in the hospital maternity units and taken by the hospital staff.

12. Neonatal deaths

No neonatal deaths or still births occurred amongst infants born at home or in the G.P. Unit.

13. Emergency Obstetric Service

The service was called upon twice during the year for the following reasons:

Anteparum haemorrhage	1
Retained placenta	1

14. Medical Aid

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

(1) Mothers booked for delivery at home

During pregnancy	9
In relation to labour	6
Early postnatal period	4
Babies	11
	30

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

During Pregnancy	51
In relation to labour	48
Early postnatal period	55
Babies	57
	211

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

(3) Mothers discharged from hospital during the early post-natal period

Mothers	55
Babies	30
	85

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 495 occasions, compared with 438 in 1970 and 579 in 1969.

Patients referred to midwives in order to assess the suitability of home conditions for either a domiciliary confinement or early discharge numbered 1,294 compared with 1,196 in 1970 and 1,226 in 1969.

16. Training of Student Midwives

The single period training at the Oxford United Hospitals continued, with student midwives undertaking their community experience after the first 17 weeks of their training.

During the year 35 students started their 12 weeks on the district, 27 students took the examination of the Central Midwives Board at the end of their years' training and all were successful.

17. Post graduate education

Two midwives attended statutory refresher courses approved by the Central Midwives Board. The senior midwife attended a middle management course at the Royal College of Nursing.

One midwife continued a day release course for the Midwife Teachers' Diploma at Birmingham.

All midwives attended lectures arranged by the Nuffield Maternity Home for trained midwives 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

	1965	1966	1967	1968	1969	1970	1971
Hospital deliveries	1,288	1,188	1,072	1,069	996	937	926
	73%	70%	67%	69%	68%	69%	69%
Domiciliary deliveries	487	460	282	230	158	129	79
	27%	27%	18%	15%	11%	10%	6%
Domiciliary deliveries at General Practitioner Maternity Unit ..	—	46	232	253	300	288	330
	—	3%	15%	16%	21%	21%	25%

19. Maternal Deaths

Two maternal deaths occurred during the year, the first being a young primipara booked for the G.P. Unit who died as a result of cerebral

haemorrhage in fulminating eclampsia. The infant, delivered by Caesarean section, survived.

The second death occurred in a multipara of 40 years who concealed her pregnancy until the delivery of a live-born child. Death was due to post-partum haemorrhage.

B. HEALTH VISITING

1. Staff

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

Of the six health visiting students originally sponsored by the City of Oxford in 1970 for training at the Oxford Polytechnic, 4 remained to complete their year working under contract.

The work of health visitors continues to show an increasing trend towards total family care rather than the traditional idea of mother and child care only, and some general practitioners are beginning to use their attached health visitors for 'primary' visiting, particularly to aged and very young patients.

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 Council of Social Service. She was also vice-chairman of the Barnet Club (for social workers) and on the Committee of the local branch of the Royal College of Nursing.

Two study mornings for health visitors were held during the year, one on "Genetics" and the second, which was held in the Radiotherapy Department at the Churchill Hospital, on "Pain, and the Care of Terminal-Case Patients".

Regular monthly staff meetings were also held, and were either purely 'domestic' or speakers talked on such varying subjects as 'Bacteruria in School Children', 'Diabetes' and 'Methods of Contraception'. The senior nursing staff of the paediatric department of the Radcliffe Infirmary joined health visitors on one occasion.

2. Home visits by health visitors during the year

The following table shows the visits made during the year:

To expectant mothers	773	2.2%
To children born in 1971	6008	
To children born in 1970	4833	57.4%
To children born in 1966–1969	9016	
To persons aged 65 years or over	7049	20.4%
To mentally disordered persons	1077	3.1%

HEALTH VISITING — CARE OF THE ELDERLY

To persons discharged from hospital (other than mental hospitals or maternity homes)	208	16.9%
To tuberculous households	132	
To households visited on account of other infectious diseases	662	
Other cases	4820	
	34,578	

Comments on these figures:

(i) All recorded visits are "effective" visits.

(ii) Visits to expectant mothers are mainly to hospital booked patients. The number of hospital deliveries of City mothers was 944, the 773 visits therefore representing 82% coverage.

(iii) The number of visits paid to children under five years increased slightly.

(iv) Visits made to persons aged 65 years and over were 7049 as compared with 6670 last year.

One health visitor continued to assist at a fortnightly general practitioner geriatric clinic, and many health visitors visit patients in the geriatric wards prior to their discharge and liaise with medical social workers over many geriatric problems.

(v) Visits to mentally disordered persons again increased, indicating the increasing needs of such patients in the community.

(vi) Miscellaneous duties increased to 16.9% of the total work load. These include follow-up of patients discharged from hospital, investigation of certain infectious diseases, and visits to immigrant families.

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 last three years.

Table II

Immigrant and Alien Births

	1969	1970	1971
Total Births	1383	1274	1246
West Indian	51	45	38
Indian	23	14	28
Pakistani...	62	60	52
African	13	9	5
Other Commonwealth Countries ...	23	13	15
Italian	10	20	13
Spanish	9	8	11
German	6	6	4
U.S.A.	11	25	13
Eire	—	43	42
Others	52	47	42
TOTAL Immigrant and Alien Births	260	290	263
Percentage Immigrant and Alien Births	18.8%	22.7%	21.1%

TOTAL number of visits paid by Health Visitors to these families—1,743

4. Liaison with hospitals

There is frequent contact between health visitors and hospital staff. Different health visitors regularly attend the paediatric out-patient department and make two rounds of the maternity wards each week.

One health visitor also undertakes some liaison work with the venereal diseases clinic and it is proposed that one shall also attend the diabetic clinic at the Radcliffe Infirmary in 1972, and preliminary discussions are taking place for yet another health visitor to undertake some health education work in the department of gynaecology.

5. Work at child health clinics

One or more health visitors were present at the 1548 child health clinic sessions, including the 742 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, nurses in training at the United Oxford Hospitals, student child-care officers and sociology students.

They also take part with midwives and doctors in parentcraft classes and are particularly involved in health education teaching in schools and to groups such as Police wives, Mothers clubs, St. John Ambulance brigade and many others.

7. Courses

Members of staff are encouraged to attend refresher courses every five years, and other courses of particular interest.

During the year two health visitors attended management courses. One attended a refresher course on the future of health visiting, and another, a course for staff returning to health visiting.

In addition five health visitors attended a two-day course on family planning organised by Oxfordshire County Health Department and individual members attended day courses on film projecting, staff assessment, personal relationships and psychoprophylactic child birth.

8. Health Visitors Students

Six students were sponsored by the City for the course commencing at the Polytechnic in September. Five students of the previous year were all successful in gaining their Health Visitor's certificate and are now working in the Department.

C. DISTRICT NURSING

1. Staff

The service has been well staffed throughout the year. On December 31st the position was as follows:

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	6*	
State enrolled with district training	1	
State enrolled without district training	4*	

(* 2 State Registered, and 3 State enrolled District Nurses completed the course of District training in December, result of examination awaited).

District Nurses part-time		
State registered with district training	1	equivalent to 1½ full-time nurses
State registered without district training	5	
Nursing Aides	8	equivalent to 4 full-time assistants.

Two innovations in the service were introduced during the year.

From September 1st local authority district nurses have been visiting the wards of the Radcliffe Infirmary to confer with the ward sisters and gain information regarding patients about to be discharged. On two afternoons a week two district nursing sisters attend in rotation, and a room in the hospital has been made available by the United Oxford Hospitals as a base or office where messages are left by hospital staff or discussions are held.

During the summer the surgical ward sisters from the Radcliffe Infirmary each spent one week on the district. Both hospital and local authority nursing staffs found this interchange invaluable, facilitating communications considerably. It is hoped the experiment will continue and extend to enable more hospital staff to spend time in the community. The aim of this integration is to provide continuous care for patients on discharge from hospital.

The value of nursing aides has again been demonstrated particularly in the care of geriatric cases. Two part-time trained nurses were appointed in August to carry out late evening house calls from Monday to Friday, each nurse visiting 5 or 6 patients each evening to administer drugs and prepare patients for bed. This has proved a worth-while and much appreciated extension to the service.

2. Equipment

Centrally sterilised equipment was supplied to all nurses enabling them to give an efficient and hygienic service with 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 previous three years for comparison.

Table I

	1968	1969	1970	1971
General practitioners	1,924	1,854	1,817	1,738
Hospitals	151	124	69	172
Direct application	27	41	18	13
Other sources	19	35	12	24
	2,121	2,054	1,916	1,947

DISTRICT NURSE AND WARD SISTER

TABLE II

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	38	558	1,195	1,791	176	7,586	33,421	41,183
Surgical	25	375	318	718	134	4,846	9,265	14,245
Tuberculosis	—	19	1	20	—	865	53	918
Maternal complications	—	2	—	2	—	10	—	10
	63	954	1,514	2,531	310	13,307	42,739	56,356

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

Patients	*Visits*
540	37,480

Also included in the above table were 552 visits paid in the late evening, 357 of which were for giving sedatives and 195 for other purposes.

There has been a slight increase in the total number of referrals during the year, and the number of hospital referrals has increased considerably, no doubt as a result of the closer working relationship between hospital and local authority nursing staffs. (See Table II).

The total number of visits slight decreased in spite of a slight increase in the number of cases. The number of patients receiving more than 24 visits also decreased from 589 to 540.

Late visiting increased considerably following the appointment of part-time "evening" nurses.

Visits to patients over 65 years of age accounted for 76% of the total compared with 77% last year.

4. Types of Treatment Given

The following table shows the treatment given during the past four years.

Table III

	1968	1969	1970	1971
Injections—				
(1) Insulin	4,958	4,987	4,644	3,574
(2) Streptomycin	1,526	1,529	1,317	993
(3) Penicillin and other antibiotics	2,840	2,149	1,369	1,253
(4) Any other injections	9,468	8,284	7,755	7,922
Baths	7,225	9,287	9,737	10,361
Dressings	12,130	12,221	14,245	14,770
Enemas and bowel washouts	1,698	1,878	1,786	1,000
Genito-urinary treatments	923	793	731	528
General nursing care	18,723	14,738	15,702	14,488
Any other treatments	2,088	2,722	3,328	3,434
	61,579	58,588	60,614	58,323

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

Baths	6472
General care	632
Care of feet	26
	7130

There was a decrease in the total number of treatments given, this being mainly accounted for by the considerable decrease in enemas and bowel wash-outs administered, modern treatment eliminating the necessity for such procedures on many occasions.

Injections accounted for about 25% of all visits. The number of insulin injections decreased by over a thousand, following a sustained effort to encourage patients to self-administer their medications.

TABLE IV

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
Blackbird Leys Health Centre Commenced 1960 *Daily* 4 *p.m.*								
	110	824	19	953	162	1,751	117	2,030
Summertown Health Centre Commenced September 1967 *Daily* 11 *a.m. and* 4.30 *p.m.*								
	16	401	56	473	32	777	216	1,025
Manor Road Surgery Commenced November 1964 *Daily* 5–6 *p.m.*								
	9	556	52	617	9	1,192	315	1,516
Surgery, 12 *Old High Street, Headington Commenced February* 1965 *Monday and Wednesday at* 5.45 *p.m. Friday* 9.15–11.15 *a.m.* (*Commenced May* 1971)								
	11	502	35	548	12	960	101	1,073
Donnington Clinic, Henley Avenue (*formerly Surgery*, 274 *Iffley Road*) *Commenced September* 1966 *Tuesday and Thursday at* 4.30–7 *p.m.*								
	6	409	47	462	7	722	106	835
Surgery, 164 *Oxford Road, Cowley Commenced October* 1968 *Daily* 10.30 *a.m. and alternate Saturdays*								
	21	125	13	159	66	526	114	706
Surgery, 58 *Hollow Way, Cowley Commenced November* 1969 *Monday and Wednesday* 4.30 *p.m. Tuesday* 11 *a.m.*								
	3	177	39	219	3	338	107	448

TABLE IV (continued)

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
Bury Knowle Clinic Premises, Headington Commenced January 1969 *Wednesday*, 10.15–11.30 *a.m.*								
	—	20	14	34	—	30	28	58
Surgery, 44 *St. Giles' Commenced November* 1969 *Thursday*, 10.30–11.30 *a.m.* (when necessary)								
	—	27	7	34	—	42	42	84
Surgery, 64 *Godstow Road Commenced April* 1970 *Wednesday* 4–4.45 *p.m.* (*until May*) *Thursday* 3–4 *p.m.* (*from May*)								
	2	35	15	52	2	73	126	201

TABLE V

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	76	11	79	—	4	—	—	—	—	—
Penicillin & other antibiotics	224	22	6	2	9	2	—	—	—	—
Insulin	—	—	—	—	—	—	—	—	—	—
Iron	15	14	—	14	42	1	—	—	1	—
Vitamin	158	80	339	45	63	101	95	16	1	81
De-sensitising	9	117	25	71	23	11	23	—	8	9
Sedatives	29	—	1	—	—	1	18	—	—	—
Diuretic	22	—	—	—	—	8	—	—	—	—
Gland and hormonal	28	29	48	1	29	15	22	—	3	—
Prophylactic inoculations	100	163	394	345	294	36	119	24	21	7
Dressings	1043	408	585	98	144	529	109	1	35	74
Enemas and bowel washouts	—	—	—	—	—	—	—	—	—	—
Genito-urinary treatment	—	4	12	—	12	—	—	—	—	—
Ear syringing	58	118	—	76	65	—	59	14	15	26
Cervical cytology	—	—	—	119	61	—	—	—	—	—
Antenatal examinations	—	—	—	15	—	—	—	—	—	—
Haemoglobin estimations	—	—	—	17	—	—	—	—	—	—
Blood pressure estimation, urinalysis and weighing	1	—	—	112	36	—	—	—	—	—
Miscellaneous	274	61	30	56	55	2	3	4	—	4
	2,037	1,027	1,519	971	837	706	448	59	84	201

The invaluable help given by the nursing aides is indicated by the 7,130 visits made by them, an increase of 1,208, the visits being mainly of the "general care" category.

5. Treatment at doctors surgeries and health centres

Analysis of the work undertaken by district nurses is shown in the preceding tables.

In almost every instance, the work of the district nurse in the doctors' surgeries has increased. This does not take into account the treatment given by "surgery nurses" at those health centres e.g. East Oxford and Jericho, where state registered nurses work only in the health centres and not on the district.

6. Training School

Two courses of training were held during the year in May and September. The examination was taken by 25 students. All those in the May course passed at the first attempt. The examination for the September course was held in January 1972 and the results are still awaited.

The Students were classified as follows:

Staff Students	10
Students sent by other authorities	15

(In the September course there were:
2 State Registered and
3 State Enrolled Nurses as Staff Students, and
4 State Registered, and 2 State Enrolled Nurses from Oxfordshire.)

7. Provision of Nursing Equipment

The provision of incontinence pads to patients of the district nursing service continued. This essential aid in the home nursing of patients extends to include those who are completely cared for by their relatives.

8. British Red Cross Society

Details of the equipment loaned in the City during 1971 are as follows:

Air rings	90	Hoists, independent	11
Baby scales	3	Hoists, personal	10
Bed blocks	27	Infra red lamps	7
Bed cradles	94	Medical sheep skin	13
Bed and mattress	7	Padded bed rests and wedges	9
Bed pans	94	Ripple beds	29
Bed rests	112	Rubber sheets	70
Bed tables	6	Sanitary chairs	4
Commodes	244	Sorbo rings	7
Crutches (pairs)	19	Urinals	63
Electric bells	2	Walking aids	215
Feeding cups	17	Walking sticks	43
Fracture boards	28	Wheelchairs	236
Hoists, electric	4		
			1464

SECTION IX

CHILD HEALTH

Report by Dr. JOAN GRAY
Principal Medical Officer

1. Premature Babies

Birth notifications included 85 live-born and 12 still-born premature infants weighing 5½ lb. or less and as a result these were officially classified as premature. Corresponding figures for 1970 were 88 live births and 5 still births.

All these premature births occurred in hospital, and 73 (86%) survived 28 days (see table).

2. Child Health Clinics

Thirty clinics were held weekly and one fortnightly throughout the year, and of these 15 were taken by general practitioners for their practice patients only. There has been a further decrease in attendances in all but two clinics, reflecting the falling birth rate, and it is therefore proposed to reorganise the days and times of some clinics to conserve professional resources.

The number of sessions held was 1,548 with a total attendance of 30,026 compared with 32,196 last year. The number of individual children attending were 5,855 and as there are approximately 8,000 children under 5 years of age in the City this represents overall a 73% attendance rate although for those children born in 1971, the actual attendance was about 98%.

Medical Work at Clinics

Medical officers at clinics continue to keep a record of their work. There were 1,548 sessions at which a doctor was present and altogether children under 5 years of age were seen by a doctor on 16,140 occasions (16,965 in 1970).

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

Immunisation and Vaccination	6670	38%
Routine Medical Examinations:		
Initial	1446	
6 Months	703	
1st Year	1122	
2nd Year	776	29%
3rd Year	631	
4th Year	383	
Consultation in relation to a problem	5828	33%

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

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
		Died				Died				Died			Born	
	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2 lb. 3 oz. or less	5	2	3	—	—	—	—	—	—	—	—	—	3	—
2 lb. 4 oz.—3 lb. 4 oz.	6	3	—	—	—	—	—	—	—	—	—	—	3	—
3 lb. 5 oz.—4 lb. 6 oz.	19	2	2	—	—	—	—	—	—	—	—	—	1	—
4 lb. 7 oz.—4 lb. 15 oz.	14	—	—	—	—	—	—	—	—	—	—	—	2	—
5 lb.—5 lb. 8 oz.	41	—	—	—	—	—	—	—	—	—	—	—	3	—
	85	7	5	—	—	—	—	—	—	—	—	—	12	—

Attendances at Child Health Clinics

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	No. of attendances made by children who at their first attendance were			Total attend-ances	Number of Sessions	Average attend-ances
		1971	1970	1969–66		Under 1 year	1 but under 2 yrs.	2 but under 5 yrs.			
Barton	39	39	36	83	158	643	141	91	914	52	17.58
Blackbird Leys (from 21.9.71 – 2 clinics weekly)	75	108	98	174	380	934	242	222	1,473	66	22.32
Blackbird Leys (General Practice clinic A closed 25.5.71)	14	11	40	70	121	222	57	72	365	21	17.38
Blackbird Leys (General Practice clinic B—2 clinics weekly)	65	80	87	232	399	1.041	345	406	1,857	104	17.86
Bury Knowle, Headington	68	49	95	145	289	966	204	148	1,386	52	26.65
Bury Knowle, Headington (General Practice clinic—2 clinics weekly)	82	77	81	126	284	878	147	153	1,260	102	12.35
Cowley	52	59	61	107	227	663	202	196	1,113	48	23.19
Cowley (General Practice clinic A)	58	50	41	105	196	586	170	203	1,017	50	20.34
Cowley (General Practice clinic B)	47	50	26	145	221	676	210	366	1,299	53	24.51
Donnington	38	41	44	71	156	488	117	67	710	52	13.65
Donnington (General Practice clinic)	40	42	33	69	144	396	65	77	578	51	11.33
East Oxford	98	103	82	97	282	1 043	282	117	1,540	48	32.08
East Oxford (General Practice clinic A)	49	47	61	114	222	609	183	219	1,060	52	20.38
East Oxford (General Practice clinic B)	113	105	86	112	303	1,215	312	192	1,832	51	35.92
East Oxford (General Practice clinic C)	40	26	25	54	105	341	92	234	707	52	13.60
New Marston (Clinic held fortnightly)	19	26	28	39	93	236	68	41	364	28	13.00
Northway	33	40	38	56	134	567	130	61	791	52	15.21
Rose Hill Community Centre	75	76	75	48	199	983	240	94	1,392	52	26.77
St. Barnabas	38	38	34	55	127	510	127	107	782	48	16.29
St. Barnabas (General Practice clinic)	59	37	28	60	125	476	122	148	805	52	15.48
South Oxford	42	40	37	73	150	465	150	131	788	51	15.45
South Oxford (General Practice clinic)	48	47	34	72	153	523	159	149	879	51	17.24
Summertown, S. Parade (2 clinics weekly)	156	124	136	219	479	1.615	450	310	2.531	103	24.57
Summertown Health Centre—(General Practice clinic)	64	65	85	123	273	685	203	148	1,100	51	21.57
West Oxford	31	37	46	53	136	519	163	44	757	50	15.14
Wolvercote	27	19	46	65	130	521	181	196	925	52	17.79
Wood Farm Health Centre	54	56	67	98	221	767	176	133	1,130	52	21.73
12 Old High Street, Headington (General Practice clinic)	33	29	39	80	148	385	99	154	671	52	12.70
	1,557	1,521	1,589	2,745	5,855	18,953	5,037	4,479	30,026	1,548	19.40

* Included in the above figures are attendances made by children living in the county (457 children made a total of 2514 attendances)

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

Feeding Problems	352
Physical Illness or Defect	4340
Fitness for Prophylaxis	549
Behaviour Problem	216
Other	371
	5828

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

Family Doctors	159
Hospital Departments	81
	240

The work undertaken shows the trend of the past few years approximately a third of the time being given each to periodic medical examinations, vaccination and immunisation, and consultations in relation to a problem. Few children attend for developmental examinations after the age of 3 years but many of the older pre-school children receive regular examinations at nursery-classes or nursery-schools.

3. National Welfare Foods and medicaments

National Welfare Foods are distributed during office hours at Greyfriars as well as at every child health clinic.

The number of items distributed were as follows:

	At Health Department		At clinics		Total	
	1970	1971	1970	1971	1970	1971
Pkts of National Dried Milk	1,275	551	10,500	7,889	11,775	8,440
Bottles of National Codliver Oil Compound	171	43	1,729	631	1,900	674
Bottles of Concentrated Orange Juice	3,231	2,387	27,990	29,537	31,221	31,924
Packets of Vitamin and Mineral tablets	166	104	962	667	1,128	771
Bottles of A. D. & C. Drops	—	110	—	2,669	—	2,779
	4,843	3,195	41,181	41,393	46,024	44,588

In October 1970, cod-liver oil was withdrawn, and concentrated Vitamin A C and D drops became available. At the end of December 1971, concentrated orange juice, was also withdrawn. These changes are indicated in the table above. Trends in infant feeding are also apparent from the decreased take-up of National Dried Milk.

A small range of simple medicaments, including ascorbic acid tablets, Vitamin A and D drops and an iron preparation are kept at clinics.

4. Teaching

The clinical teaching of medical students continued at four clinics, two taken by general practitioners and two by local authority doctors.

General practitioners attending postgraduate courses, student health visitors and student midwives also attended clinics for observation and instruction.

5. Register of Handicapped Pre-School Children (Dr. Cynthia Phillips)

The registration of handicapped or potentially handicapped pre-school children has continued. The initial notification is the responsibility of the health visitor, who subsequently 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 Social Services Department or to the School Health Service when it becomes apparent that some special action will have to be taken. In this way, every effort is made to ensure adequate support for the parents, and an assessment of the child's educational needs before he reaches school age.

There were 82 children on the register at the end of the year, 28 being new cases with the following handicaps:

Congenital abnormality or disease	8
Mental retardation	7
Neurological disease	4
Defective sight	2
Defective hearing	1
Other conditions	6

All children were adequately cared for at home except for one child in care now living permanently at an Invalid Children's Aid Association Home. One child attended the Mabel Pritchard School and six children attended the special playgroup for the mentally handicapped. One child attended the spastics day centre and nine attended nursery schools.

Four handicapped children died during the year.

6. Notification of Congenital Abnormalities

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

The total number of infants registered was 31, an incidence of 22.7 per thousand total births compared with 20.1 in 1970.

The total number of abnormalities found was 40, an incidence of 28.4 per thousand total births compared with 24.6 last year. These abnormalities occurred in 13 live-born and 5 still-born female infants and 12 live-born and 1 still-born male infant. Eighteen of these infants were born in hospital, 9 in the General Practitioner Unit and 4 at home. All 6 still-born infants were delivered in hospital, three of which were anencephalic, one hydrocephalic with a meningocele, one a hydrops foetalis and the remaining one a skeletal torsion with exomphelos.

The following table shows the distribution of abnormalities and includes figures for the previous four years for comparison:

	1967	1968	1969	1970	1971
Central nervous system	7	7	7	6	11
Eyes and ears	2	1	1	1	1
Alimentary system	6	2	2	4	5
Heart and great vessels	1	—	1	3	—
Respiratory system	—	—	1	—	—
Uro-genital system	2	4	5	1	1
Limbs	10	10	9	12	11
Other skeletal	1	—	1	1	5
Other systems	1	3	—	3	4
Other malformations	2	4	6	2	2
	32	31	33	33	40
Incidence per 1,000 total births	19.0	20.0	23.8	24.6	28.4

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

Age in years	Parity						Total
	0	1	2	3	4	5	
15–19	2	3	1	—	—	—	6
20–24	10	4	1	—	1	—	16
25–29	1	3	3	—	—	—	7
30–34	—	—	1	—	1	—	2
35–39	—	—	—	—	—	—	—
40 years and over	—	—	—	—	—	—	—
	13	10	6	—	2	—	31

Comparative maternal age incidence for the years 1967–71 is shown in the following table:

Age in years	1967	1968	1969	1970	1971
15–19	—	5	3	9	6
20—24	10	6	12	11	16
25—29	13	6	7	7	7
30—34	2	5	2	—	2
35—39	1	—	2	—	—
40 years and over	2	1	—	—	—
	28	23	26	27	31

7. Infant Deaths

There were 27 infant deaths of whom 14 died within the first week of life, and of these 10 died within the first 24 hours of life. The 14 infant deaths in the first week all took place in hospital and in 10 cases gross immaturity was the major cause of death. Of the remaining 13 infants who died within the first year of life, 6 were designated as "cot deaths" or

"sudden death in infancy syndrome". As in previous years a confidential enquiry was carried out by the health visitor concerned and recorded on a prescribed form. This revealed that of the 6 cases, only one involved no obvious social factors. Four of the remaining five families were immigrants from different countries who were living in unsatisfactory housing circumstances and with low standards of child care. In one of these cases the child was found dead in his cot at the Day Nursery where he and his sister were cared for and in another case the 'cot death' occurred in the home of private foster parents. The fifth case was the infant of an unmarried mother of 17 years living in one room who had received constant support from social worker and health visitor from the time she was admitted to the Mother and Baby Hostel late in her pregnancy.

Any avoidable factors in these cases were basically social rather than medical. Of the other 7 children, all died in hospital as a result of a severe congenital abnormality, four having heart conditions, two hydrocephalus and one intestinal obstruction caused by exomphalos.

8. Screening for Phenylketonuria

Routine screening procedures for phenylketonuria and other inborn errors of metabolism by paper chromatographic methods continued and 1220 infants were tested representing about 90% cover for all City born infants.

Of the total examined 48 gave doubtful reactions and were retested and one of these was found to have phenylketonuria, treatment being instituted. This case had been anticipated as an older sibling had the condition.

9. Adoption Act 1958 (Dr. Cynthia Phillips)

The Social Services Department acting as an Adoption Agency is responsible for the placing of babies for adoption. On its behalf 16 babies were examined during the year, compared with 32 in 1970 and 46 in 1969. The continuing decrease was again due to fewer cases being referred to the Social Services Department and more mothers choosing to keep their babies. All the babies were found to be in good health, and their progress was discussed at the time of examination with the social worker concerned.

A doctor from the Health Department advises the Adoption subcommittee of the Social Services Committee about the medical aspects of cases when the suitability of prospective adopters is under consideration. The Social Services Department obtains a medical report in all cases, but frequently further information has to be sought from the family doctor or appropriate specialist.

Thirty three cases were considered during the year, the majority of these being applications for a second child or a "hard-to-place" child.

SECTION X

IMMUNISATION AND VACCINATION

Report by Dr. P. Harker, Senior Medical Officer.

The local schedule for routine immunisation in infancy was modified in August following a recommendation from the Department of Health that routine vaccination against smallpox should cease. The progress of world eradication of smallpox has reduced the chance of exposure to smallpox in this country to such a low level that routine infant vaccination against this disease is considered to be unnecessary. Children travelling to areas where a certificate of vaccination is required are vaccinated at clinics on request.

The revised schedule is:

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

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							
	1971	1970	1969	1968	1964–1967	Others under 16	Total for 1971	Total for 1970
A. *Primary Immunisation*								
1. Triple Antigen (DTP/Vac) ..	561	832	28	7	5	—	1,433	1,430
2. Combined Dip/Tetanus Prophylactic (DT/Vac/PTAH) ..	1	10	6	2	61	17	97	63
Totals	562	842	34	9	66	17	1,530	1,493
B. *Booster injections*								
1. Triple Antigen (DTP/Vac) ..	—	2	5	1	3	1	12	21
2. Combined Dip/Tetanus Prophylactic DT/Vac/PTAH ..	—	1	5	3	1,474	73	1,556	1,426
Totals	—	3	10	4	1,477	74	1,568	1,447

General practitioners were responsible for giving 10 of the primary courses and 1 booster dose 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. 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	126	91	48	265		146	138	38	322	
Percentage of each injection	9.0	6.3	3.3			10.1	9.6	2.6		
Percentage of all injections				1971 6.1	1970 5.8				1971 7.0	1970 6.0

General reactions were mild and of short duration with the exceptions of one child reported unwell for one week, and one child who had a convulsion although she was receiving routine anticonvulsive drug therapy. Of the local reactions recorded, 286 (89%) were painless nodules in the arm muscle. One child developed a sterile abscess and another an infected abscess at the injection site.

A survey of health visitors' records of two year old children at the end of the year showed that 96.5% of these children had received full courses of triple antigen. This compares well with the previous years, as can be seen below:-

1962	92%
1963	89%
1964	90%
1965	93%
1966	93%
1967	92%
1968	94%
1969	96.5%
1970	96%
1971	96.5%

The 3.5% unprotected represents only 41 children.

There was a very slight increase in the number of cases of whooping cough notified, from 34 last year to 38. The average number for the last five years is 68.

Of the 38 cases, 30 occurred in previously immunised children. Of 8 cases in unprotected children, 2 were too young to have started immunisation. Details of the 38 cases are as follows:-

Age at Notification	0–	1–	2–	3–	4–	5–	10–	Total
Immunised ..	4	5	2	3	2	13	1	30
Unimmunised	–	–	1	1	1	3	2	8

IMMUNISED CASES—INTERVAL SINCE IMMUNISATION

Time interval	0–6 mths.	6 mths.–	1 yr.–	2–	3–	4–	5–	6–	7–	Total
Cases	2	3	6	5	–	3	4	2	5	30

A five month child developed severe whooping cough four weeks after her first injection, and two seven year old children, one not immunised, had severe attacks.

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 1971	239	—
Children born in 1970	1,013	—
Children born in 1969	71	6
Children born in 1968	17	2
Children born in 1964–1967	94	1,580
Others under 16	27	78
Total 1971	1,461	1,666
Total 1970	1,571	1,564

A number of children entering school are given a full course of vaccine if there is doubt about their immunisation state and 108 received a full course this year compared with 97 last year and 153 in 1969. Reinforcing doses are given routinely at school entry.

The immunisation rate for poliomyelitis, as judged on the Health Visitors' returns for children born in 1969, is 95% The 5% unprotected represents only 49 children.

The position for the last seven years is shown below:-

Year	*Vaccination rate*
1966	93%
1967	91.6%
1968	93%
1969	95.5%
1970	95.5%
1971	95%

Local factories and hospitals are supplied with vaccine on request, the United Oxford Hospitals receiving 2390 doses and factories 30 doses.

3. Measles Vaccination

A minor but unexpected epidemic of measles occurred in the City from June until September. The following table shows the number of children vaccinated each year and the number of notified cases of measles since vaccination commenced.

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.
1971	1,205	361	60	Epidemics in some surrounding areas.
Total	10,824	1,695	130	

The age distribution of cases occurring in the vaccinated this year is similar to that of all cases. (see attached table).

Age distribution of Cases of measles in 1971

	0–	1–	2–	3–	4–	5–	10–	15–	Total
All cases	13	27	32	19	41	215	12	2	361
Cases in the previously vaccinated	–	9	6	1	9	35	–	–	60

It is hoped that a full report on our 1971 measles experience will be published shortly. This will certainly emphasize the necessity for a still higher vaccination rate. Health Visitor returns on children born in 1969 show that 81% have been vaccinated. The vaccination rates for the last five years are as follows:

Year	*Vaccination rate*
1967	53%
1968	66%
1969	76%
1970	76.5%
1971	81%

The 19% unprotected represents 226 children, but 41 of these were reported to the Health Visitors as having had measles.

The vaccine surveillance scheme undertaken on behalf of the Medical Research Council has continued satisfactorily, and 1041 (86%) vaccinations have been followed up. There were no cases of convulsions following vaccination and reactions have mostly been mild, with a few classified as moderate.

4. Vaccination against Smallpox

(January–August)

The following table shows the number of children vaccinated up to August this year.

Age at date of vaccination	Primary	Re-vaccination
0– 2 months	2	—
3– 5 months	6	—
6– 8 months	—	—
9–11 months	60	—
12–23 months	543	—
2– 4 years	120	16
5–14 years	14	124
15 and over	—	10
Total	745	150

General practitioners performed 26 primary and 143 re-vaccinations in the same period.

The health visitors' records of two year old children in July showed that 73% had been successfully vaccinated against smallpox.

5. Rubella Vaccination

Vaccination of 13 year old girls in maintained and non-maintained schools is now a routine procedure and 939 girls were vaccinated with no

reports of reactions. There was a 97% acceptance rate in maintained schools.

Blood tests for rubella antibodies and subsequent rubella vaccination of seronegative persons have been offered to departmental nursing staff and women teachers in City schools. A total of 126 women were tested, of whom 19 (17.7%) were seronegative and vaccine was given to 16 of these. No untoward reactions have been reported.

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 Tuesday at 2 p.m. A fee of £1 is charged.

Total of 1213 vaccinations were performed, which represents the expected steady increase over previous years, as the following table shows:

1966	667
1967	845
1968	978
1969	1073
1970	1120
1971	1213

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

(b) *Other Diseases.*

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

7. Immunisation of Staff

Medical, nursing and ambulance staff, together with public health inspectors, were advised concerning the need for routine protection against smallpox, tetanus and poliomyelitis and clinic sessions were arranged as necessary. A triennial revaccination against smallpox for all the above personnel is essential because their chance of exposure to this disease is higher than that of the general public.

SECTION XI

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 has been renewed until the 1st January 1973.

Streptococcal Infection

There were 28 notifications of scarlet fever, all of which were sporadic cases. An analysis of 214 throat swabs which grew beta haemolytic streptococci showed that 80% were group A and one in five was of the type 12 variety. Resistance to tetracycline was reported in 13% of the organisms isolated. These results give little indication of the prevalence of streptococci in the community as they depend on the very variable frequency of swabbing adopted by different general practitioners. Thus seven of the City's 69 general practitioners accounted for two-thirds of the positive swabs. One can, however, say that despite the continued and widespread existence of this organism in the community, as shown by these figures, the incidence of serious complications (nephritis or rheumatic fever) remains at a very low level.

Whooping Cough

There were 38 notified cases, the majority occurring in the first half of the year. Two thirds of the cases were in young children 2–9 years of age. Four cases were infants less than a year old.

Diphtheria and Poliomyelitis

No cases occurred.

Diphtheria was last notified 22 years ago and poliomyelitis five years ago. The latter was a single isolated case in an adult; no child has suffered from poliomyelitis within the past fourteen years.

Measles

The very successful vaccination scheme which started in 1964 has resulted in a relatively high level of immunity against measles in Oxford. The last of the biennial epidemics in 1965 was followed by a steady decline until June of this year when a minor but unexpected summer epidemic occurred. Before the onset of the 1971 outbreak it was estimated that of 22,000 children under fifteen years of age, at least 48% had been vaccinated

and 28% had already had measles—giving an immune child population of at least 76%. A perusal of health visitor records of children now aged three and four years showed that 76% had been vaccinated and 5% had had measles.

In this summer's epidemic the 322 notified cases comprised 50 vaccinated and 272 unvaccinated children. The attack rates were calculated as five per thousand vaccinated children and 52 per thousand unvaccinated children with no history of measles. The effectiveness of the vaccine is therefore estimated to be 90% and there is no evidence of any decline in the protection given by the vaccine over a period of six years.

Health visitors enquired into the reasons for non-vaccination in 221 of the 272 children who contracted measles. It was ascertained that a third of the parents had refused vaccination when offered; in another third there was a definite reason against vaccination at the time (e.g. ill, thought to have had measles, a history of fits), whilst the remaining third had been forgetful or alleged that they were unaware of the scheme.

It is clear that an epidemic of measles can still occur in a community with at least 75% of its children immune to measles. To eradicate the disease a higher vaccination rate will be required and there is clearly scope for further effort.

Acute Meningitis

No case was notified.

Acute Encephalitis

One case following mumps was notified during the year.

Bacillary Dysentery

Only nine cases were notified. One case of flexner dysentery occurred in a visitor from Persia and three cases of shigella boydii dysentery occurred in an immigrant family. The remaining five cases were all sporadic instances of sonne dysentery. There were no general outbreaks of the disease.

Typhoid and Paratyphoid Fevers

An eight year old girl developed the classical features of typhoid fever a week after returning from a long holiday in Naples. However, bacteriological proof of infection was not obtained despite a diligent search. She responded to treatment with chloramphenicol and made an uneventful recovery. The clinical diagnosis of typhoid remained unproven by laboratory tests.

A first year undergraduate developed diarrhoea five days after the start of term and then ten days later suffered from fever. On investigation the Widal test showed that he was suffering from paratyphoid B infection although the organism was never recovered. The origin of his paratyphoid was not detected.

Food Poisoning

There were nine unrelated sporadic cases of salmonella food poisoning (four due to typhimurium, two to enteritidis, and one each to st. paul, newport and stanley). There was one small family outbreak in which a father and son were infected abroad with salmonella blockley. An undergraduate was accidentally infected whilst working with a salmonella typhimurium culture in the laboratory and a nurse was infected in hospital through nursing an elderly incontinent lady who persistently excreted the organism. In the remaining nine cases the origin of the infection was not positively identified.

Leprosy

A patient with diamorphous disease moved to Oxford in the autumn so that we now have three patients on the register, all having out-patient hospital care.

Infective Hepatitis

There were 75 cases, of which 50 occurred in the first four months of the year, representing the final waning of the epidemic which began in March, 1969.

Glandular Fever

There was little change in the pattern of this disease though slightly more cases were notified this year—107 in all. There were 49 cases amongst undergraduates and seven nurses developed the disease. A retrospective survey of all cases notified since 1967 showed that males aged 15 to 25 were the most prone group to develop glandular fever. There is no great variation in seasonal incidence. Paul Bunnell-positive cases formed 68% of the total, 17% were negative, whilst in 15% there is no record of a Paul Bunnell test.

GLANDULAR FEVER—NOTIFIED CASES, OXFORD CITY 1967–1971

Age Attack Rate per **100,000** *Estimated Mid-year Population* **(1970)**

Age Group	*Attack Rate (All Cases)*	*Attack Rate (Paul Bunnell positive cases)*
0–4	6	Nil
5–9	30	10
10–14	40	24
15–24	360*	252
25+	10	7
Total	84	58

* The attack rate for males is 394 and for females, 301, in this age group.

The Health Department has continued to help the Public Health Laboratory Service with the E.B. Virus Survey. A total of 65 nursery school children had antibody tests and 31% were positive for E.B. Virus antibody. Sero-negative children were retested approximately six months later and

so far three have shown conversion to a positive result. These three had different mild illnesses in the six months and details have been recorded for the survey.

Influenza

There was no epidemic this year although the virus was isolated from individual cases during December and the sickness absence claims showed a slight increase over the same period. School attendance was unaffected. 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 routine vaccination of medical, nursing and public services staff and an entirely satisfactory vaccine is still not available.

Malaria

Three cases were notified, all having contracted the disease abroad.

Surveillance of Travellers

Following the notification of cases of cholera in Spain and North Africa during the summer we were asked to undertake the surveillance of 124 returned travellers who had visited the areas concerned. Fortunately, no cases were found but a considerable amount of extra work had to be undertaken by departmental staff.

We also undertook the surveillance of 21 travellers from smallpox endemic areas who did not possess valid international vaccination certificates, fortunately with negative results.

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.

The following report was prepared by Dr. A. Maheson, M.B., B.S., Resident Medical Officer, Slade Hospital.

"The total number of admissions was 409, of which children (under 15 years) constituted 226 and adults 183. Non-specific gastroenteritis was the most common illness followed by glandular fever and whooping cough. There were 95 cases of non-specific gastroenteritis, of whom most were children and many of these had a preceding upper respiratory tract illness or otitis media. During the winter months there were 10 patients who had acute gastroenteritis preceded by a flu-like illness, and these were probably all cases of "winter vomiting" disease, as no virus was isolated.

There were 11 cases of infantile gastroenteritis associated with escherichia coli, of which 0111 was the prevalent type. Five cases of bacillary

Notifiable infectious diseases since 1952

Disease	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	102	136	35	23	24	29	56	94	118	56	70	37	23	14	13	38	29	32	21	28
*Erysipelas	18	20	21	16	1	10	10	8	13	17	8	12	7	8	12	—	4	—	—	—
*Puerperal Pyrexia	126	117	105	149	116	93	100	47	47	41	26	41	78	37	17	8	11	—	—	—
Ophthalmia neonatorum	18	47	47	37	64	64	50	14	18	18	4	1	2	1	—	3	6	2	—	1
Pemphigus neonatorum	1	2	—	1	—	1	—	1	2	2	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	461	2376	13	1001	888	1220	139	1117	409	1711	429	1593	280	1285	449	321	306	193	66	361
Whooping Cough	71	367	302	90	29	213	23	40	55	80	2	41	87	21	33	180	78	6	34	38
*Pneumonia	64	91	71	81	65	71	51	56	22	34	22	38	16	11	11	22	14	—	—	—
Poliomyelitis—																				
Paralytic	4	6	2	13	1	6	1	—	—	1	—	—	—	—	—	1	—	—	—	—
Non-Paralytic	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis																				
Infective	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	4	1	—
Post-infectious	—	—	—	—	4	—	—	—	—	1	—	1	—	1	1	1	—	—	2	1
Meningococcal infection	2	5	3	6	—	2	3	2	2	3	—	—	1	—	3	1	1	2†	3	—
Typhoid Fever	—	—	—	1	1	—	—	1	—	—	1	1	—	—	2	1	—	2	3	1
Paratyphoid	—	—	2	2	—	—	—	2	2	1	—	2	1	—	—	1	2	1	1	1
Bacillary Dysentery	68	79	233	66	526	127	28	90	125	101	20	68	79	116	50	79	106	40	51	9
Amoebic Dysentery	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
Food Poisoning	40	25	37	119	154	21	72	26	23	6	13	100	39	68	11	7	210	35	37	11
Infective Hepatitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28	26	129	298	75
Glandular Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	85	98	100	77	107
Leptospirosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3

*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.

Age and Area of all notified infectious diseases in 1971

Notifiable Diseases	Cases notified in whole district Ages in years												
	At all ages	Under 1 yr.	1–	2–	3–	4–	5–	10–	15–	20–	35–	45–	65–
Scarlet Fever ..	28	—	—	2	1	1	16	6	2	—	—	—	—
Ophthalmia neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—
Measles	361	13	27	32	19	41	215	12	1	—	—	1	—
Whooping cough ..	38	4	5	3	4	3	16	1	—	2	—	—	—
Acute encephalitis-post-infectious ..	1	—	—	—	1	—	—	—	—	—	—	—	—
Typhoid fever ..	1	—	—	—	—	—	1	—	—	—	—	—	—
Paratyphoid	1	—	—	—	—	—	—	—	—	1	—	—	—
Bacillary dysentery ..	9	—	—	1	1	—	2	—	—	2	3	—	—
Food poisoning ..	11	1	—	—	—	—	1	1	1	1	1	3	2
Infective hepatitis ..	75	—	—	—	—	—	13	16	8	31	3	4	—
Glandular fever ..	107	—	—	—	—	—	3	2	38	62	2	—	—
Malaria	3	—	—	—	—	—	—	—	—	3	—	—	—

dysentery were due to shigella sonnei, a marked reduction from last year.

There were 35 patients admitted with severe throat infections and of these 24 turned out to be cases of glandular fever, whilst 11 were cases of tonsillitis or quinsy. As usual, most of the cases of glandular fever occurred amongst undergraduates. At least four cases were complicated by a profuse rash following ampicillin therapy.

A 22-year-old girl presented with a severe glandular fever like illness but repeated investigations were negative. She posed an unresolved diagnostic problem and was eventually referred to the haematologists at the Radcliffe Infirmary for follow-up.

In spite of available vaccination there were 23 cases of pertussis and 14 cases of measles. Bordetella pertussis was only isolated in three cases. Five of the measles cases were complicated by otitis media and seven by bronchopneumonia.

There were three cases of erysipelas and two of scarlet fever.

There were 19 cases of chickenpox and five of herpes zoster. A six-year-old girl had chickenpox with the rare complication of acute myositis. Two cases were complicated by chickenpox pneumonitis. The two cases of herpes ophthalmicus occurred in patients over the age of 75 years.

There were 11 cases of meningitis, four of which followed mumps. A three-year-old girl with mumps developed a severe post-infectious encephalitis from which she made a complete recovery. Four children were transferred from the United States Air Force base hospital at Upper Heyford with mumps and one of these developed an orchitis.

There was a 30% drop in the number of cases of infectious hepatitis. Three patients were sent from the Haemophilia Centre at the Churchill Hospital with severe jaundice, and they were probably cases of serum hepatitis as in two of them Australia antigen was found to be present. A six-year-old boy developed acute hepatic failure and was transferred to the Radcliffe Infirmary.

Bronchitis, bronchiolitis and laryngo-tracheo-bronchitis together accounted for 13 cases. One child aged three years admitted with acute bronchitis turned out to have pulmonary tuberculosis.

There were three cases of typhoid and three of paratyphoid fever. A brother and sister aged 22 and 20 years who returned to Aylesbury from a holiday in Italy were admitted with typhoid fever. Their parents, who had been to Italy with them, were also admitted for investigation but did not contract the illness. Another eight-year-old girl also returned to this country after a holiday in Italy and then developed typhoid fever. A 35-year-old man developed severe diarrhoea in Chile and on return to England was found to be suffering from paratyphoid fever.

Of the 16 cases of food poisoning, six were due to salmonella typhimurium, four to salmonella enteritidis and one each to salmonellae agona, stanley, newport, st. paul, bredeney and chester. In addition there were three who had a prolonged typhoid-like illness, which does occur occasionally in salmonella infection. One of these was a 12-year-old boy who had a holiday in France and salmonella virchow was repeatedly isolated from both his blood and stools. The other two were brothers aged 12 and 10 recently returned from Ibiza after a holiday with their parents. They were admitted with long-standing fever and salmonella menston was isolated from both the blood and stools. All three children had an intensive course of antibiotic therapy as in cases of typhoid fever and all made an uneventful recovery. An 85-year-old lady was transferred from the Wantage Cottage Hospital with severe vomiting and diarrhoea caused by salmonella typhimurium, and after clinical recovery the organism continued to be excreted in either stools or urine for ten months. She eventually became free of the organism and was then transferred to Cowley Road Hospital for rehabilitation.

Three children admitted with diarrhoea and vomiting turned out to be cases of acute appendicitis.

There were two cases of malaria, one being infected in Africa with plasmodium falciparum and the other in India with plasmodium vivax.

In the course of the year, four adults presenting with prolonged fever were exhaustively investigated but eventually each recovered without specific therapy. No diagnosis was made.

A number of children were admitted as possible cases of infective skin lesions; six had impetigo and there were single cases of napkin psoriasis, pityriasis, henoch schonlein purpura and erythema multiforme.

Miscellaneous cases admitted included pemphigus neonatorum, staphylococcal septicaemia, brucellosis, diverticulitis and polymyalgia rheumatica.

There were six deaths, five of whom were adults, and of these, three patients over the age of 75 years died of acute gastroenteritis and two of congestive cardiac failure. One child aged three years died from acute bronchopneumonia.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1971

	Adults	*Children*	*Total*
Gastroenteritis (non-specific)	21	76	97
Glandular fever	22	2	24
Pertussis	—	23	23
Infectious jaundice	20	2	22
Pneumonia	7	15	22
Chickenpox	8	11	19
Salmonella infection	13	6	19
Otitis media	1	16	17
Measles	2	12	14
Bronchitis, bronchiolitis, laryngo-tracheo-bronchitis	5	8	13
Tonsillitis and quinsy	7	4	11
Infantile gastroenteritis (E. Coli)	—	11	11
Virus meningitis	6	5	11
Mumps	3	6	9
Upper respiratory tract infection ...	1	8	9
Rubella	4	3	7
Typhoid and paratyphoid	5	1	6
Impetigo	—	6	6
Dysentery	1	4	5
Urinary tract infection	2	3	5
Herpes zoster	4	1	5
Pyrexia of uncertain origin	3	1	4
Herpes simplex	1	2	3
Erysipelas	3	—	3
Malaria	2	—	2
Scarlet fever	—	2	2

There were single cases of influenza, brucellosis, pulmonary tuberculosis, pemphigus neonatorum, staphylococcal septicaemia, henoch schonlein purpura and erythema multiforme.

C. TUBERCULOSIS

University B.C.G. Scheme

Undergraduate members of the University 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		1971	
	No.	%	No.	%	No.	%	No.	%	No.	%
Attending for Heaf test	124		201		89		123		74	
Attending second session for reading	110	89	184	91	75	85	119	97	68	91
Given B.C.G.	76	69	127	69	46	61	88	74	47	69
Heaf positive	34	31	57	31	29	39	31	23	21	31
Heaf positive due to previous B.C.G.	7		7		5		13		15	
Corrected Heaf positive reactors	27	21	50	24	24	32	18	15	6	8

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.

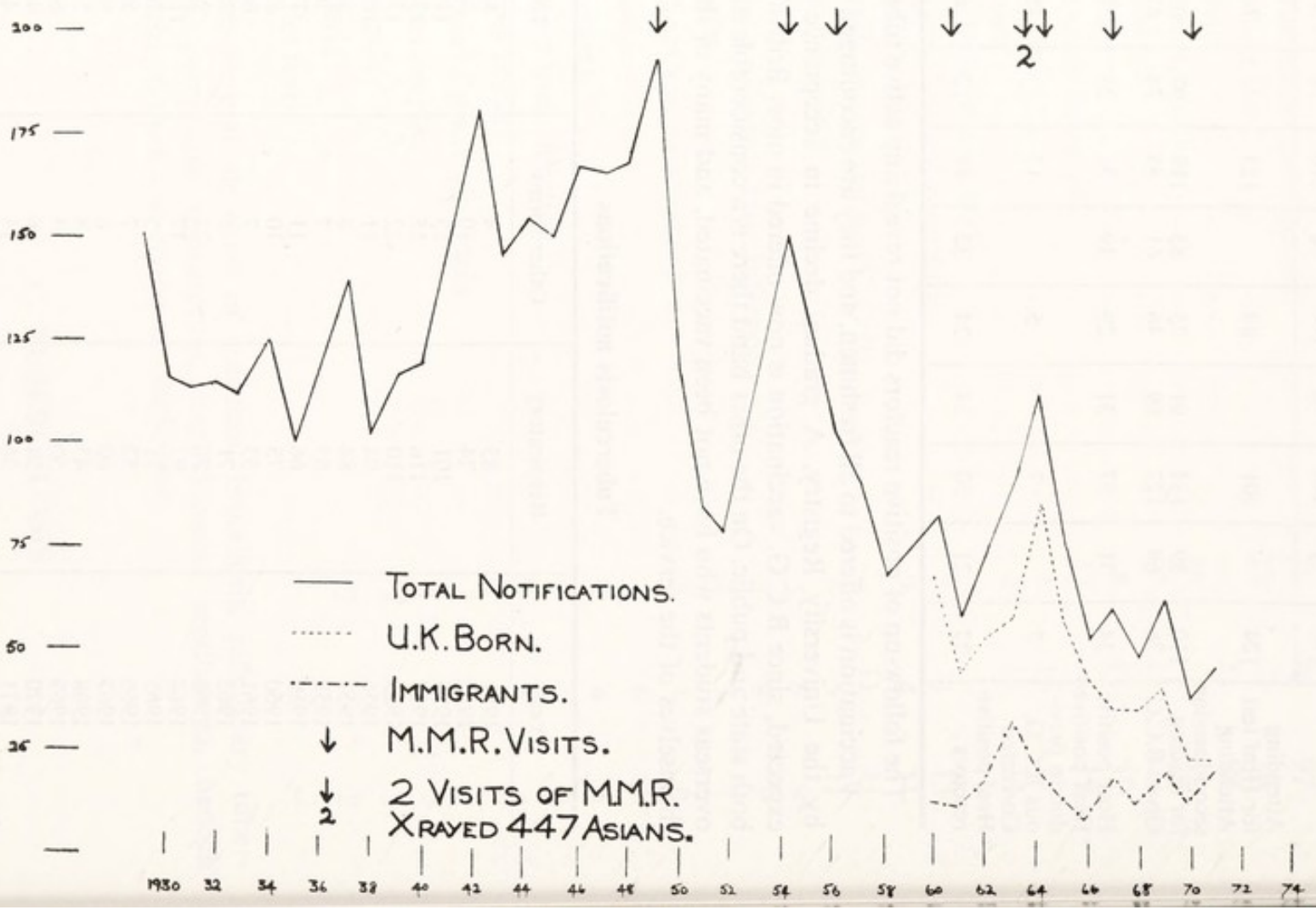
Tuberculosis notifications

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
1971	36	11	47

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

Tuberculosis notifications at 49 were over 20% up on last year, but figures for individual years are not a true indication of the trend. A graph

NOTIFICATIONS OF TUBERCULOSIS 1929 - 1971



of notifications since 1929 when the City boundary was altered gives a much better indication of the change in incidence of tuberculosis though even this is misleading owing to the change in criteria for notification. Since tuberculosis became treatable by specific drugs many more patients with minimal disease have been notified and treated, but there has been no change in criteria in the last 15–20 years in Oxford.

The failure of the Mass Radiography Unit to find much tuberculosis in Industrial workers in Oxford in 1970, 3 out of 17,429 as compared with 22 out of 17,373 in 1967, and 44 out of 26,155 in 1964, received much publicity in the local press, but this clearly does not give a true picture of tuberculosis in the community.

Points of interest shown by the graph are:

(1) The steady fall in incidence of tuberculosis in Oxford since 1929. This is well known and applies to the country as a whole. It is social change and preventive action which is responsible for the fall, not specific treatment, which has had its greatest impact on mortality. The increase during the war years demonstrates the importance of social conditions.

(2) It must be noted that the graph is of the number of cases and not the percentage incidence and so does not take into account the increase in population. The effect of specific treatment on incidence is hidden by the increased notification of minimal disease when this treatment became available in 1948 and widely used in 1950.

(3) The peaks due to visits of the M.M.R. Unit are apparent, but X-raying those who are symptom free is no longer an effective way of picking up new cases.

(4) The rise in 1963 was due to two special visits of the M.M.R. Unit to X-ray Asian immigrants in whom the number of new cases doubled that year.

(5) The importance of tuberculosis among the immigrant populations is shown by the separate graphs since 1960, the first year that special note was made of immigrants.

It is apparent that if the fall in the number of cases among those of U.K. origin continues at the same rate, there will be only 5/100,000 population/year in 5 years in this group, whereas with the incidence among immigrants remaining much the same, the total incidence will not fall below about 20/100,000/year for the forseeable future.

Surely this is a convincing condemnation of the policy of allowing immigration without medical examination.

Tuberculosis in Immigrants

The country of origin of immigrants is listed below.

Pakistan	12	
India	2	
Ceylon	1	
Spain	1	A waiter previously inadequately treated in Spain, with resistant bacilli.
Hong Kong	1	
Thailand	1	
Dominica	1	
Albania	1	Reactivation of old disease after 20 years in England.
Italy	1	
Uganda	1	Students diagnosed because of symptoms, neither X-rayed on arrival in U.K.
Gambia	1	
Total	23	

One Pakistani woman was picked up on X-ray at London Airport, her 13 year old daughter who came with her was not X-rayed at the airport, but also had active pulmonary tuberculosis.

The number of immigrants skin tested and subsequently given BCG or chest X-ray is given in the following table (1970 figures in brackets).

Total attendances	140	(74)
X-rayed	42	(22)
Tine Tests	139	(74)
Negative	99	(50)
Positive	40	(24)
Vaccinated	98	(49)
Notified	2	(0)

University M.M.R.

Academic year 1970–71.

Total number scheduled to attend	6,619
Total number attending for Miniature Radiography	5,434
Total number attending for large film no M/R ...	39
Total number recalled for large film	38
Total number attending for large film	77
Total number failing to attend	1,146
Presumptive active tubercle	2
Presumptive healed tubercle...	88
Pleural thickening (Diaphragmatic adhesions) ...	1
Inflammatory lesions	1
Other lung conditions	2
Cardiac abnormality	4

Thoracic cage abnormality	3
Miscellaneous	4
No Lesion seen	52

The finding of two African students with active sputum positive tuberculosis and the figures for tuberculosis among immigrants, emphasizes the importance of X-raying students from overseas.

Contacts

A total of 380 new contacts were examined of whom 4 were notified as having tuberculosis. BCG was given to 240.

Deaths

Death occurred in 11 patients on the register of whom 2 died from active pulmonary tuberculosis. One, a woman aged 45, was originally notified in 1951 with very extensive bilateral pulmonary tuberculosis. Her initial treatment although sufficient to save her life, was inadequate, as a result of our insufficient knowledge at that time, to cure her. Her bacilli became resistant to standard then second line drugs, and in spite of almost continuous treatment with many drug combinations she developed rapidly progressive and uncontrolled disease about six months before her death.

The other who died was a man of 85, who was found to have confluent miliary tuberculosis a few days before his death.

Two patients aged 52 and 76 died of respiratory failure directly due to damaged lungs from tuberculosis many years previously. For the remainder aged 58–71 tuberculosis did not play a part in their death.

Smoking

It is planned to have an anti-smoking campaign in 1972 organised in co-operation with the Health Education Officer and we hope with the active support of all those who are interested in the health of the nation. This is only a small first step in creating the climate of opinion which is necessary before real progress can be made in bringing to an end this serious epidemic which is the cause of so much chronic disability, apart from the daily discomfort and inconvenience to those who do not smoke.

General

This year's figures demonstrate that we have a long way to go before we can call tuberculosis a rare disease.

Compulsory X-ray for all those entering the country as immigrants or students is an obvious important way of ensuring that those coming from countries where tuberculosis is still very widespread, are diagnosed and treated before spreading the disease.

The Care Committee continues to help those it can, though limited by shortage of funds, in spite of a most generous contribution by the Lord Mayor from receipts from the Carol Concert in the Town Hall, for which I would like to thank him on behalf of the Chest Clinic staff and patients. A house to house collection is to be held in March.

Until recently there has been a separate report from our Medical Social Workers; the absence of this as a separate item does not indicate any falling off in the need for the experienced and sympathetic care our patients have always received, but I regret to say that in spite of a greatly increased number of patients, we now have less of the hospital Medical Social Workers' time devoted to our patients. Instead of two full time workers covering the City and County between them, we at present, have two part timers, Miss Brinton and Mrs. Mackenzie Wintle who give our patients a great deal of devoted service which officially amounts to less than the time of one whole time Medical Social Worker. Requests for the hospital to provide at least as much Medical Social Workers' time as in 1949 have not been successful. Perhaps the staff of the newly formed Department of Social Services in the City should help with our patients and form a link with the hospitals.

Finally I should like to thank all the staff of the Chest Department for their continued enthusiastic work as a team, I mention in particular our two health visitors, Miss Dudson and Miss Clark, whose efforts on behalf of our patients often go well beyond their official duties.

D. VENEREAL DISEASES

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

The following table summarises the work of the clinics 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.

City, County and Other Areas

	1968		1969		1970		1971	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis—								
primary	2	—	1	—	11	1	2	—
secondary	3	—	2	1	3	—	8	2
cardio-vascular ..	—	—	1	—	—	—	1	—
of the nervous system	1	—	—	—	3	3	1	—
latent	8	8	4	8	12	—	10	3
congenital—								
under 1 year ..	—	1	—	2	—	—	—	—
congenital—								
under 15 years ..	—	—	—	—	—	—	—	1
Total	14	9	8	11	29	4	22	6
Gonorrhoea ..	156	43	145	61	149	82	182	74
Other conditions ..	391	165	530	268	697	599	1,146	889
Undiagnosed ..	4	10	1	—	13	3	—	—
Total new patients	565	227	684	340	888	688	1,350	969
Total attendances	1,795	795	1,987	1,178	2,420	1,578	—	—

AGE GROUPS — CITY, COUNTY AND OTHER AREAS

(a) New cases of primary and secondary syphilis

	1968		1969		1970		1971	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 16 years	—	—	—	—	—	—	—	—
16—17 years	—	—	—	—	—	—	—	—
18—19 years	1	—	—	—	—	—	—	—
20—24 years	1	—	—	—	2	1	4	1
25 years and over	3	—	3	1	12	—	6	1
Total	5	—	3	1	14	1	10	2

(b) New cases of gonorrhoea

	1968		1969		1970		1971	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 16	2	—	—	1	—	—	1	5
16–17 years	2	9	3	8	2	12	5	5
18–19 years	9	6	16	15	9	16	13	15
20–24 years	69	17	63	22	65	35	61	32
25 years and over	74	11	63	15	73	19	102	17
Total	156	43	145	61	149	82	182	74

The incidence of new cases of venereal disease in City residents 1951–1971 is given in the following table:

City Cases

	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
1971	14	102	2	51

Dr. J. M. D. Gallwey, Consultant Physician (Venereal Diseases) to the United Oxford Hospitals reports as follows:

The Department of Venereology at the Radcliffe Infirmary has undergone considerable expansion during 1971. Two new male and one female clinics have been provided with a consequent increase of medical, nursing and administrative staff. Dr. Stephanie James, Dr. Gwenda Pritchard and Dr. Anthony Finnegan have continued as Clinical Assistants and have been joined by Dr. William White. Regrettably the expansions and improvement have been overtaken by the rise in caseload.

It has not been possible to increase Social Worker cover but Mrs. Mercer who has continued as the Medical Social Worker has, by attending the evening clinics on a rota basis, endeavoured to see those in greatest need of help. A social medicine approach to the problems of venereal disease is considered of major importance. Venereal diseases, particularly amongst the ever increasing group who attend more than once with new infections, must be considered as a behaviour problem. Medical treatment of the conditions can be considered only as a part of the care which must be offered. Prevention of the next infection is at least as important as cure of the present one.

The total number of new cases was 2,319 against 1,576 in 1970—an increase of 47%. This followed an increase of 54% in 1970 over the previous year. It should be noted, however, that the statutory venereal diseases, gonorrhoea and syphilis, represent only 12% of the total cases

seen. The rest are composed of other sexually transmissible diseases. This can be compared with the national figures on which gonorrhoea and syphilis represent about 25% of all cases seen.

There has been no significant change in the incidence of syphilis. Of the 28 cases diagnosed 13 were early infectious syphilis compared with 16 of the 33 cases diagnosed in 1970. As in 1970 most of these infectious cases were in homosexual males in whom tracing of the infecting contact proved to be particularly difficult and unsuccessful. Many of the primary infecting contacts of these homosexuals took place outside the Oxford region, usually in London or abroad. Tracing secondary contacts exposed to risk by the patients attending the Radcliffe Clinics was much more successful although, fortunately, none of these developed syphilis during their period of surveillance.

A number of late cases of syphilis still come to light in patients infected some years ago who were quite unaware of their condition. They illustrate the need for those who run the risk of infection with venereal disease to attend for specialised examination, even in the absence of signs or symptoms.

The total incidence of gonorrhoea has increased by 10% but with a slight decrease in women. Again the problem of tracing casual contacts of men outside the Oxford region is considerable. There is little change in the age distribution of those suffering from gonorrhoea, except that 5 cases occurred in the under 16 age group, 4 female and 1 male.

The greatest increase has been in non-specific urethritis from 292 to 484 cases, an increase of 65%. The incidence of trichomonas vaginalis, genital herpes, genital warts and parasitic infections has also risen considerably. The sexually transmissible nature of many of these conditions is now firmly established and much of this increase is the welcome result of the referral of cases to the clinic by general practitioners. Every effort is made by the medical and social worker staff to persuade sufferers to bring their sexual partners to the clinic for examination and treatment. In no other way can the present epidemic situation be brought under control. Much help in contact tracing has been given by the City and County Health Departments. It is hoped that a full-time Health Visitor may be attached to the clinic in 1972 concentrating only on the important task of contact tracing.

In addition to increased teaching programmes for medical students and nursing staff, the medical staff have undertaken school and community venereal disease education. Lack of time and space has, however, once again curtailed post-graduate teaching.

It is clear that the present staffing of the Department and the physical space available for clinics is stretched to the limit and urgent consideration must be given to the pressing need for expansion. For the meantime particular thanks are due to the nursing, secretarial and laboratory staff

who yet again have worked long and inconvenient hours in difficult cramped conditions.

Mrs. B. J. Mercer reports:

The medical social worker has seen 393 patients, comprising 180 males and 213 females. Of the male patients 144 were referred for contact-tracing, and of these 83 had been treated for gonorrhoea and the remainder for non specific urethritis. Of the female patients 42 had been treated for gonorrhoea and of these, some were attending as contacts of male patients and others were referred for contact-tracing. Less than half the patients treated for gonorrhoea were seen by the medical social worker, and there is a very real need for the services of a full-time contact-tracer.

Most of the patients treated for primary or secondary syphilis were seen by the social worker, but contact-tracing is always difficult in these circumstances as the passage of time, unnoticed symptoms and other contacts may only serve to confuse the identity of the source of infection. Frequently, however, it is a shock to patients to learn that they may have syphilis and it is often here that the social worker can be of more help, by enabling the patient gradually to come to terms with the diagnosis.

Patients with non-specific infections and other conditions requiring treatment form the bulk of those attending the Clinic. Although the increase in these numbers has aroused much concern, both locally and nationally, I think that this is partly to be accounted for by a greater public awareness of the risks involved in casual sexual relationships, and that it is a positive sign that they are prepared to come for a check-up and undergo any treatment necessary. Although social attitudes change slowly, and much of the area covered by the Clinic is rural, it is surely better that people should feel free to come to the Clinic, than that they should live for long periods with what they fear to be the consequences of their actions.

Most of those who attend the Clinic are "ordinary people", but inwardly they are probably very tense and apprehensive, wondering what reception they will get from the Clinic staff, what the examination will be like and what the diagnosis and treatment procedures will be. Some patients arrive without any idea of where they have come or why they have been sent by another hospital department, by their general practitioner or by their partner who is also attending the Clinic but is afraid to admit to the underlying implications. It is, therefore, essential to establish a good relationship with the patients from the beginning, as first impressions will influence their future attitude and may make all the difference between regular attendance and defaulting. For this reason it is very important to have a sensitive and pleasant staff, who can help to put patients at their ease when they arrive.

Quite a high proportion of the women patients are referred to the social worker because of anxiety which they show in varying ways. Generally

these patients are less likely to confide their fears to someone who knows them, such as their general practitioner or health visitor than in the relative anonymity of the Clinic. Such people often need the reassurance that what they say will be treated in confidence and that no information about them will be passed on to any relative, friend or outside body. We have had patients coming to the Clinic who have nursed for years a feeling of guilt about a real or imaginary risk of infection years ago, and who, as a result of a radio or television programme or newspaper/magazine article, suddenly feel able to unload their burden and are relieved to find that their fears, though very real, were groundless.

Other forms of anxiety bring people to the Clinic. Unmarried girls who fear pregnancy and may also have risked infection come to the Clinic for advice, because it is an open Clinic and they do not need a letter from their general practitioner. For similar reasons young people come for contraceptive advice and are helped to accept referral to a family planning clinic. Wives who suspect their husbands of infidelity and who develop fears about infection come to the Clinic to discuss this problem, sometimes going away reassured and at other times needing a lot of help. Frequently husbands attending the Clinic are advised to send their wives for tests, or the wives may develop symptoms and go to their own doctor. Such cases call for very tactful handling by the Clinic staff, as often a husband had not felt able to give his wife a full explanation. In these situations, every attempt is made to steer the wife through the Clinic with as little upset as possible.

It would certainly seem that sexual relationships among certain groups of young people are very free, but very few of the patients who attend the Clinic could be described as really promiscuous. If, as seems to be the case, sexual intercourse is generally accepted by some young people as a natural and intrinsic part of an emotional relationship, then the risk of infection may be greater when such relationships change as part of the maturing process. Often an infection may occur in a period between one fairly long-term and meaningful relationship and another. This does not necessarily imply that such young people are unaware of or unconcerned about the risks and implications of possible venereal infection. However, to them, this may be only one of the many problems which they may encounter in modern society.

The few who seem to be really promiscuous have usually suffered from an earlier emotional deprivation, thus leaving them with an unfulfilled need of love and security. A small but significant number of these young people have come from Children's Homes, been under care and protection or already have a list of petty offences which have placed them under the supervision of the probation officer. They have a problem in relation to authority which they express through their sexual promiscuity. These young people, more than most, need a warm acceptance of themselves as individuals and it is important to try not to reinforce their negative feelings towards authority.

So often an attendance at the Clinic may be the first outward sign of marital breakdown, or of emotional problems in the unsupported woman with a family of young children. These are problems which may in time need to be shared with Social Service Departments, and yet it is important to preserve still the separate identity of the Clinic and to avoid any policy which might diminish a patient's motivation to attend.

Considering the difficulties of attending the Clinic, it is hardly surprising that many patients fail to return after initial tests and treatment. The follow-up of defaulters is an aspect of the Clinic work which has suffered in the past two years, but we hope that the appointment of a full time contact-tracer will make this easier. Some patients have great difficulty in attending, especially in rural areas where 'buses and trains are infrequent and a trip to the hospital may involve a half or whole day away from home or work. Mothers of young children find this particularly a problem.

We are grateful, as always, to the City and County Health Visitors for their help in following up contacts and defaulters. It has not been unknown for them to travel considerable distances in order to bring patients in to the Clinic, and our contact-tracing figures, which have improved greatly in the last two years, bear witness to their efforts. We always feel concern, however, for the odd one or two patients who persistently default, in spite of all our efforts.

With the increasing number of new referrals, a part-time medical social worker is not adequate to meet the social needs of patients, and it is hoped that a full time appointment will be made in the near future.

Attendances and Diagnosis of Contacts

	1969		1970		1971	
	Male	Female	Male	Female	Male	Female
1. Contact slips issued to patients with:						
(i) Syphilis (primary and secondary)	—	—	5	2	13	4
(ii) Gonorrhoea	68	—	145	79	119	56
2. Contacts attending with:						
(i) Syphilis (primary and secondary)	—	—	4	2	—	—
(ii) Gonorrhoea	13	25	29	50	46	44
(iii) Other conditions	18	64	80	203	125	105

E. INFESTATION

(i) Scabies

Fifteen cases, involving five families, were reported. The emphasis is on the proper treatment of all cases and all contacts, involving a full coverage

of the body with benzyl benzoate emulsion which is left on for at least 24 hours. If carried out properly, this treatment remains effective. Arrangements are made to treat vagrants at the Slade Hospital if necessary.

(ii) Pediculosis

(a) *Head lice*

Inspections were made by school nurses with the following results:-

	1969	1970	1971
Number of inspections made	25,366	24,292	27,572
Number of children inspected	10,460	12,942	12,817
Number of children infested	133	137	204
Percentage incidence	1.3	1	1.6

The 204 infested children (113 girls, 91 boys) came from 158 families compared with 108 families last year.

As a result of recent articles reporting resistance of lice to gamma B.H.C. an alternative insecticide, Malathion, was tried. Lice are susceptible to this compound and it was found to be both acceptable and effective. It has the added advantage of being ovicidal. Accordingly, Malathion was adopted as the standard preparation in the City for delousing in place of gamma B.H.C. (Lorexane).

(b) *Body lice*

The Chief Public Health Inspector's Department dealt with 29 men who were infested with body lice. Most of the cases were living at either the Cyrenian Hostel or at the Church Army Hostel and a few were vagrants sleeping rough.

SECTION XII

ENVIRONMENTAL HEALTH

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., F.R.S.H
Chief Public Health Inspector

This, my 22nd, is in fact the "pleasure deferred" alluded to in my Report last year and it is now my privilege to pay a final and sincere appreciation of all the support and encouragement received from many colleagues throughout the Council service.

In joining many other Local Government officers retiring now or in the near future, there is perhaps a feeling of relief at missing what proposes to be sweeping changes in future Local Government structure. Many serving officers (particularly if over middle age) await these changes with no little apprehension and unease. Many important and very efficient single tier authorities of County Borough status see their days numbered and the change to District Council anything but an upward trend. On the other hand, the many District Councils which have managed their affairs for years with a somewhat meagre income may now look forward to a future, albeit through amalgamations not always of their seeking or desire, to a better financial opportunity of carrying out worthwhile environmental functions. In this context may we hope that the future will ensure more and sustained support for the health protection services, so long looked upon as the Cinderella of local affairs and yet originally the fore-runner of all that now forms Local Government as we know it. It is also hoped that the apparent possibility of a greater 'gap' between ratepayer and District centre in many cases, will not lead to a lessening of the impact of local services or a loss of effort by officers in the field.

There may be greater specialisation and other changes in some aspects of our present responsibilities as Public Health Inspectors, particularly in view also of the effect of E.E.C. partnerships shortly to be implemented. Such changes should stimulate and encourage younger inspectorate to even greater efforts to ensure a proper place in the hierarchy of Local Government. The challenge must be faced with confidence and an assurance of their ability to cope with all demands.

The year now under review had some interesting features, not the least the closure of the one remaining Abattoir—that of the Co-operative Society. This somewhat unexpected step ended activity in meat inspection by the Department, which for many years had kept a firm grip on hygienic production of meat in the City. Some oversight of meat fitness still remains, however, at the depots within the City dealing with carcase meat, etc., coming into the area from other places, including other countries. The Authorised Meat Inspector fortunately soon secured another post.

Major proposals for a new Church Army Hostel for men are currently receiving attention as the present Hostel has been sold for re-development, while a new Salvation Army Citadel has been completed in the St. Ebbe's area. Active attention continues to the problem of a site for the itinerant van dwellers, now such a country-wide problem, in order to comply with legislation. Disgusting conditions at the Slade Park where a permanent site is projected, leads one to inevitable decision that rigid control on site is a 'must' if the families concerned are to improve in hygienic living standards.

Steady progress continued in work concerning conditions in Offices, Shops and kindred premises, and reorganisation of staff should ensure more precise and detailed control in this field. Our first prosecution under the Act was successful and related to failure to register premises and unsatisfactory sanitary accommodation.

Pest control staff continued their excellent progress against infestations and found—not unexpectedly—some resistance by rodents, particularly mice, to anti-coagulant poisons—so confirming a nationwide feature. Traps continue to be a useful standby, but it is clear that a new and effective method of extermination is urgently needed. Sewer treatment at regular intervals continued successfully and it was noticeable that fine weather encouraged insect infestation, while increasing evidence of cat flea nuisance underlined some evidence of increasing neglect of these domestic animals. Holiday periods bring with them difficulty in providing for the pets and stricter controls might be found worthwhile.

Smoke Control was extended during the year, despite earlier deferment because of solid smokeless fuel shortage and financial stringency in Government circles. There continues to be pleasing absence of smoke throughout controlled areas and the public generally appreciate the improved conditions and support progress in this field. Industrial and commercial chimney construction is successfully controlled with Planning collaboration and ensures, at least within the general City centre, the burning only of low sulphur content fuel. Redevelopment has brought increasing nuisance from the burning of refuse on some sites and stricter control has been exercised, despite unhelpful legal exemptions. Several threats of prosecution were necessary but happily sufficient to succeed in stopping nuisance. The usual outburst of garden bonfires in Spring and Autumn were evident but the public are gradually learning the lesson of good neighbour relations.

More evil-smelling effluent resulted from the British Leyland Motor Complex as a result of a new paint coating process—hoped to be the answer to previous nuisance. Much persistent investigation work and enquiry by staff eventually resulted in service of a Statutory Abatement Notice requiring effective means of abating the nuisance to be taken within one year. The firm are making efforts to find the best solution to the long standing problem. Of course, the cardinal error at Cowley was

the development of processes likely to give rise to trouble on the fringe of the factory site and adjoining residential property. It is now realised that good planning requires such activities to be sited with care well within the factory area.

Natural gas supply has now been completed throughout the City with a minimum of incident, and this should materially encourage the completion of our Clean Air programme in more reasonable time than at one time believed possible. Your retiring Chief Public Health Inspector will continue his keen interest on Clean Air progress as Deputy Chairman of the National Society for Clean Air and, although disappointed not to see by now a Smokeless City, will hope to note even greater progress towards that end within the next few years.

Noise nuisances continued to require constant attention by staff, many events being associated with the considerable re-development in the City centre and elsewhere. Contractors unfortunately seem to forget the need for adequate noise control measures at all times for, in many cases, staff on site seem little concerned.

Odour nuisance involving Sewage disposal plant and pumping station, together with certain factory effluent, was troublesome, but the Sewage Works Manager and Chemist efficiently dealt with the problem. Bathing pool control continued satisfactorily with co-operation by all concerned, but it was with regret that Cherwell pool at St. Clement's had to be closed because of persistent health hazard.

In the sphere of Housing Inspection and Control, further progress was made in the Jericho Re-habilitation Area, although installation of a new main sewer held up external improvement. Improvement of outside amenity is vitally and urgently necessary if residents are to feel assured of the intention of all concerned to secure a really fully implemented scheme of re-habilitation of old Jericho. The programme of dealing with unfit properties in the City is being stepped up but needs still further effort if early removal of all worn-out houses is to be achieved. Similar effort is needed for multi-occupied premises which abound in the City and involve much inspection work in collaboration with the Fire Prevention Officer. Staff work in close liaison with colleagues in Building and Fire Control Departments.

Despite shortage of staff in the section devoted to Food Hygiene and preparation control, constant pressure was maintained, although not without difficulty. The result was a number of prosecutions for unsatisfactory conditions, leading to heavy fines. These, it is hoped, will be salutary warning to those not prepared to follow good advice, which is always freely available from the Department. One local cafe owner closed his premises rather than risk heavy fines and high expenditure. The public, who undoubtedly pay for the privilege, must be assured at all times of satisfactory hygienic preparation, handling, and service of food.

There should be more modern milk treatment and service as a result of the closure of the Co-operative Abattoir, as the site is to be utilised for a new and larger milk treatment and handling depot to serve population well beyond the City. This will need careful and regular attention by the Inspectorate. Untreated milk is sold only in small quantity in the City but always provides a source of anxiety in view of potential failure in keeping quality and the ogre of infection by Brucellosis and also bacterial contamination. Despite modern treatment and handling, milk is still too prone to careless production and thoughtless packing, leading to visible dirt in depot samples and failure of keeping quality tests. Demand for quantity and bulking of supplies tends to lead to complacency in regard to quality, cleanliness, and safety.

A smaller number of food samples were taken this year but selective sampling helped to isolate some foods falling short of legal requirements, so being returned as non-genuine. The new Local Government scene may give more opportunity for division of responsibilities in Food and Drugs duties and lead to a greater degree of specialisation. Diseases of Animals gave little cause for concern and the main duty involved was that of Swine Movement Licencing. Only one plant remains in the City with registered plant for heating swill, and the checking of poultry transport and piggery conditions was not onerous.

The Public Health Laboratory Service continued to give the Department excellent support and the Divisional Veterinary Officer was also helpful throughout the year. Our grateful thanks are expressed to both Dr. Jebb, on his retirement, and Mr. Beament on his promotion to a post at Reading.

The open market at Oxpens continued to operate every Wednesday with little change or incident and the covered market provided some source of food interest involving one or two incidents about food handling, etc., which led to prosecutions. A Sunday market has now commenced operations at Cowley Greyhound Stadium, giving rise to some misgivings, but so far no major health problem has arisen.

Staff movements involved two retirements—those of Senior Inspector Watson, who finished more than 34 years sound and loyal service to this City in July, and your Chief Inspector, who, after nearly 22 years service in the Department, left at the end of the year, completing over 50 years service in Health Department activity with a number of Local Authorities. Mr. Allan, the Authorised Meat Inspector, moved to Morpeth (Northumberland), Mr. Cross, Housing Assistant, joined Messrs. Rentokil, and new members of staff were welcomed in the persons of Mr. P. F. Allen, as Senior Inspector; Mr. A. Longford, as a Pupil; and Messrs. R. F. Branch and D. C. Moore, as Technical Assistants.

Reorganisation of work in three divisions operated towards the end of the year and should encourage more efficient attention to new problems.

Pest control remains as before, in the capable hands of Mr. Williamson and staff. It was pleasing to note the appointment to succeed me, after keen outside competition, of my Deputy, Mr. Stan Garrod, and I wish him well in his future career. I feel sure his Deputy, Mr. A. Fenn, recently appointed from Grimsby, will give him efficient and loyal support.

In conclusion I would express again my thanks to Dr. Warin and all staff for their help and encouragement, to the Chairman and members of Health and Housing Committees, and Council generally for support throughout my service in Oxford, and to all colleagues throughout the Council service.

The Report is presented in three sections—A, General Public Health, B, Housing; and C, Food.

A. GENERAL PUBLIC HEALTH

(i) Complaints and Inspections

There was an increase in the number of complaints received during the year, particularly relating to rodent and insects. There is little doubt that members of the public are finding it much more difficult to deal with small infestations of mice themselves and this is due to the increased Warfarin resistance. In fact this Department now has to use a wide variety of rodenticides to deal with mice infestations and in some cases great difficulty has been found in ridding premises of mice. The number of complaints concerning verminous premises and persons has more than doubled and it has been found that animals kept as pets, such as cats and dogs, are often infested with fleas which are showing a greater resistance to the usual insecticides. The number of wasp complaints doubled during the year and kept the Pest Control Section extremely busy, even though a charge was made for treatment.

Complaints of smell or offensive odours have increased this year and this is mainly due to the trouble being experienced with fumes from the B.L.M.C. industrial complex at Cowley. Complaints have also been received concerning offensive odours from the B.L.M.C. Radiators Division in North Oxford. In the latter case a number of small drying ovens used for the drying of car components discharge effluent directly to the atmosphere and under certain weather conditions complaints have been experienced by nearby residents. The firm, however, are very concerned about this nuisance and are hoping to install a small after-burner system for one of the ovens, which is believed to be the main cause of the trouble.

As to be expected from the large number of rodent and insect complaints, a very large number of inspections were recorded in order to deal with them. There was increased activity with regard to inspections under the Offices, Shops and Railway Premises Act and the policy of the Department now is for a general inspection to be carried out once every two

years. Pressure of other work may, of course, prevent the Department from achieving this target but it is felt that the work is important and regular inspections are necessary so as to ensure that the standards so far achieved do not deteriorate. Mr. R. Crossley, the Divisional Housing Inspector, was seconded to the Department of the Environment for 6 weeks towards the end of the year to take part in the National Housing Survey and this accounts for the lower number of inspections concerning housing work. During the year the Technical Assistant dealing with multi-occupation left to take up another appointment and it took a little time to fill his post, and consequently multi-occupation inspections also suffered. An increased amount of re-drainage work was carried out during the year, particularly in some of the older parts of the City, and occurred as a result of leaking drains or those allowing rats to escape from them.

Complaints	*No.*
Accumulations of Refuse...	38
Choked and Defective Drains	45
Defective Water Closets	10
Defective Water Supply	16
Dirty or Verminous Premises	34
Fumigation and Disinfection	53
General Housing Defects (including dampness)	70
Infestation by Insects	628
Infestation by Rodents	910
Infestation by Wasps	519
Keeping of Animals	8
Miscellaneous	119
Noise Nuisance	74
Offensive Odours	136
Overcrowding	2
Refuse Accommodation	21
Smoke Nuisances	52
Unwholesome Food, Containers and False Descriptions	132
	2,867

Number and Nature of Inspections	
Animal Nuisances...	56
Drainage	1,127
Health Education	35
Housing	1,788
Insect Pests	507
Inspection of Plans	1,782
Interviews	1,978
Licensed Premises	358
Lodging Houses	52

Miscellaneous	1,571
Movable Dwellings	183
Multi-occupation	1,094
Noise Nuisances	430
Offices, Shops and Railway Premises Act Inspections	1,544
Overcrowding	2
Pet Animals	38
Pharmacy and Poison Sellers	22
Piggeries and Stables	19
Rats and Mice	21,807
Refuse Storage and Accumulations	934
School Premises	48
Verminous Conditions	53
Water Sampling	122

(ii) Lodging Houses

The premises operated by the Oxford Cyrenean Society Limited in former British Railway Hostel buildings in Osney Lane, has continued to provide shelter for homeless men with part of the accommodation being registered as a Common Lodging House for 20 persons, whilst a smaller section of the Hostel is used for the accommodation and treatment of drug addicts and alcoholics. Generally speaking the Hostel is reasonably well run and no major troubles have been experienced during the year. However, a number of verminous persons were treated by the Department at the Hostel and the District Inspector made regular visits to the premises to ensure that conditions were satisfactory. Staffing of the Hostel is by volunteers who carry out very useful social work, but inevitably this results in frequent changes in personnel and it has proved difficult to know the current person in charge of the premises.

The site of the present Church Army Hostel has been sold for redevelopment and the Church Army are urgently seeking a new site in order to build a new Hostel. The Church Army in the past have provided an invaluable service for certain single men working in or near the City who need shelter and this type of accommodation, and every help and encouragement should be given to the Society from interested bodies and the City Council since it is very apparent that there is a need for a new Hostel of this type.

The Salvation Army have completed their new Citadel in St. Ebbe's and is involved in welfare work and the provision of facilities for providing practical help to those in need. It is quite an imposing building and should fit in well with the redevelopment of the St. Ebbe's area.

(iii) Movable Dwellings

At the moment there is only one licensed caravan site in the City at Wolvercote for 7 caravans. At present there is only one caravan on th site and no troubles have been experienced.

There is, however, a temporary gypsy encampment with 15–20 caravans on City owned land at Slade Park but which is situated within the Bullingdon Rural District Council area. This site just over the City boundary has given rise to considerable nuisance during the year, as in previous years, with the depositing of refuse and filth in the hedgerows and on part of Slade Park within the City boundary. The 183 inspections of movable dwellings were mainly concerned with this particular site and both the Bullingdon R.D.C. and the City Council have been involved in considerable expense in clearing the area of refuse, etc., from time to time during the year. A considerable amount of spraying of refuse and filth had to be carried out in the summer with insecticides and disinfectant to deal with fly nuisance and possible health hazard. Unauthorised camping has occurred on the part of Slade Park within the City boundary at odd times during the year. This created considerable difficulties for the City Estates Surveyor and his staff in trying to arrange for their removal. Until the City Council have provided a gypsy camping site for at least 15 caravans, as required by the Caravan Sites Act, 1968, these difficulties will continue. Bullingdon R.D.C. hope to have their Sandford site finished before the summer of 1972 and some of the caravans on the Slade Park site will then be transferred to that new site. It has been agreed that the existing site will continue on a temporary basis with a maximum of 15 caravans under the control of the City Council until the City's new permanent site is ready for occupation. The appointment of a Warden for the temporary site has been approved by the City Council in an attempt to try and secure greater control in the Slade Park area and to try and prevent the kind of problems which have been experienced by residents of the Hawksley bungalows at Slade Park. It is hoped that the City's new permanent site will be completed before the end of 1972, when the remaining gypsies on the temporary site can be moved on to the new one. It is expected that the standard of provision for gypsies on the new site will be of a high order and, with Warden control, there should be less cause for complaint from residents in the vicinity. Individual sanitary accommodation, washing and storage facilities will be provided on each plot in the new camp, which should encourage better use of the facilities by the gypsies, with less vandalism and destruction of property. A Gypsy Liaison Group has been officially consulted by the City Council in respect of the present temporary and proposed permanent site so that they could make known their wishes. It is hoped that the eventual operation of the new site will give the Council better powers under the Act to control unauthorised camping within the City area.

(iv) Drainage

During the year 45 (33) complaints were reported concerning leaking drains or those allowing rats to escape, mainly involving older property in the City. These were all dealt with satisfactorily, although a considerable number of visits were made involving investigation work and checking on

repairs. Staff of the City Engineer's Department worked very closely with our Inspectors and their co-operation and willingness to help whenever necessary was greatly appreciated.

(v) Riding Establishments, Stables and Piggeries

There are no riding establishments in the City requiring registration and only one piggery now remains which is registerable under the Diseases of Animals (Waste Food) Order, 1957. 19 general inspections were carried out in connection with a small number of stables in the City where ponies are kept for private use.

(vi) Pet Animals and Animal Boarding Establishments

There are now 10 (8) premises licensed in connection with the Pet Animals Act and 38 (52) visits were made to these premises to ensure compliance with the requirements of the Act. Visits have been made to the Greyhound Track Kennels at Cowley but the conditions generally were found to be satisfactory, both in regard to the way the animals were being kept and the condition of the premises.

(vii) Factories and Workplaces

The number of persons registered as Outworkers increased to 61 (48) during the year and these are mainly involved in work concerned with toy making, dress making and tailoring alterations. 213 (230) inspections of factory premises were carried out during the year and 7 (5) written notices were served. The appropriate tables are set out below giving details of type of factory and inspections made with action taken.

Outworkers (Sections 133/134)

Nature of Work	Section 133	Section 134
	Number of Outworkers Notified	Number of Contraventions
Wearing Apparel Making, etc.	34	Nil
Stuffed Toys..	20	Nil
Textile Weaving	—	Nil
Jewellery	7	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	9	16	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	334	173	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	11	24	—	—
Total	354	213	7	—

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	Referred By H.M. Inspector	
Want of cleanliness (S.I.) ..	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	—	—	—	—
(b) Unsuitable or defective	5	7	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Home-work)	—	—	—	—	—
Total	7	7	—	1	—

(viii) Offices, Shops and Railway Premises Act, 1963

The total number of premises registered has again increased—1,873 (1,834). Inspectors were able to carry out general inspections of 801 (320) premises and a total of 685 (894) other visits were also made to premises. There were 61 (114) new premises added to the register—a decrease on the previous year—and deletions, totalling 22 (35) were also less than last year. 42 (32) accidents were reported and none proved serious but all were investigated and notes taken. 26 (10) occurred in retail shops and informal advice was given in 9 cases but no action was required with regard to the remainder. The following table gives details of the accidents reported. As will be seen from the table, almost half of the accidents were

connected with retail shops and due to falls. 5% of accidents were associated with staircases, 7% with cutting or chopping, 17% caused by spillages or falling objects, 33% associated with slipping or falling, and 38% were of minor significance.

	Offices	Retail shops	Wholesale warehouses	Catering establishments open to public and canteens	Fuel storage depots
Machinery	—	1	2	—	—
Transport	—	—	—	—	—
Falls of persons	—	12	1	1	—
Stepping on or striking against object or person	—	—	—	—	—
Handling goods	—	5	3	2	—
Struck by falling object ..	—	2	3	1	—
Fires and explosions ..	—	—	1	—	—
Electricity	—	—	—	—	—
Use of hand tools ..	—	3	—	—	—
Not otherwise specified ..	—	3	2	—	—

It is pleasing to note a decrease in the number of contraventions found—121 (148), and 29 (42) concerned lack of cleanliness—a decrease on the previous year. There was, however, an increase in the number of premises having defective condition of floors, passages or staircases, and proper attention to these parts of premises needs emphasis since they can often be the cause of accidents. The number of contraventions concerning temperature were reduced but unfortunately contraventions concerning ventilation increased and 2 lifts were found which required alterations to ensure safe operation. One prosecution was taken during the year involving a recently opened Snack Bar where the premises had not been registered under Section 49 of the Act and a wash hand basin was not kept clean, as required under Section 10(2). The Court imposed fines of £10 and £20 respectively.

(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	16	756	65
Retail Shops	39	910	575
Wholesale Shops, Warehouses	1	50	9
Catering establishments open to the public, canteens	5	152	152
Fuel storage depots	—	5	—
Totals	61	1,873	801

TOTAL NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES UNDER THE ACT—1,544

Contraventions in respect of		Found
Sec. 4	Cleanliness	29
Sec. 5	Overcrowding	1
Sec. 6	Temperature	14
Sec. 7	Ventilation	8
Sec. 8	Lighting	1
Sec. 9	Sanitary Conveniences	7
Sec. 10	Washing facilities	10
Sec. 11	Supply of drinking water	Nil
Sec. 12	Accommodation for clothing	1

Contraventions in respect of		Found
Sec. 13	Sitting facilities	Nil
Sec. 14	Seats for sedentary workers	Nil
Sec. 15	Eating facilities	Nil
Sec. 16	Floors, passages, stairs	19
Sec. 17	Fencing of exposed parts of machinery	2
Sec. 18	Protection of young persons from dangerous machinery	Nil
Sec. 19	Training of persons working at dangerous machinery	Nil
Sec. 20	Lifts	2
Sec. 23	Prohibition of heavy work	Nil
Sec. 24	First Aid—general provisions	15
Sec. 50	Abstract of Act	12
	Total	121

(C) **Exemptions**—Nil.

(D) **Prosecutions**—1.

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	—	—	—	—	—	—	—
Retail Shops	—	26	26	—	—	6	20
Wholesale Shops, Warehouses	—	11	11	—	—	1	10
Catering establishments open to public, canteens	—	5	5	—	—	2	3
Fuel storage depots	—	—	—	—	—	—	—
Totals	—	42	42	—	—	9	33

(ix) Pest Extermination

As usual, it is a pleasure to comment on the early report on the work of his Section, by Mr. Williamson, our Pest Control Officer. Complaints received during the year were 2,131 (1,804), it being significant that the number formed about three-quarters of the total of all complaints received by the Department. Wasp complaints totalled 519 (269), a considerable increase over the previous year, despite a charge in most cases of 50p per treatment. There were 15 complaints concerning bed bugs and 106 (87) involving cat and dog fleas. This seems to indicate that normal insecticides are not as effective as formerly. Difficulty has also been experienced in the treatment of children and grown-ups infested with lice and 29 (26) males were treated by the Department for body lice. Most of these cases concerned men residing at the Cyrenean Hostel or the Church Army Hostel. During the year there were fewer complaints of pigeon nuisance but 241 (372) were caught and disposed of humanely. Rat complaints showed a decrease for the fifth consecutive year—376 (399), and so far no resistance of rats to anticoagulant poisons has been experienced. Improved anticoagulant poisons such as Racumin and Chlorophacinone are being used for rat treatment, with Fluoroacetamide for sewer treatment. The decrease in rat complaints is due in no small measure to the expertise and thoroughness with which complaints are dealt with and continual efforts made to track down and destroy all pockets of infestation. Regular quarterly treatments of the sewers of certain sections of the City were carried out using test baits and direct poison methods. It is encouraging to note that apart from the Central and East Oxford areas, the greater part of the sewerage system is free of rat infestation.

Mice have been the biggest problem for the Pest Control Section during the year and the number of complaints rose to 534 (309). These vermin are showing increased resistance to anticoagulant poisons and some of the infestations have been extremely difficult to deal with. In one case as many as 20 visits were required. A wide range of rodenticides, including Racumin, Drat, Zinc phosphide, Alphachloralose and tracking dust have been used, and traps with a wide variety of baits, e.g. sugar, chocolate, biscuits, etc., were tried. In some commercial premises permanent baiting points are used which are visited monthly or bi-monthly at the request of the occupiers of the premises. Research is being carried out by the Ministry of Agriculture, Fisheries and Food and some private firms to try and find more suitable alternatives and it is hoped that more effective forms of treatment may become available as a consequence.

The Contract service system operated by the Department worked satisfactorily, 25 Contracts being in force at the beginning of the year, resulting in £709 income with a surplus of income over expenditure at the end of the year. Wasp treatments resulted in £146.50 and other treatments £265.75.

Complaints concerning insects covered a very wide field, e.g. ants, earwigs, spiders, flies, moths, carpet beetles, fur beetles, cockroaches, garden beetles, wasps, bees, maggots, crickets, silver fish, clover mite, bed bugs, fleas, and various mites and flies. This may be due to Oxford ratepayers becoming more complaint conscious or our service becoming more widely known. Treatment was carried out as usual during the summer months at the Port Meadow refuse tip, involving two sprayings per week. Control was not as good as had been hoped and next year it might be advisable to alternate insecticidal dusts and sprays. More frequent treatment may be needed but unfortunately pressure of other work often makes this difficult. Pharoah's Ant infestation at the Radcliffe Hospital kept the staff busy in the last quarter of the year and a certain amount of overtime was necessary in order to cope with the problem.

The work of the Pest Control Section required no less than 6,831 (5,783) visits, of which 4,899 were concerned with rodent complaints. Efforts of the Section are greatly appreicated by the public and make a significant contribution to the improvement of environmental health in the City. Mr. Williamson and his colleagues, Messrs. Beckett and Barnsley, continue to give valuable and conscientious service which is greatly appreciated. Much of the work is carried out beyond normal working hours. Members of the City Engineer's Department, together with the technical staff of the Ministry of Agriculture, Fisheries and Food, who help and advise from time to time, are thanked for collaboration in sewer treatment. Professor Varley and his staff at the University Hope Department of Entomology as usual helped in the identification of insects and larvae and for this we continue to be grateful.

The report is given in the form usually required by the Ministry and details of sewer treatment are appended, together with visits and summaries of complaints and a rodent graph for 1964/71.

Prevention of Damage by Pests Act, 1949
Report for Year ended 31st December, 1971

	Type of Property	
	Non-Agricultural	*Agricultural*
Properties other than sewers		
1. Number of properties in district	40,123	5
2. (*a*) Total number of properties (including nearby premises) inspected following notification	1,282	1
(*b*) Number infested by		
(i) Rats	376	1
(ii) Mice	534	1
(iii) Nil found	372	—

3. (*a*) Total number of properties inspected for rats and/or mice for reasons other than notification	1,289	—
(*b*) Number infested by		
(i) Rats	16	—
(ii) Mice	17	—

Sewers—

4. Were any sewers infested by rats during the year? Yes

Rat Infested Sewers

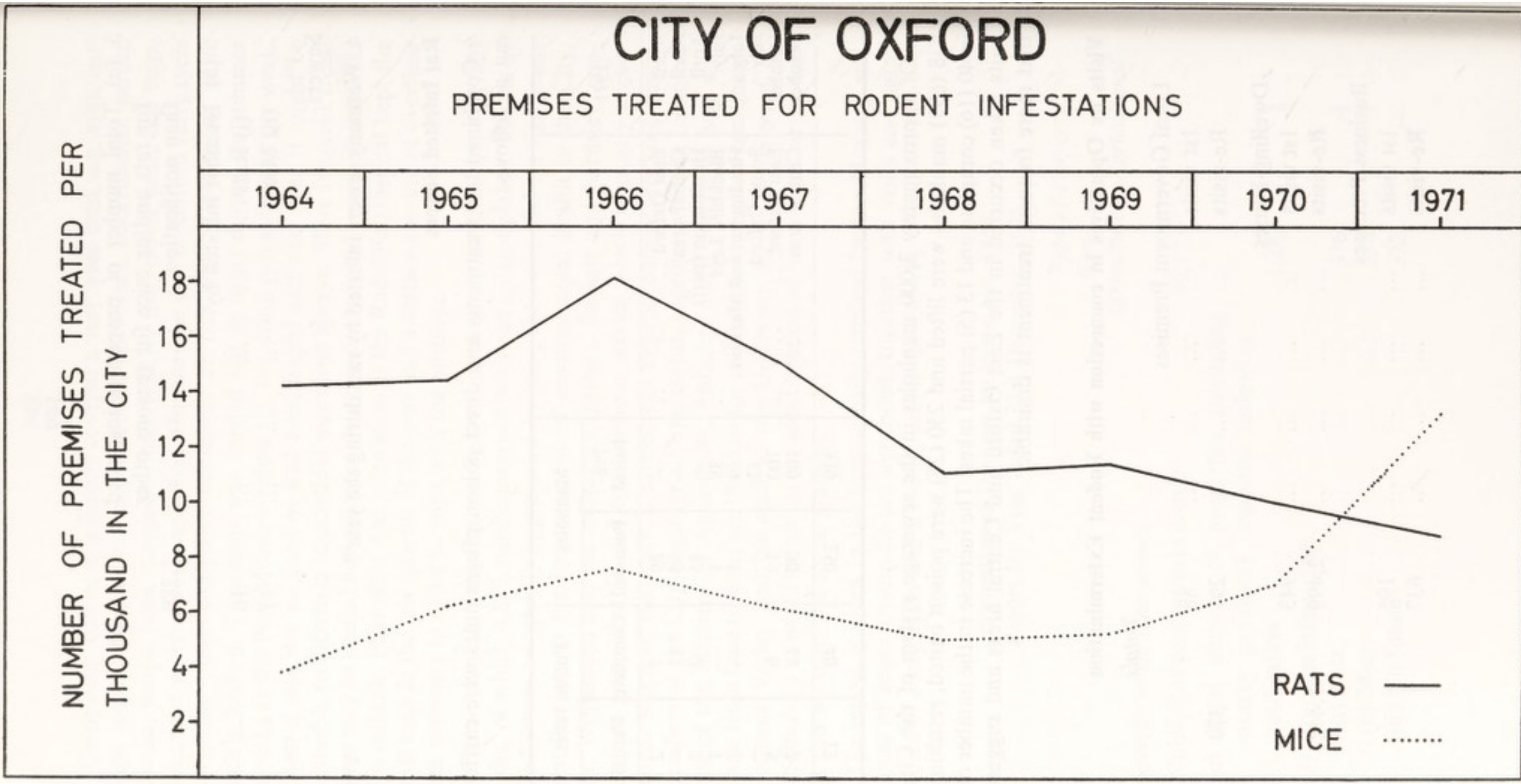
Combined test treatments and direct poison programmes were carried out as follows:

1971		Manholes		Poison takes	
		Pre-baited	Poisoned	Complete	Partial
April	East Oxford	—	89	7	2
April	Central area	—	95	12	—
April	Headington (part)	—	15	2	2
July	Blackbird Leys	38	1	—	1
July	Headington and Marston ..	59	1	—	1
July	South Oxford	42	—	—	—
October	East Oxford	100	19	6	5
October	Central area	100	30	13	2
		339	250	40	13

Of approximately 3,000 manholes in the sewerage system of the City 538 (699) manholes were lifted and 250 (25) were poison baited, resulting in 40 (16) complete and 13 (5) partial takes. The increase in the number of baits taken occurred in the East Oxford and Central areas and suggest that more frequent treatment is desirable.

Visits by Operatives in connection with Rodent Extermination

		Totals
Local Government Premises		
1st visits	88	
Re-visits	291	379
Dwelling-houses		
1st visits	943	
Re-visits	2,499	3,442
Business Premises		
1st visits	195	
Re-visits	637	


CITY OF OXFORD
PREMISES TREATED FOR RODENT INFESTATIONS
1964
1965
1966
1967
1968
1969
1970
1971
NUMBER OF PREMISES TREATED PER THOUSAND IN THE CITY
18
16
14
12
10
8
6
4
2
RATS
MICE

University Premises		
1st visits	56	
Re-visits	190	246
		4,899
Poison		
Baits laid	12,968	

(x) Air Pollution Control

On April 1st No. 10 Smoke Control Order became operational, covering the White City, Cowley St. John and Donnington Bridge areas, involving 529 privately owned houses, 418 Council dwellings, 4 industrial, 12 commercial and 3 other premises. The total area now covered by Smoke Control Orders is 2,179 acres out of 8,785 acres forming the City area. There is now much greater public awareness of the need to control, and wherever possible, to prevent pollution of the environment, and although the averages of smoke and sulphur dioxide pollution levels are below the national level, the importance of a vigorous campaign of smoke control in the City cannot be over-emphasised. Money invested in smoke control improves visibly and invisibly the general environment in which Oxford people live and work, has a direct bearing on the health of the community, and plays an important part in the preservation of world renowned historical University and City buildings. Smoke control over the years has encouraged not only the University and Colleges, but commercial firms, to clean up the stonework of buildings formerly badly blackened and disfigured by smoke and acid gases. This is very costly work but considered worthwhile since it results in repair and protection against further deterioration and a much brighter and cleaner City. At the present rate of progress it will take another 20 years before the whole City is completely controlled. Although it is appreicated that many houses in parts of the City not yet covered by Smoke Control Orders now burn smokeless fuel, there are certain ares of older type dwellings of high density, such as part of East Oxford, which should be smoke controlled as soon as possible. In fact it is hoped that the next Smoke Control Area will be in that part of the City and will be an integral part of environmental improvement which will occur as part of the local plans being formulated for certain areas of the City. The amount of finance allocated for smoke control has not risen in step with inflation and rising costs and if the City is to be completely smoke controlled within the not too distant future, larger smoke controlled areas must become the rule every year. A total of 443 applications for grant aid for conversion of fireplaces in houses affected by the No. 10 Smoke Control Order were approved at a cost of conversion of £11,589.30 the average cost per appliance converted being £26.16 compared with £23.36 in 1969. The installation of gas-fired appliances is still most popular and accounted for 207 (46.7%)

of the applications. The remaining conversions were—open fires 179 (40.4%), closed stoves 25 (5.6%), electric thermal storage heaters 13 (3%) and electric radiant fires 19 (4.3%). The increase in conversions to gas may have been affected this year by the change over to North Sea gas. This did create a number of problems arising from leaking supplies and some incorrect conversions but the Southern Gas Board were quick in reacting to any complaints from private individuals and from this Department in connection with faults in either supply or efficiency of appliances.

In October this year the Council made the City of Oxford No. 11 Smoke Control Order, covering 1,092 private houses, 5 industrial, 86 commercial and 10 other premises in an area of 82 acres in Cowley St. John adjoining No. 10 Area and this awaits approval by the Ministry. The estimated 480 conversions required by this Order should be carried out during the summer months of 1972.

The graph of quarterly averages of suspended solids recorded at the four stations in the City continued to show a downward trend and this should improve still further when additional smoke controlled areas are brought into operation. The Pembroke Street recording station near the City centre continued to show a decrease in sulphur dioxide but the levels of SO_2 emissions of the three other stations do not show any significant alterations over the last few years.

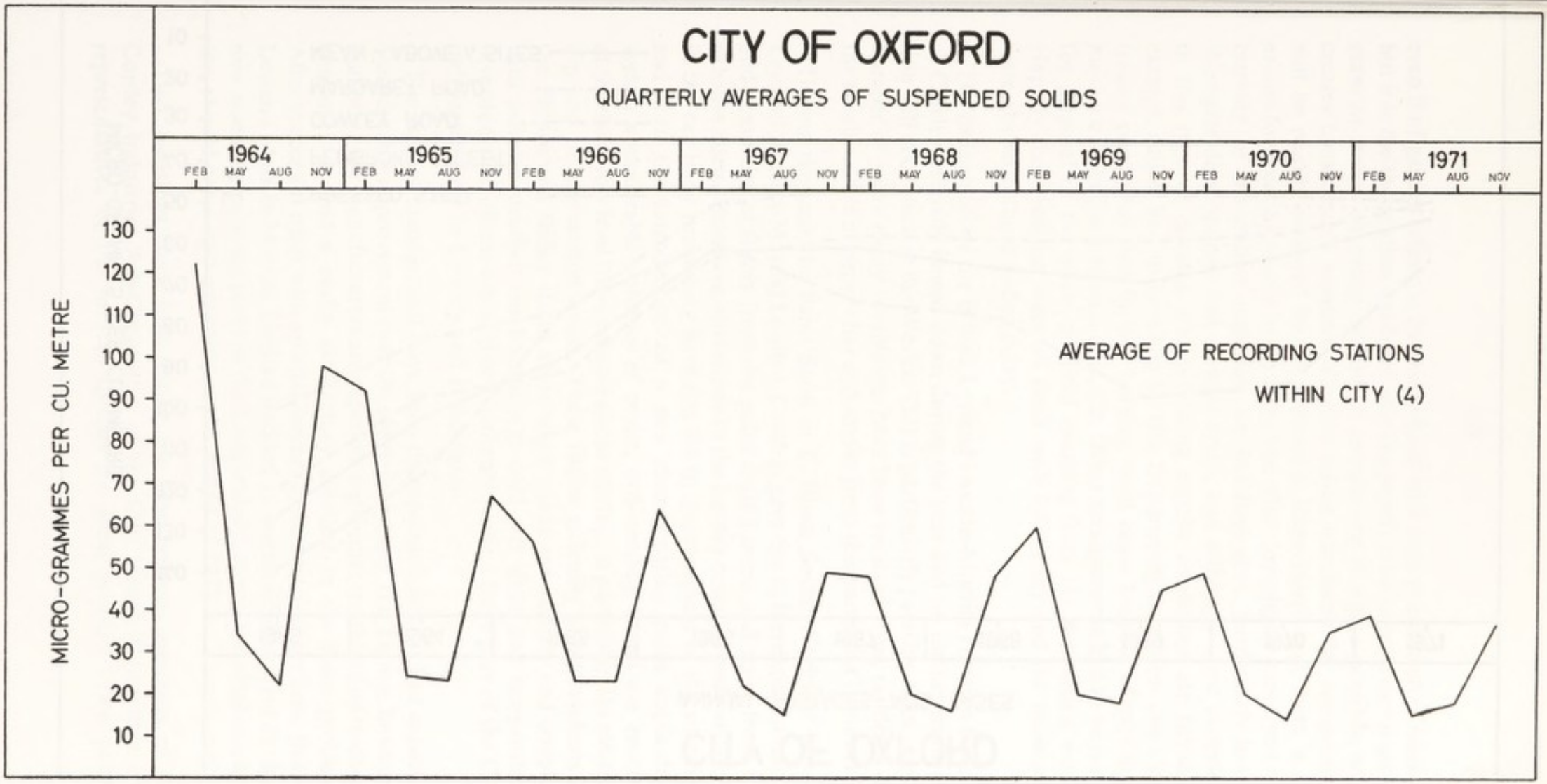
Although there were some difficulties during the winter concerning supplies of smokeless fuel in Smoke Control Areas, no suspensions of Smoke Control Orders were found necessary.

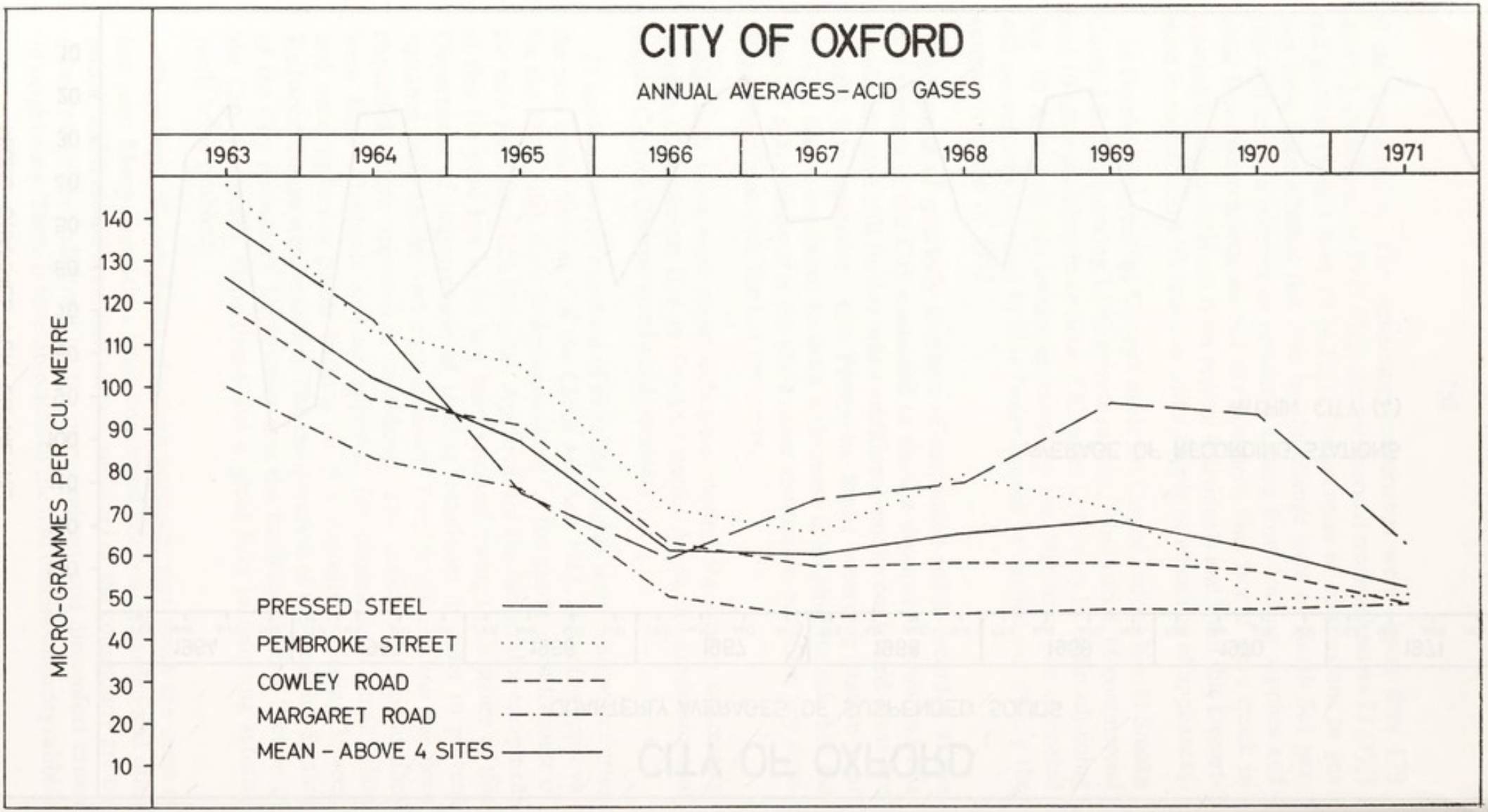
21 applications for approval of chimney heights were dealt with during the year under Section 6 of the Clean Air Act, 1968, including approval for the 170 ft. high main boilerhouse stack for the gas-fired boilerhouse of the new John Radcliffe Hospital. Approval for the incinerator equipment at this Hospital has so far not been resolved owing to insistence of this Department of improvement of loading techniques in order to prevent nuisance from smoke and dust emission. Further information has been requested before approval is considered. The majority of applications were from Architects seeking approval for chimneys of small plant and once again any plants burning oil of a viscosity exceeding 35 secs. Redwood Gauge were involved. The co-operation of the Planning Section of the City Architect's Department and the Building Control Section of the City Engineer's Department was a great help in resolving satisfactorily some problems

There were 52 complaints of smoke nuisance, very much the same as last year. Many complaints again concerned bonfires of garden and other refuse, and it would seem that certain members of the community are not aware of, or are indifferent to, the inconvenience and discomfort caused to neighbours. There is little objection to the odd bonfire when dry rubbish,

CITY OF OXFORD

QUARTERLY AVERAGES OF SUSPENDED SOLIDS




CITY OF OXFORD
ANNUAL AVERAGES–ACID GASES
1963
1964
1965
1966
1967
1968
1969
1970
1971
MICRO-GRAMMES PER CU. METRE
140
130
120
110
100
90
80
70
60
50
40
30
20
10
PRESSED STEEL
PEMBROKE STREET
COWLEY ROAD
MARGARET ROAD
MEAN – ABOVE 4 SITES

even if of garden refuse, is burned quickly with little production of smoke, but it is the thoughtless gardener who frequently tries to burn damp green grass or hedge clippings instead of composting it where possible, who creates considerable nuisance. Garden refuse unsuitable for composting will be readily removed by the Cleansing Department and there is no excuse for creating smoke in the City. The other complaints concerned the burning of demolition materials on building sites, particularly in the Westgate development and Jericho areas, and although some materials in this type of burning are, providing certain conditions are fulfilled, exempt, action had to be taken by this Department to inform one Contractor concerned that further burning must cease because of persistent nuisance from black smoke, dust, etc. Other arrangements had to be made for disposal of the waste material resulting from the demolition work. Happily these matters were all dealt with informally and the nuisances were abated without undue delay.

The incinerator of the British Leyland (Austin-Morris) Division factory at Cowley officially closed down during the year and no further incineration will take place at the Works. This is particularly pleasing since over a number of years many complaints have been received from residents on the nearby estate of paper char and smoke from this particular incinerator.

During the year the Paint Shop in E. Block South Works of British Leyland (Austin-Morris) Limited, Cowley, gave rise to increasing nuisance and complaint of fumes from the paint drying ovens and noise from the exhaust ducts. Extensive alterations to the factory complex and variations in the car body processing have not led to improvement of the situation and with the introduction of a new electrocoating paint application system considerable volumes of moist, evil-smelling fumes are emitted at relatively low level from exhaust stacks serving, in particular, the electrodip and primer section ovens. These fumes seriously affect residents in the Phipps and Bailey Road areas when winds are easterly and coupled with adverse weather conditions, e.g. cold wet days and temperature inversion. The effects are at times noticeable over a large part of the City but particularly in Cowley and Headington.

The factory management have been disappointed since it had expected considerable improvement over the old paint system. It is known, however, that other car manufacturers are experiencing similar troubles and research continues to find a really satisfactory solution to the fume problem. After successful trials with an after-burner system by another firm, British Leyland (Austin-Morris) Limited decided to install similar plant in their new assembly painting plant at the Longbridge factory, Birmingham, and this should come into operation in the Spring of 1972.

Two meetings were held during the year between members of the Cowley Industries Sub-Committee of the City Health Committee and representatives of the firm to discuss the local problem. Two public

meetings were also held in March and September at which local residents, factory representatives and the Chairman and other members of the Health Committee were present to discuss the complaints and action being considered by the factory management and the Council. One temporary expedient carried out by the firm during the year was to raise by 24 ft. one effluent stack on one of the electrodip ovens, but this resulted in little improvement. The firm also agreed during the year to remove cowls on effluent stacks to allow better dispersion of the fumes but this work had not been carried out by the end of the year.

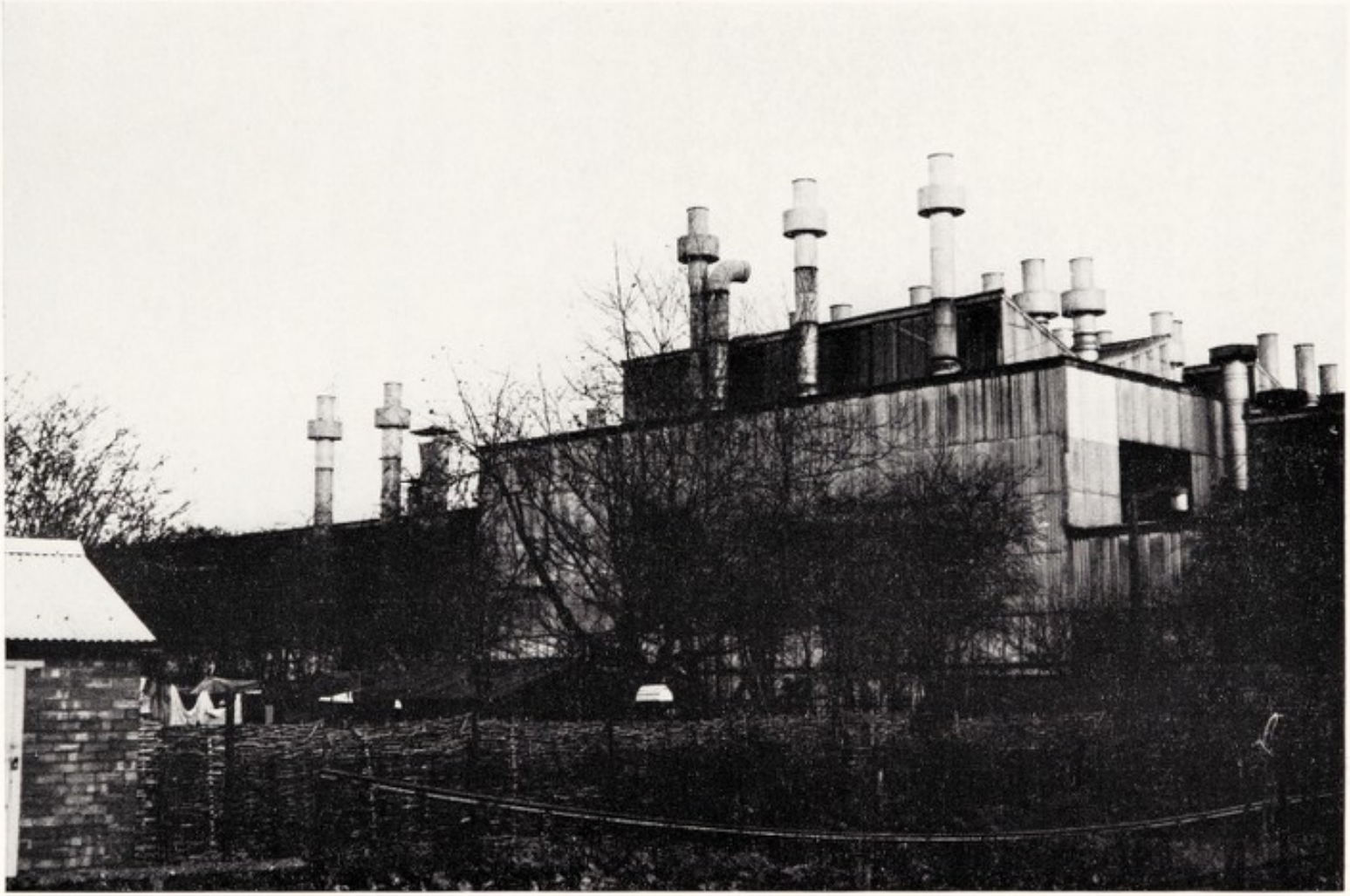
The residents of the area affected formed themselves into the Phipps Road and Cowley Airfield Residents' Association to put forward their views to the firm and to the City Council and representatives of this Association have had a number of meetings with the management.

In September, Health Committee members of the Cowley Industries Sub-Committee, along with the Chief and Deputy Chief Public Health Inspectors, and the Senior Solicitor of the Town Clerk's Department, visited the Chrysler factory at Ryton-on-Dunsmore and also the Longbridge factory of British Leyland (Austin-Morris) Limited. The after-burner pilot plant installed during the year at the Chrysler factory proved quite promising and the Longbridge visit was also most helpful in connection with the problem of fume nuisance and the plans for the Cowley plant. Communications with the Cowley factory management indicated that serious consideration was being given to the after-burner system being installed at Longbridge and if it proved successful it was hoped it could be considered for the Cowley plant.

The majority of smell and odour complaints received during the year involved the Cowley Works and a large number of visits and observations were made by members of staff. As a result of various reports to the Health Committee that the factory was creating a Public Health nuisance, the City Council served, in October 1971, an Abatement Notice under Section 93 of the Public Health Act, 1936, requiring the Company to abate the nuisance from E. Block South Works arising from the emission of smoke, smell, fumes and smuts by 1st October, 1972. A further visit is to be made to the new Longbridge plant when it is in operation next year to find out how successful it is in practice.

Although consideration has been given to other methods such as water washing and the use of catalysts, the after-burner system seems to be the most promising solution and it is earnestly hoped that it may prove suitable for the Cowley plant and be installed during the Works holiday periods next year.

The noise problems from E. Block have also been given a great deal of attention by members of staff with the taking of noise readings at night, and the firm have installed additional silencers, specially designed by



CYLINDRICAL SILENCERS ON EXHAUST STACKS OF 'E' BLOCK B.L.M.C., AUSTIN-MORRIS DIVISION

Southampton University, on certain exhaust stacks in the primer section. Noise levels have been decreased and it is hoped that still further improvement will be achieved by the installation of more silencing equipment. Complaints concerning noise from vehicle movement along the service road between E. Block and Phipps Road houses were also given attention by the management and it was confiidently hoped that this source of nuisance would cease towards the end of the year when re-routing arrangements would come into operation. No further complaints concerning this problem have been received during the last quarter of the year and the situation is now believed to be well under control.

A number of complaints concerning smell of paint fumes were received during the year from residents near the Morris Radiators Branch of British Leyland in Woodstock Road. After a number of visits and careful investigation, the most likely source of this nuisance was thought to be associated with ovens used for drying small vehicle components. These ovens discharge directly to the atmosphere and one particular oven used for the drying of hand dipped components was considered to be the most likely source of nuisance, involving a thick coating of components with paint and drying off at high temperature. Fortunately the problem at this factory is not so complex as at the Cowley works as the ovens are much smaller and simpler. The management is hoping to install a gas-fired after-burner on the offending oven. They have also been asked to consider the installation of smaller type gas-fired after-burners on the other ovens which may be contributing to the fume problem.

The garage of Cherwell Motors Limited (now Bristol Street Motors Limited) in Banbury Road also caused smell nuisance during the year. This was due to de-waxing of new vehicles with steam cleaning of engines associated with the use of paraffin in the process. Action involved the service of a notice on the firm requiring the use of a detergent suitable for the process instead of paraffin which had caused the smell nuisance. Change over to such a detergent abated the nuisance.

Much less trouble has been experienced with incineration at the Churchill Hospital since a new modern type of incinerator was installed with automatic loading equipment. There were some teething troubles at the beginning of the year but these have now been overcome. A similar type of incinerator is to be installed in phase II of the new Radcliffe Hospital at Headington where the first part of the development will come into operation about July 1972.

Dry Cleaning Plant

No significant troubles were experienced during the year from this type of plant. Nevertheless any proposed dry cleaning premises are now investigated very carefully before approval.

The assistance of Divisional Inspector J. Mullard and Technical Assistant J. A. Wirdnam in the production of the Air Pollution Control section of this Report is greatly appreciated.

(xi) Noise Nuisances

There were 74 (112) complaints concerning noise nuisance during the year and 30 were associated with industry, many concerned with the Cowley complex, as previously stated, and 19 (23) revealed unneighbourly conduct. 8 (13) concerned the keeping of animals and 10 were associated with Clubs and Public Houses using amplification equipment and members or visitors provoking nuisance with their cars when leaving the premises at late hours. 5 complaints concerned traffic noise with one special interest concerning South Oxford School. All traffic except buses, entering the City from the South, must now pass along Thames Street close to the school. Investigation indicated that teaching was very difficult in classrooms facing the street because of the intrusion of traffic noise through open windows. Noise readings were taken with the windows open and closed and as a result particular recommendations were made to the Education Department that the windows should be kept closed and alternative arrangements made for mechanically ventilating the classrooms. The site opposite the school is open but due for redevelopment and it is then likely that noise reflection may cause even greater problems. Double glazing may be required.

Building and public works contractors are becoming more conscious of the nuisance potential of noisy equipment such as road drills and compressors and the Department has been active in ensuring that road drills and compressors have been properly muffled and screened. The drop hammer pile driving method is extremely noisy and in the Westgate development a certain amount of pile driving is necessary. Although there are alternative, less noisy methods, these cannot always be used because of soil conditions and unfortunately this affects the Westgate development site. However, the City Engineer's Department have cooperated in suppression of noise wherever possible and were asked for the insertion of a clause in all contracts stating that contractors must take all reasonable precautions to suppress noise to reasonable levels. Complaints were received from residents in the Walton Street area near Lucy Eagle Ironworks concerning noise from fans. Investigation showed that fan noise at a frequency of about 400 hertz was giving rise to the trouble. Meetings were held at the Works with management and fan manufacturers and it is hoped that a suitable silencer can be fitted.

A petition was received in March from people living near the factory of John Allen and Company in Between Towns Road that noise from the testing of large diesel powered cranes was creating nuisance. Unfortunately the area used for testing is very close to residential property

and considered quite unsuitable for crane testing. The factory was asked to find an alternative site.

(xii) Radiation Hazards

30 premises are registered under Section 6 of the Radioactive Substances Act, 1960, the same number as last year, and thanks and good wishes are expressed to Dr. R. Oliver, M.A., M.Sc., Radiation Protection Officer for the City Hospital and University, who has now taken up an appointment in London as Professor of Medical Physics. Dr. Stubbs, his Deputy, is holding office until a new appointment is made. The same methods of disposal have continued and amounts have been below the maximum permitted levels. There were no emergency calls during the year.

(xiii) Swimming Baths and Bathing Facilities

There were 91 (67) bacteriological samples taken from various swimming pools during the year. Inspectors carried out on-the-spot checks for chlorine and pH values and gave advice to pool operators as necessary. The River Cherwell bathing place at St. Clement's had to be permanently closed during the year because of sewage contamination of the river, otherwise conditions generally continued to be reasonably satisfactory. The table of bathing facilities in the City is given below.

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—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

REPORT OF THE ENGINEER TO THE OXFORDSHIRE AND DISTRICT WATER BOARD FOR 1971

MR. G. W. FULLER, B.SC., M.I.C.E., F.I.W.E.

During the year the supply to consumers was adequate in the City and no restrictions had to be imposed.

The total quantity of water treated at Swinford and Farmoor Source Works, which supply the Oxford City system, was 5,052,548,780 gallons, an increase of 460,440,780 gallons over the quantities treated in 1970.

After deducting metered supplies, the average consumption per head per day *was 34.25 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	160–35000
Settled Water Samples	Nil
Filtered Water Samples	Nil
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	50	1	98%
Headington ,, ..	58	54	4	93.1%
Shotover ,, ..	53	52	1	98.1%
Boars Hill ,, ..	52	52	—	100%
Brasenose ,, ..	52	52	—	100%
Wootton ,, ..	55	52	3	94.5%
Consumers' Taps ..	33	32	1	96.9%
Horspath Reservoir ..	52	52	—	100%

Six of the ten unsatisfactory samples were of the faecal type.

During the year the comprehensive system of sampling in accordance with modern recommendations has been in operation for the whole of the Board's area.

The number of dwelling-houses in the City is *32,208*, all of which are directly supplied.

Chemical Analysis of Farmoor Reservoir Outlet Water during 1971

(WATER SAMPLED AT WEEKLY INTERVALS EXCEPT WHERE SHOWN)

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	5.0	0.5	2.0
Colour (Hazen)	21	Nil	7
pH	8.9	8.1	8.5
Electrical Conductivity at 20°C (micromhos per cm^3)	560	465	520
Chemical Characteristics (milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	400	325	365
Carbonate as $CaCO_3$	30	Nil	20
Total Alkalinity " "	199	144	174
Permanent Hardness " "	146	78	111
Temporary " " "	190	124	155
Total " " "	296	242	265
Ammoniacal Nitrogen " N	0.40	Nil	0.12
Albuminoid " " N	0.26	0.11	0.18
Total Oxydized Nitrogen " N	4.5	1.3	3.0
Oxygen Absorbed from Permanganate (4hrs at 27°C)	1.6	0.7	1.2
Chloride as Cl	33	26	28
Phosphate as PO_4	0.80	0.03	0.26
*Sulphate as SO	79	59	70
*Iron as Fe	Nil	Nil	Nil
Sodium as Na	21	14	17
*Copper as Cu	0.03	Nil	0.01

Chemical Analysis of Water supplied from Farmoor Source Works during 1971

(WATER SAMPLED AT WEEKLY INTERVALS EXCEPT WHERE SHOWN)

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	0.66	0.10	0.22
Colour (Hazen)	5	0	1
pH	8.0	7.4	7.7
Electrical Conductivity at 20°C (micromhos per cm^3)	610	490	530
Chemical Characteristics (milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	440	340	375
Total residual Chlorine as Cl	0.42	0.13	0.25
Free residual Chlorine "	0.24	0.01	0.07
Monochloramine "	0.11	0.02	0.06
Dichloramine "	0.18	0.05	0.12
Free Carbon Dioxide " CO_2	11	3	7
Total Alkalinity " $CaCO_3$	199	127	156
Permanent Hardness " "	126	84	110
Temporary Hardness " "	199	127	156
Total Hardness " "	318	230	266
Ammoniacal Nitrogen " N	0.10	Nil	0.03
Albuminoid " " N	0.22	0.07	0.12
Total Oxydized Nitrogen " N	9.5	1.5	3.4
Oxygen Absorbed from Permanganate (4hrs. at 27°C)	1.1	0.3	0.6
Chloride as Cl	34	27	31
*Fluoride " F	0.20	Nil	0.13
*Sulphate " SO_4	100	73	82
*Calcium " Ca	103	79	89
*Magnesium " Mg	11.7	7.3	8.8
Aluminium " Al	0.09	0.01	0.04
*Iron " Fe	Nil	Nil	Nil
Potassium " K	4.4	2.7	3.6
Sodium " Na	20	11	16
*Copper " Cu	0.03	0	0.02
*Phenol " C_6H_5OH	Nil	Nil	Nil
*Detergent " Manoxol O.T.	0.03	Nil	0.02

* TESTS ON MONTHLY SAMPLES

Chemical Analysis of River Thames Water at the Swinford intake during 1971

(WATER SAMPLED AT WEEKLY INTERVALS EXCEPT WHERE SHOWN)

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	69	3.5	14
Colour (Hazen)	100	5	20
pH	8.5	7.8	8.2
Electrical Conductivity at 20°C (micromhos per cm^3)	660	465	580
Chemical Characteristics (milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	475	325	415
Carbonate as $CaCO_3$	30	0	10
Total Alkalinity " "	260	164	208
Permanent Hardness " "	150	71	108
Temporary " " "	240	165	196
Total " " "	354	242	304
Ammoniacal Nitrogen " N	0.55	0.02	0.16
Albuminoid " " "	0.48	0.07	0.18
Total Oxydized Nitrogen " "	8.0	2.8	5.2
Oxygen absorbed from Permanganate (4 hrs. at 27°C)	7.8	0.8	1.9
Chloride as Cl	37	18	28
Phosphate as PO_4	1.6	0.16	0.70
*Iron as Fe	Nil	Nil	Nil
Sodium as Na	25	10	17
*Copper as Cu	0.06	Nil	0.02
*Sulphate as SO_4	80	59	66

Chemical Analysis of Water Supplied from Swinford Source Works During 1971

(WATER SAMPLED AT WEEKLY INTERVALS EXCEPT WHERE SHOWN)

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	3.2	0.10	0.41
Colour (hazen)	13	0	2
pH	7.9	7.0	7.6
Electrical Conductivity at 20°C (micromhos per cm^3)	680	460	590
Chemical Characteristics (Results in milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	490	320	425
Total Residual Chlorine as Cl	0.56	0.15	0.35
Free " " "	0.37	Nil	0.16
Monochloramine " "	0.13	Nil	0.06
Dichloramine " "	0.35	0.02	0.13
Free Carbon Dioxide " CO_2	17	3	7
Total Alkalinity as $CaCO_3$	220	93	186
Permanent Hardness " "	152	92	116
Temporary " " "	220	93	186
Total " " "	348	232	302
Ammoniacal Nitrogen " N	0.22	0.01	0.04
Albuminoid Nitrogen " N	0.25	0.07	0.11
Total Oxydized Nitrogen " N	8.3	2.3	5.2
Oxygen absorbed from permanganate (4 hours at 27°C)	2.9	0.3	0.9
Chloride as Cl	44	27	33
*Fluoride " F	0.27	0.02	0.12
*Sulphate " SO_4	103	64	77
*Calcium " Ca	122	98	108
*Magnesium " Mg	13	4.4	8.9
Aluminium " Al	0.06	Nil	0.03
*Iron " Fe	Nil	Nil	Nil
Potassium " K	6.5	2.6	4.0
Sodium " Na	26	11	17
*Copper " Cu	0.06	Nil	0.02
Phenol " C_6H_5OH	Nil	Nil	Nil
*Detergent " Manoxol O.T.	0.11	0.02	0.04

*Monthly samples

(xv) Sewerage and Sewage Disposal

The treatment facilities at Sandford-on-Thames Sewage Works were extended in 1969 to accommodate future requirements up to 10 m.g.d. and also to conform with the Thames Conservancy Board standards for final effluent. The flow dealt with was slightly higher than last year and averaged 8.44 m.g.d. and effluent quality was generally superior to the standard requirement and some 24 samples examined by the Thames Conservancy proved satisfactory.

The quantity of sewage sludge dealt with amounted to 39,800 gallons per day from primary sedimentation and a further 26,700 gallons per day of surplus cellular material from the activated sludge processes. The primary sludge was anaerobically digested and further de-watered before being distributed by tankers on to the 500 acre farm owned by the City Council. The consolidated activated sludge containing 2.5–3% solids rich in nitrogen and phosphates, was distributed to other farms within a 7 mile radius of the Sewage Works. Some of the sludge was used to cover the surface of refuse tips and a number of loads was similarly used to spray embankments during the construction of the M.4 to facilitate the growth of grass.

It is perhaps not surprising that some odours, particularly hydrogen sulphide, emanate from such vast volumes of sewage treated at the Works. Normally, however, atmospheric dispersion creates rapid dilution below the threshold level of detection. Unfortunately meteorological conditions occasionally prevent suitable dispersion and under these circumstances the management implement remedial action with the use of chemicals for the suppression of sulphate producing bacteria, but this type of treatment is costly.

During the late summer there were an unusual number of complaints of smell down-wind of the Sewage Works and often several miles away. In all cases the odour was described as a "Tom Cat" smell and frequently proved to be much more noticeable than at the Sewage Works. Extensive work on the subject, somewhat hampered by the sporadic occurrence of the nuisance, tended to show that it was due to mercaptans, a group of compounds formed by the chemical reaction of ketones and other aliphatic solvents with hydrogen sulphide. It now seems probable that solvent vapours emanating from the motor manufacturing industry at Cowley, coupled with traces of hydrogen sulphide from the Sewage Works, were the cause of the trouble. Alternatively, traces of these solvents such as acetone, may have been present in industrial effluent discharges to the sewers, forming mercaptans which escaped to the atmosphere at the treatment works. Discussions with the motor industry resulted in a change of solvent at the Cowley Works and no further complaints of smell were received after the first week in October. Whether the problem had been fully resolved remains to be seen and must await next summer when similar meteorological conditions may occur.

The Works are equipped with a modern laboratory and trade effluents from about 90 industrial premises are monitored frequently, in addition to comprehensive analyses of daily samples at different stages of the treatment process in order to determine the characteristics and constituents of the sewage being treated.

It is a pleasure to acknowledge the contribution of Mr. Lewin, the Sewage Works Manager, in this part of the Report, and also for the ready co-operation and helpful advice given by him and his staff whenever requested by the Department.

B. HOUSING

Increased work was carried out by the Housing Division, with Jericho Rehabilitation playing a major part. Details of progress here and in other aspects of the work are shown subsequently and acknowledgement is made to Mr. R. Crossley, Divisional Housing Inspector, for this part of the Annual Report.

Towards the end of the year a Local Plan for East Oxford improvement was introduced and a Working Party of Council officers set up to consider the various aspects. The Divisional Housing Inspector represented our Department on the Working Group and has special interest in housing (including General Improvement Areas), clean air, noise, and other environmental matters.

An increasing number of complaints regarding dampness in dwellings were mainly due to condensation, but unfortunately complainants generally do not realise this problem is largely due to their own living habits. They can control (i) the amount of water vapour released by cooking, washing, use of oil stoves, etc., (ii) ventilation by proper use of windows (particularly important where there are no open fires); and (iii) heating (particularly important where it is only used for a few hours each day—as when both man and wife go out to work). Other factors over which the occupant does not have control include bad arrangement of rooms and facilities and changes in building methods and materials. Special mention must be made of the many modern windows not possible to open slightly and fasten securely so as to conserve heat and yet ventilate the dwelling, and at the same time ensuring security for those out all day. Pivot windows are the worst offenders. The margin between condensation forming or not is often slight and education must play a large part in overcoming this problem.

Unfit Houses

As during the previous year, it was Council policy not to use Compulsory Purchase powers under the Housing Acts. It was agreed to increase

from 75 to 100 the annual rate of dealing with unfit houses. This target was achieved as follows:

Unfit houses demolished		
(i) outside Clearance Areas	48	
(ii) subject to Certificates of Unfitness (Council owned)	25	73
Unfit houses closed		23
Unfit houses completely rehabilitated (not previously recorded as closed)		11
Unfit houses subject to Demolition Orders made fit ...		1
		108
Houses demolished previously recorded as closed		7
Net progress		101
Parts of houses closed		3
Persons displaced		82
Families displaced		40

During the year it was necessary to prosecute one landlord for reletting a house subject to a Closing Order. He was fined £10 and costs.

Qualification Certificates

As was to be expected, the number of new applications fell off markedly, although the work load did not diminish. This was due to the fact that houses subject to applications almost invariably did not satisfy the conditions laid down in the Housing Act, 1969, and applications had to be held in abeyance pending the carrying out of work, which in due course had to be checked. This accounts for the apparently illogical statistics below.

Full Certificates (Houses already possessing Standard Amenities)	
Applications received	41
Certificates issued	133
Certificates refused	11
Applications withdrawn	20
Provisional Certificates (Houses without one or more standard amenity)	
Applications received	33
Provisional Certificates issued	21
Applications withdrawn	1
Full Certificates issued after installation of standard amenities	5

Mortgage applications

All applications received by the City Treasurer were forwarded as usual to the Chief Public Health Inspector for survey before being passed

to the City Valuers. However, where only brief reports were prepared formerly—full schedules, costings and indications of grant possibilities are now supplied to the Treasurer. In addition, the checking of work carried out against financial retentions is now the responsibility of this Department, where previously the valuers did this work. All this has increased our housing responsibilities but is welcomed as a proper part of our overall programme of improving the housing stock in the City. During the year 102 mortgage applications and 2,476 Land Charge Enquiries were dealt with.

Multiple-occupation

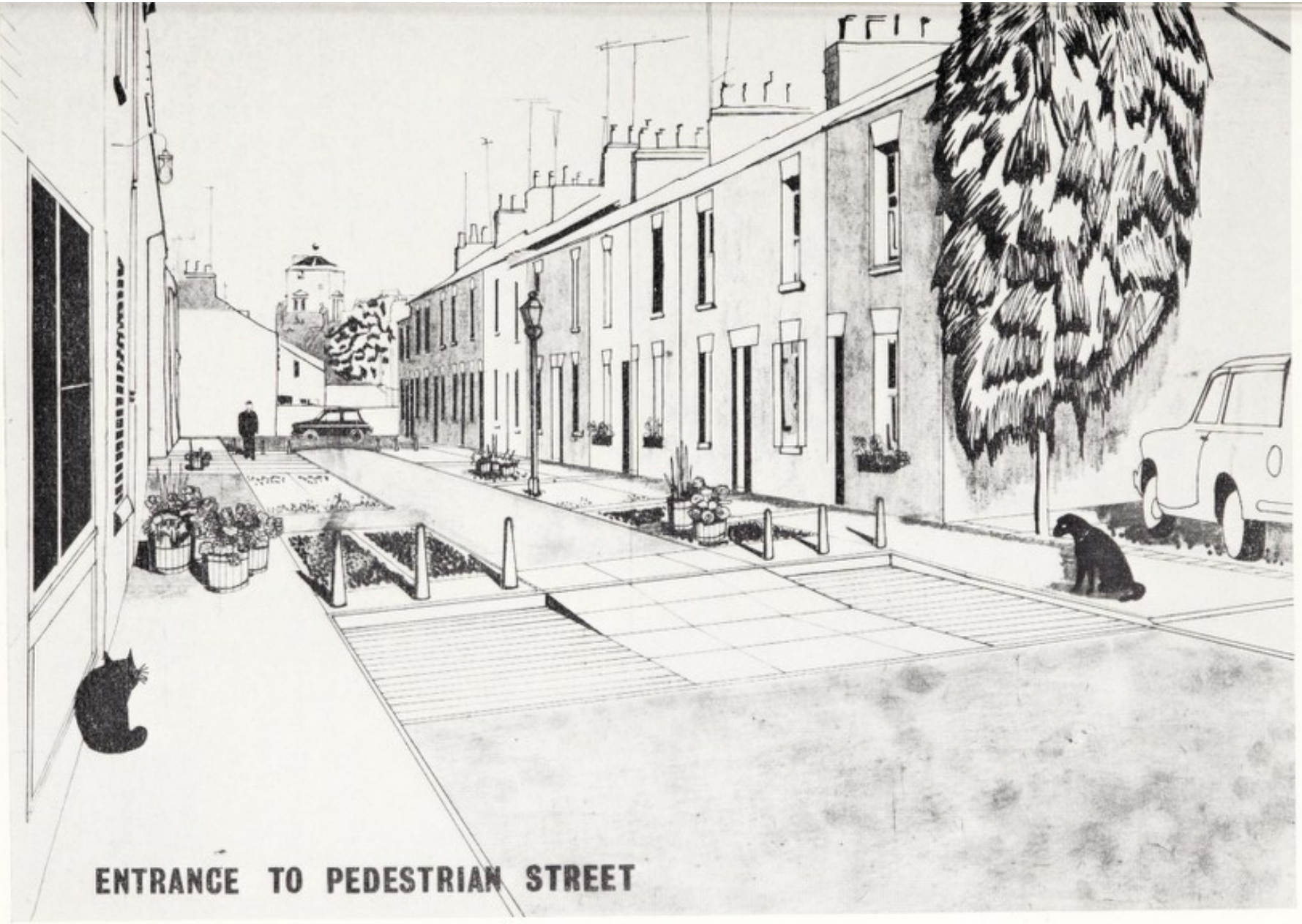
This extensive health/housing problem continued to provoke interest and at the end of the year there were 502 premises on the register, an increase of approximately 50. Due to change of use and the new definition of multiple-occupation as involving "households" and not "members of more than one family", many houses had to be removed from the register. The 1969 definition is now causing some concern as unrelated single persons said to be living together are claiming to form one household, thus to evade control. It is very difficult to prove otherwise. A change of Technical Assistant during the year held up progress to some degree. Statistically the position is as follows:–

Estimated no. of houses in multiple occupation	2,607
No. of premises on register at end of year	502
No. of premises subject to Directions limiting no. of occupants	14
No. of Directions made during the year	1
No. of premises satisfactory as regards:–	
(i) amenities and repair	159
(ii) fire precautions	54
No. of informal notices served:–	
(i) amenities and repair	64
(ii) fire precautions	68
No. of statutory notices served	2

At the end of the year active consideration was being given to the possibility of introducing a registration scheme. This would enable a more even coverage of the City's multi-occupied houses and would put the onus on owners to reveal the whereabouts of such houses. This would necessarily entail much work but the urgency of dealing with this important aspect of what is usually sub-standard housing is increasing as pressures on accommodation within the City increase.

Jericho Improvement Area

The Council's policy is now approaching fruition so far as housing conditions themselves are concerned, with an increasing number of owners coming forward to repair and improve, generally with the help of



"THE JERICHO OF THE FUTURE"

Discretionary Grants. At the same time the City Architect has been busy infilling cleared sites and is to be congratulated on the way in which he has been able to fit in new with old. During the year an appraisal of progress in Phase I was undertaken and where necessary pressure applied to owners who, so far as could be ascertained, were able but not willing to rehabilitate. In the case of some elderly owners and occupiers prolonged patience is inevitable. The Council's policy of giving Maturity Loans helps to some degree in this frustrating matter.

In the latter half of the year a further three blocks were surveyed (Phase II) and at the end of the year the Jericho Working Group was drawing up recommendations for dealing with the housing conditions. At the same time an additional adjoining block was being rehabilitated by agreement with the Oxford University Press owners, who have an overwhelming interest in it.

Perhaps the most important feature of the year's activity was the start of area re-sewering. As can well be imagined, this caused a major disruption to normal life but the essential need for the work is indisputable. It has held up environmental improvements but the sketch appended (Miss Ruth Panter, City Architect & Planning Officer's Department) shows what eventually it is hoped to achieve. The policy of declaring a General Improvement Area is also under active consideration.

Since the Council showed an interest in Jericho Rehabilitation Area, house prices have appreciated even more than in other parts of the City. This is causing a rapid change in the social structure of the community, more than was anticipated at the outset, and efforts should be made, whenever possible, to slow down this process. Change in a rejuvenated area is to be anticipated and welcomed but it is the speed of the present event which is causing some concern.

Improvement Grants

Once again gratitude is expressed to the City Engineer for supplying statistics regarding grants. Liaison between our two Departments continued smoothly and opportunity was given of comment on all applications before a decision was taken. The field work of one Department was often beneficial to the other.

Towards the end of the year plans were in hand to hold an Improvement Grant Exhibition in the Town Hall early in 1972, in which we would take part. This would be augmented by the Ministry mobile vans touring suitable areas of the City.

Discretionary Grants

In some quarters there has been much criticism about grants for repairs but such grants become inevitable if neglect of many years is to be halted

and progress to slum conditions stopped. The grant in any case for repairs cannot exceed that for improvements. I consider that a useful amendment to the present legislation would be to allow a minimum grant for essential repairs where cost of improvements is low.

The impetus given to Discretionary Grants by the Housing Act, 1969, is still being felt and during the year the number of approvals continued to rise (202 from 130 the previous year). Oxford, at last, is moving towards a realistic figure of improvements if the sub-standard houses in the City are to be dealt with in the foreseeable future. Nevertheless there is need for still further impetus.

Standard Grants

As was expected, the number of approvals again dropped, this time from 81 to 73. By now the number of houses in the City lacking standard amenities but in a good state of repair must be limited. The type of house coming readily to mind is that built just before the last war with an external W.C. under the main roof but entered from the outside, the bathroom being entered from the kitchen.

Special Grants

During the year 4 grants were approved. This was rather a disappointment when the extent of the multiple occupation problem in Oxford is considered.

Repairs and Improvements carried out, 1971

Items	*Dwelling Houses*	*Food Premises*	*Other Premises*	*Total*
Accumulations removed	1	6	2	9
Cooking accommodation	—	5	—	5
Dampness remedied	51	2	—	53
Dustbins	1	12	—	13
Drains/Waste pipes cleared ...	16	8	2	26
Drains/Waste pipes, etc., repaired	58	1	1	60
Doors/windows repaired	323	3	—	326
Electric wiring repaired/renewed ...	38	—	—	38
External redecoration	41	—	—	41
Fencing repaired/renewed	45	—	—	45
Fireplaces repaired/renewed ...	53	—	—	53
Floors repaired/renewed	158	18	5	181
Food cupboards	—	5	—	5
Gutters, spounting	69	—	—	69
Hot water supply	59	11	2	72
Lighting improved	39	9	—	48
Roofs repaired/renewed	44	3	—	47
Rooms cleansed/redecorated ...	224	71	12	307
San. accom. provided/repaired ...	49	2	7	58
San. accom. cleansed/redecorated	16	14	3	33
Sinks/wash basins prov./rep. ...	95	14	1	110
Smoke nuisance (Industrial) ...	—	—	2	2
Smoke nuisance (Clean Air Zone)	—	—	2	2
Ventilation improved	34	11	4	49
Walls and chimenys (external) ...	111	7	—	118
Walls and ceilings (internal) ...	134	15	3	152
Water supply installed	15	1	16	32
Water heaters provided	—	4	—	4
Yards repaired, etc.	50	6	—	56
Other nuisances	1	215	33	249
Totals	1,725	443	95	2,263

C. FOOD

(i) Milk and Milk Products

There was a slight increase in the number of milk distributors on the register, there being 157 (148) and 24 (23) self-service vending machines. The Public Health Laboratory tested 269 (386) samples of heat treated milk and 27 (23) or about 10% of this total failed the Methylene Blue keeping quality test. As in previous years, the majority of these failures, numbering 21 (14), were from vending machines which were mainly involved with one dairy processing plant, and, although the cartons were coded by the use of a scrambled alphabetical code, the vending machine retailers had not been given instructions how to read the codes. Many of the failures were therefore considered to be due to unsatisfactory stock rotation and the usual difficulty in estimating day to day demand. The matter was taken up with the dairy management, who eventually agreed to issue all their retailers with a copy of the code so that more care could be taken in stock rotation. As a result of this action the number of failures from these machines fell remarkably and it is hoped that the action taken should ensure that less trouble is experienced in future. Only 1 (5) sample from a roundsman's vehicle failed the test and 5 other failures were concerned with retail food shops where again, in some instances, some carelessness had occurred in stock rotaion. Advice was given to the shop managers and follow-up samples proved to be satisfactory in all cases. Complaints are still received about the condition of milk bottles and unfortunately this is inevitable when milk bottles are often misused by consumers and there is still a need for the public to be more hygiene conscious with these returnable milk containers.

It is most pleasing to report that only 1 (7) sample of raw milk out of a total of 258 (391) was found to contain antibiotic. There seems little doubt that the farming community are becoming much more conscious of the care and attention needed to segregate for the requisite period, any milk from cows which have been treated with antibiotics. The farmer concerned with the single failure was informed of the requirements of the Food and Drugs Act and advised that further samples, if found unsatisfactory, might well result in statutory action. Subsequent follow-up samples proved to be satisfactory.

There are now two retailers registered for the sale of untreated milk and, although the supplies are obtained from a herd declared free of Brucellosis, regular sampling was deemed advisable in order to check keeping quality and to ensure that there was no health hazard. All samples taken were returned as satisfactory in relation to Brucellosis but 3 failed the Methylene Blue keeping quality test. The dairy farmer was informed of the results and advised about particular cleanliness in the production and handling of the milk. The retailer was also informed that more care

was needed with stock rotation and more frequent deliveries were advisable because of the limited demand for untreated milk.

The laboratory of this Department was used for routine Gerber examination of milk and 314 (259) samples were checked by this means and average results for Channel Island milk were 4.47% (4.5%) butter fat and 8.81% (9.24%) non-fatty solids. Pasteurised milk averaged 3.65% (3.62%) butter fat with non-fatty solids at 8.61% (8.72%). These results, although somewhat lower in some instances than last year, were still satisfactory. The number of general stores selling pre-packed milk is now 153 (136) but only a small amount of this is sterilised milk. All 12 (37) samples of sterilised milk satisfied the Turbidity Test. School milk samples were found, with one exception, to be satisfactory. A single Phosphatase test failure could not be accounted for, even after careful investigation. 11 (9) samples of ultra high temperature milk were found to be satisfactory. 18 (3) samples of untreated milk were submitted for biological testing and all proved negative for both Brucellosis and Tuberculosis. One sample of goat's milk on display for sale was examined and found to satisfy the Methylene Blue keeping quality test.

Milk Sampling Results

	Samples tested	Satisfactory	Failed	Void
Heat Treated Milk (Pasteurised)				
Methylene Blue Tests	262	229	27	6
Phosphatase Tests	262	261	1	—
Sterilised Milk				
Turbidity Tests	12	12	—	—
Ultra High Temperature Milk				
Colony Count	11	11	—	—
Uutreated Milk				
Methylene Blue	25	20	5	—

With the closure of the Slaughterhouse and the Meat Factory (Oxford and Swindon Co-operative Society) at Henry Road, the firm decided to discontinue the present dairy on the same site and convert the disused Meat Factory into a large and more modern dairy. This is a welcome development in milk processing activity within the City and it is hoped that this will prove a worthwhile step.

One interesting episode concerning tainted milk occurred during the year. A number of complaints were received by the Dairy and this Department over the course of two or three days, alleging that milk delivered to consumers had a peculiar taste—similar to T.C.P. or a disinfectant. Samples of suspected milk were sent to the Public Analyst. Whilst awaiting results, members of staff assisted the Co-op management in tasting milk from various suppliers. The supply of one large producer was suspected, although tasting alone was not conclusive since not all people react alike. Nevertheless the producer concerned was informed of the circumstances. He immediately carried out investigations at the farm and confirmed

that his milk was in fact tainted, and officers of the Ministry of Agriculture, Fisheries and Food Dairy Husbandry Advisory Service and the Milk Marketing Board were called in to advise him and trace the source of contamination. The Public Analyst then confirmed that the milk contained chlorate, indicating contamination with sterilising agents, and a number of consignments of milk had to be rejected. The final outcome revealed that the milker had been over zealous in dipping milk clusters into hyperchlorite solution between the milking of each cow and some of this sterilising agent had found its way into the milk lines and milk storage vat. As a result of extremely good all-round co-operation the matter was resolved satisfactorily. It is interesting to note that only a minute amount of sterilising agent in the milk was required for it to become very noticeable to some consumers, although others could not taste it at all.

Ice Cream

Five of the 6 unsatisfactory samples were concerned with mobile vehicles selling soft ice cream, confirming previous experience, and occurred as a result of insufficient attention to cleansing and sterilisation of equipment on vehicles and poor food handling techniques. There is no statutory bacteriological standard for ice cream but a Methylene Blue test used by the Public Health Laboratory Service is recognised as giving a good indication of bacteriological quality of ice cream. Four grades are used, 1 and 2 being considered satisfactory, but 3 and 4 unsatisfactory, grade 4 being the lowest. All 6 unsatisfactory samples were placed in grades 3 and 4. Eleven ice lollie samples were taken and all proved satisfactory. Normally very little trouble is experienced with this type of product because of its acid nature.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

A University City like Oxford has very large numbers of students, workers, and, of course, tourists during the summer season who take meals in College canteens, restaurants and snack bars, and the routine inspection of these and all types of food premises under the Food Hygiene Regulations is considered one of our most important responsibilities. During the year 3,901 (2,214) visits were made to all types of premises and 443 (410) defects were found. Additional restaurants, snack bars and premises selling take-away food were opened during the year. Where plans were submitted for Planning permission or Building Regulation approval, advice was given to the applicants, usually resulting in amendments in order to conform with the structural requirements of the Food Hygiene Regulations. The general tendency nowadays is for prior consultation with the Department before plans are drawn up and this is a most welcome trend since it enables the Department to ensure that the

premises reach a good standard before they actually come into use. However, in spite of attention and continuous advice given to the food trade on food hygiene standards, two prosecutions had to be taken during the year. They involved an Indian restaurant and a self-service shop which were found to contravene seriously many of the Regulations. Every effort was made to obtain improvement informally before these two defaulters had to be reported to the Health Committee because of non-compliance. The proprietor of the Indian restaurant was charged with 8 offences under Regulations 7, 21 and 25 concerning lack of cleanliness, structural defects, and insufficient washing facilities. Total fines of £80 were imposed with a £5 Advocates' Fee. The self-service shop was found to be in such a dirty condition during a routine visit, that the Proprietor was charged with 12 offences under Regulations 7, 18 and 25 concerning lack of cleanliness and unsatisfactory washing facilities, which resulted in fines totalling no less than £350 with a £10 Advocates' Fee.

Another prosecution involving a recently opened Coffee Shop and Snack Bar occurred as a result of a member of the public noticing the storage of food in a sanitary convenience. Investigation found contraventions considered serious enough to warrant satutory action. The proprietor was prosecuted for 4 offences under Regulation 16 concerning a dirty sanitary convenience which was also used for storing food. Fines totalling £190 were imposed by the Magistrates.

Investigations were carried out concerning 6 cases of illness having typical symptoms of food poisoning but in only one instance was food poisoning actually confirmed. In January 12 undergraduates at Keble College suffered from vomiting and diarrhoea and 2 members of the kitchen staff had been away the previous day having complained of nausea, headache and diarrhoea. Patients were questioned and College kitchens, serveries, beer cellar and tea room were inspected but no common pattern of food consumption emerged. Attempt was made to obtain stool specimens without success and one heated meat pie and a discarded meat pie from the beer cellar were sent for Laboratory analysis but did not reveal anything of significance. The advice given as a result of the investigation was gratefully acknowledged as useful and likely to reduce the possibility of further similar illness.

A housewife had sickness and diarrhoea about three hours after eating some cooked ham for lunch. Samples sent to the Public Health Laboratory did not reveal anything significant. Another local resident was ill with sickness and headache lasting for 24 hours and complained that a meat pastie was probably involved. Investigation proved negative. A frozen chicken from a large supermarket was believed to be involved in another case of suspected food poisoning but investigation revealed nothing of significance. A doctor complained that he had been ill after eating cold ham and a pork pie. No food poisoning organisms were isolated from samples of similar food taken from the premises involved.

Your Chief Public Health Inspector was personally involved in a food poisoning outbreak at a Rotary Club Luncheon in November when he was guest speaker. A considerable number of diners were affected with internal pains and diarrhoea during the night following the luncheon. Investigation revealed that those members affected had all eaten Steak and Kidney Pie and examination of a faeces specimen submitted by the Chief Public Health Inspector indicated a heavy growth of heat resistant Clostridium welchii food poisoning organisms. The meat had been cut up about 9.00 a.m. on the day of the luncheon, stewed for about two hours and then left to cool for a period of approximately half an hour before being placed into 16 dishes which were then covered with pastry and replaced in the oven for further cooking. The pies were then removed from the oven and put into a hot plate at a temperature of about 150–160°F. for a further half hour before being cut up and served for lunch. Ten of the pies were used for the Rotary luncheon and 6 in the restaurant. It was interesting to note that no complaints of illness were received from other persons who had eaten pie in the restaurant. The remainder of the cooked meat left over after making the Steak and Kidney Pies was served to staff as a brown stew and none suffered ill effects. Although the period from preparation to actual service was not unduly long, there seemed to be two significant periods—(a) between cooking of meat and filling of the pies when left to cool in the kitchen, and (b) the actual time that they were left in the hot plates when bacterial growth would be stimulated.

Proper attention to storage, handling and preparation of food is vital since food poisoning organisms multiply most rapidly between the range of 20°C and 50°C. (68°F.–122°F.). The practice of keeping food warm in kitchens for some time before service often permits organisms in food to multiply profusely and so cause illness. If food has to be cooked some time before consumption, then it should be cooked and cooled quickly before storage in a refrigerator and before being properly re-heated immediately before service. If it is to be served without any further heat treatment, it should be removed from the refrigerator as required and carefully protected from contamination before being served for use.

Imported Food Regulations, 1968

The number of containers of imported meat increased remarkably during the year, numbering 206 (71) containing a total weight of 1,526,554½ lbs. Containers of imported meat, and indeed other foods, are certain to increase in number with the advent of the European Economic Community. Containers proceed direct to inland destinations without examination at ports of arrival. The meat mentioned was consigned to three main wholesalers in the City having entered through the ports of Holyhead, Manchester, London, Liverpool and Newport, and all the consignments were examined on the day of arrival and in every case the meat was found to be satisfactory. No difficulties were experienced during the year with this

system but with the free exchange of trade between the states of the E.E.C. it is inevitable that more attention will have to be given to a very wide range of imported foodstuffs in the near future.

(b) Inspection of Food Hawkers' Vehicles (Oxford Corporation Act, 1953). Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

There are 143 (138) hawkers of food in the City registered under the Act and 1,686 (1,186) inspections of vehicles and stalls were made. Evening inspections of hot dog vehicles were carried out by members of staff on a rota basis and 8–10 hot dog vehicles were found trading regularly in the City during the year. Repeated visits have been found necessary in order to ensure that a suitable standard is maintained under the Food Vehicle Hygiene Regulations. One operator, in spite of frequent warnings, did not comply and statutory action involving 7 contraventions under the Regulations had to be taken because of dirty condition of equipment, absence of hot water, dirty clothing and smoking while serving customers, and also absence of clean towels. Total fines of £49 with £10 costs were imposed.

The annual St. Giles' Fair was carefully supervised as usual and generally it was found satisfactory from the public health point of view. The number of food stalls in operation was the same as last year, namely 47, and it was noteworthy that no "On the Spot" notices were found necessary. Only 10 verbal warnings had to be given early on the opening morning regarding minor infringements and these were quickly dealt with. Large amounts of refuse were noticeable in the Magdalen Street area and the nearby part of St. Giles' and it is felt that some improvement in public refuse accommodation in this area is advisable. Your officers agreed with reluctance to the use at this year's Fair only of the out-of-date hessian screened latrine buckets which have been in use for many years at this Fair. It is now felt that with the availability of modern portable hygienic lavatory facilities, such should be provided as from next year. It is hoped that the Estates Committee will be in a position to provide this type of accommodation next year and if one or two mobile vehicles containing lavatory and washing facilities could be purchased by the City Council, the accommodation could prove very useful for car parks, short term fairs, and other community gatherings, and even hiring out might prove a useful form of income. Some smoke nuisance was noticeable from one power generator which had difficulty in operation, otherwise standards were good. There was a marginal increase in noise level, although this might have been due to a more sensitive noise meter being used by the Department. The Water Board provided a number of mains water standpipes, which were most helpful in maintaining reasonable hygienic standards, and the Cleansing Section of the City Engineer's Department and the City Estates Surveyor's staff are again to be complimented on the expeditious cleaning up operations carried out at the end of the Fair.

(c) Hygiene Education and Publicity

Members of staff were active in giving various talks and demonstrations to different bodies and this work, although often involving time outside office hours, is most rewarding, particularly in helping people to become better informed of the wide range of duties concerned in the field of environmental health. It is also important where instruction in food hygiene is given. The usual talks were given to Student Nurses and Medical staff undergoing training and visits were arranged, in addition, to various premises relevant to their studies. It is most pleasing to record the continuing interest and co-operation of Domestic Bursars and Stewards of the Colleges, Hospital catering staff, and members of the food trade in food hygiene standard efforts.

(d) Hospital and College Hygiene

During the year 404 (432) visits were made to Colleges and 240 (486) to hospital premises for advisory purposes. Extremely good relations have been built up over the years with staff responsible for catering in the Colleges and Hospitals and invariably visits by members of staff are welcomed as helping to improve food hygiene standards which, on the whole, have generally been found good. Much work was carried out by the Pest Control staff in the eradication of pests, particularly Pharoah's Ants in Hospitals. This pest is a most difficult one to deal with because nests are usually in inaccessible places and treatment is difficult. Pesticide is usually taken from baits to nests by the insects themselves and this requires very carefully planned bait laying. Pharoah's Ants are becoming very widespread, particularly in Hospitals, throughout the country and there is apprehension that they may be transmitters of infection because of their remarkable mobility.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	10	120
Butchers	66	671
Cake Shops	17	49
Confectioners	100	39
Dairies and Milk Depots	6	180
Fishmongers and Poulterers	16	198
Preparation and Service of Food	289	1,041
Fruit and Greengrocers	60	368
Grocers	206	673
Ice Cream Manufacturers	1	16
Miscellaneous (Including Ice Cream Retailers)	—	2,107
Market Stalls, Hawkers, etc.	196	1,684
St. Giles' Fair Food Stalls	47	766
Public Houses and Social Clubs	175	358
Visits re sampling	—	1,151

From the above table it will be seen that there was an increase in the number of inspections to premises concerning food and the number of

visits to market stalls also increased, mainly on account of the Sunday trading market which commenced during the year at Cowley. Sampling visits also increased as a result of a more active interest in the quality of food being sold.

(iii) Meat Inspection

In April the Department was informed that the one Slaughterhouse remaining in the City operated by the Oxford and Swindon Co-operative Society at Botley, was likely to close down quickly. This was something of a surprise and a meeting was held at once with the Secretary of the firm. He stated that it had been decided to close the premises as from 5th June for economic reasons. The firm would not object, however, to the premises continuing for a temporary period so that local butchers would have sufficient time to make other arrangements for slaughtering. Discussions with the Secretary of the Oxford Master Butchers' Association indicated that the local butchers preferred a clean break rather than a phasing out period. Contact was made with other Slaughterhouses near Oxford and Messrs. Hedges of Abingdon, who operate a modern abattoir at Caldecott Farm, Drayton Road, stated that they were prepared to take on the slaughtering commitments of the Co-operative Slaughterhouse. The Manager of the F.M.C. abattoir at Thame also indicated that his premises were available for any butchers wishing to use them. City butchers would still have reasonable facilities within a short distance of Oxford therefore, and it was considered that the arrangements suggested for early closing down were not unreasonable, and the Health Committee agreed to accept the situation with regret. As a consequence there was a loss of slaughtering income and the actual amount received for the year totalled £370.43 (£895 3s. 3d.). Consideration had to be given to the redeployment of the Meat Inspector, Mr. P. Allan, and his services were utilised as a Technical Assistant on meat and food hygiene work. At the end of the year, however, he obtained another appointment as a Local Authority Meat Inspector in a Northern Borough.

Slaughtering Statistics

The number of animals slaughtered during the period the premises were in operation was 7,736 (18,689) and the actual throughput is given below:

Bulls	2
Steers	684
Cows	68
Heifers	554
Calves	26
Sheep	2,170
Pigs	4,232
	7,736

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	2 granulomata
1961	5,584	15	8	8	3 granulomata
1962	5,887	11	3	2	4 granulomata 2 sarcospiridia
1963	6,171	13	8	4 (3 having cysts of a parasitic nature suggestive of Cysticercus bovis, 1 doubtful)	
1964	6,773	19	13	4 (2 suggestive of Cysticercus bovis)	
1965	5,616	8	6	2 (1 suggestive of Cysticercus bovis)	
1966	5,232	5	3	2 (1 old parasitic granulomata)	
1967	5,475	18	10	7 (3 old parasitic granulomata)	1 chronic abscess
1968	4,931	3	Nil	2	1 mucous Cyst
1969	3,682	1	Nil	1	
1970	3,198	1	Nil	1 (old Cysticercosis)	
1971	1,308	Nil	Nil	Nil	

No cases of Cysticercus bovis were found and the incidence of Liver Fluke (Fascioliasis) decreased both in bovines and sheep, as shown in the table below.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
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
1971	1,308	274	20.90	2,170	48	2.21

Tuberculosis

Tuberculosis infection of animals continued absent in animals prepared at the Slaughterhouse—a similar result to that for the previous three years, as shown in the table below.

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	—	—	—	—
1971	—	—	—	—

Inspections and Condemnations, 1971

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1,240	68	26	2,170	4,232
Number inspected	1,240	68	26	2,170	4,232
All diseases except tuberculosis and cysticerci:					
Whole carcases condemned	1	1	1	1	3
Carcases of which some part or organ was condemned	323	47	0	65	342
Percentages of numbers inspected affected with diseases other than tuberculosis and cysticerci	26.13	70.59	3.85	3.04	8.15
Tuberculosis only: (presumptive)					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	—
Percentage of numbers inspected affected with tuberculosis	—	—	—	—	—
Cysterci:					
Carcases of which some part or organ was condemned	—	—	—	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Unsound Meat

The usual quarterly returns were made to the Ministry of Agriculture, Fisheries and Food concerning disease conditions found at the Slaughterhouse during the period of its operation. The usual arrangements were put into practice concerning the disposal for processing of condemned or surrendered material as required by the Regulations.

(iv) Diseases of Animals Act, 1950

During the year staff attended the Oxford Cattle Market each Wednesday to carry out the duties required under the Act, which includes the issue of Movement Licences under the Movement of Swine Order, 1959. A total of 70 (89) Movement Licences were issued covering the movement of 833 (853) pigs. There were no reported outbreaks of any disease within the City during the year.

A number of visits were made to the five farms situated within the City boundary to check on stock kept on the premises and conditions were found to be satisfactory. There is only one piggery now operating in the City and this is registered under the Diseases of Animals (Waste Food) Order, 1957, for use of plant sterilising swill. No difficulties were experienced in the operation of the Act and Regulations.

Diseases other than Tuberculosis in Food Animals, 1971

	Carcase		Offal	
	Total	Partial	Total	Partial
Adult Cattle				
Actinobacillosis (-mycosis)	—	—	—	—
Bruising	—	—	—	—
Cysticercosis (C. Bovis)				
(a) Rejected	—	—	—	—
(b) Refrigerated	—	—	—	—
Echinococcosis	—	—	—	—
Emaciation	—	—	—	—
Fascioliasis (Fluke)	—	—	—	274
Hepatic Abscess	—	—	—	66
Johne's Disease	—	—	—	—
Mastitis	—	—	—	—
Peritonitis	—	—	—	—
Pneumonia and/or Pleurisy	—	—	—	20
Septicaemic Conditions/Fever	—	—	—	2
Telangiectasis	—	—	—	5
Tumours	—	—	—	—
Other Conditions	2	—	2	3
Totals	2	—	2	370
Calves				
Bruising	—	—	—	—
Emaciation	—	—	—	—
Immaturity	—	—	—	—
Joint-ill or Navel-ill	—	—	—	—
Septicaemic Conditions/Fever	—	—	—	—
Other Conditions	1	—	1	—
Totals	1	—	1	—
Pigs				
Abscess	—	—	—	28
Arthritis	—	12	—	—
Ascariasis (Milk Spot)	—	—	—	223
Bruising	—	1	—	—
Echinococcosis	—	—	—	—
Emaciation	—	—	—	—
Jaundice	—	—	—	—
Pneumonia and/or Pleurisy	—	—	—	75
Pyaemia	1	—	1	—
Septicaemic Conditions/Fever	2	—	2	—
Swine Erysipelas	—	—	—	—
Tumours	—	—	—	—
Other Conditions	—	—	—	3
Totals	3	13	3	329
Sheep				
Abscess	—	—	—	7
Arthritis	—	5	—	—
Bruising	—	—	—	—
Cysticercus Ovis	—	—	—	—
Echinococcosis	—	—	—	—
Emaciation	1	—	1	—
Fascioliasis (Fluke)	—	—	—	48
Jaundice	—	—	—	—
Pneumonia and/or Pleurisy	—	—	—	—
Pyaemia	—	—	—	—
Septicaemic Conditions/Fever	—	—	—	—
Tumours	—	—	—	—
Other Conditions	—	—	—	5
Totals	1	5	1	60

(v) Sampling of Food and Drugs

176 (173) samples of food and drugs were submitted to the City Analyst for examination, the main emphasis being on imported foods. Samples of food ingredients which cannot be obtained from retail food shops were also taken from such premises as bakehouses and other places. Some samples were taken from shops catering for immigrant communities and also from health food stores. Because of the high cost of analysis of food samples, it is most important that very careful discrimination is carried out in sampling practice. 13 (6) samples were returned as unsatisfactory and they are listed below:–

1. Whisky—the sample was found to contain not less than 13% of added water.
2. Brandy—the sample was found to contain not less than 16% of added water.
3. Draught beer—also found to contain not less than 25% of added water.

These 3 samples were taken from a private Club as a result of a complaint from a member who suspected adulteration of beer and spirits sold on the premises. The matter was discreetly taken up with the Chairman and Secretary of the Club and samples were submitted for analysis. The Club Committee were most concerned with the results and asked the Deputy Chief Public Health Inspector, as Food and Drugs Sampling Officer, to attend a Committee meeting to discuss the matter. The Club employed a Steward and also a number of part-time barmen and it was not possible to determine exactly who had carried out the adulteration. A Contract of Employment for the Steward was drawn up in much more definite terms, thereby making him fully responsible for the running and staffing of the bars, and it was felt that useful results had been accomplished by the investigation. The member of the Club who complained in the first instance was satisfied with the action taken.

4. Fresh Fruit Blend for Spreading—soluble solids 59.2%, sugar 40.3%, fruit 75%. The Public Analyst considered that as this product was for spreading it should be classed as a jam, and therefore should contain not less than 65% soluble solids when packed in a solid container. Considerable correspondence has taken place with the manufacturer to try and get over the legal difficulties. The firm consulted their own Analyst and the Food Standards Division of the Ministry of Agriculture, Fisheries and Food. If the product is of good quality and there is a public demand for it, it seems rather unreasonable that its sale should be restricted, and it was felt that informal action was the most appropriate way of dealing with this situation. It is hoped that this matter will be quickly resolved.

5. Fulovit—sugar 27%, protein 11.4%, oil 12%. Here again it was felt that the label was misleading in suggesting that the contents were

rich in vitamins, whereas the vitamins presented were of little significance. A letter was sent to the manufacturers, and after a certain amount of correspondence, the name was changed to Fulofit, which was accepted by the Public Analyst.

6. Continental Yoghurt—fat 2.1%, solids-not-fat 15.3%, water 82.6%. This was an informal sample and the carton stated that the product was made from Jersey milk but, on analysis, was found to contain partly skimmed milk and milk powder. This was considered serious enough to warrant formal sampling but no further samples could be found in any of the shops in the City and the matter was then taken up with the producers, who admitted that they had made a mistake in using old cartons. The matter was put right immediately. A careful watch was kept on various types of yogurt but no other unsatisfactory samples were found.

7. Poultry Liver Paté Cream—meat content 58%. This meat paste or paté should contain not less than 70% of meat and therefore did not comply with the Fish and Meat (Spreadable Products) Regulations, 1968. The matter was dealt with informally and the shopkeeper readily agreed to withdraw his remaining stock from sale until the matter had been fully investigated. This product was made in France and correspondence with the importers resulted in the label being slightly altered to read, "Paté with Poultry Liver and Champagne". On request, a further sample submitted by the importers was sent for analysis and proved to be satisfactory, with a meat content of 87% and a trace of alcohol. New 'Labelling of Food Regulations', when fully enforceable, may help to ensure that more precise information is given concerning the amounts of certain additives such as alcohol to some products so that the public are fully aware of the constituents of the food that they are purchasing. The remainder of the stock in the shop was sent back to the importers and the action taken resulted in the French manufacturers producing an article which was acceptable under the Food Regulations.

8. Jamaican Banana Flavoured Syrup—total sugar 26.9%, saccharin 279 p.p.m., benzoic acid 490 p.p.m., SO_2 absent, colour Tartrazine, acidity 0.2% citric acid. The amount of sugar was insufficient to justify classification as a syrup and representations to the food importers resulted in a product being produced with a higher sugar content and with an absence of saccharin, acceptable to the Public Analyst.

9. Meat Loaf Seasoning Mix—the label of this product was considered to be misleading in that the words "Meat Loaf" were in very prominent type with the words, "Seasoning Mix" in much smaller letters, and the words, "All you need to add is meat and water" in much smaller letters. The illustration on the packet also depicted a meat

loaf and, in conjunction with the wording, a casual purchaser could be led to believe that the contents of the packet would make a meat loaf. The matter was taken up with the Hygiene Executive of a large chain of supermarkets who were selling the product, and also the importers, the product having been manufactured in the U.S.A. The product was withdrawn from sale in the United Kingdom. The Hygiene Section of the supermarket company are to be complimented on the very responsible attitude that they took and also the co-operation they gave to the Department in dealing with the situation.

10. Frozen Whole Hen Egg—positive Amylase test indicating that the liquid egg had not been pasteurised in accordance with the Liquid Egg (Pasteurisation) Regulations, 1963. This informal sample had been taken from a local bakery and further samples of frozen eggs were taken from the supplying company in the City. All these proved to be satisfactory. The remainder of the egg which was held at the bakery was discarded and no further action was deemed necessary.

11. Nuttimalt—informal sample, showed evidence of infestation by flour moth. This particular informal sample, consisting of an ingredient used in the production of brown bread rolls, had been taken from a bin in a bakery and other samples taken from 56 lb. paper sacks of Nuttimalt at the bakery were satisfactory. The investigation proved that the bin holding broken down stock from bulk had not been cleaned regularly and had become infested with flour moth larvae. The bakery took immediate action to ensure that the bin is regularly cleaned in future so that infestation of this type does not occur again. This sample proved to the bakery in question the importance of ensuring that all food containers are cleaned regularly and the need for taking samples from all types of food premises in addition to retail shops.

12. Cornish Shellfish Paté—contained not more than 53% of fish, whereas it should contain at least 70% in order to comply with the Fish and Meat (Spreadable Products) Regulations, 1968. Correspondence with the manufacturers in Cornwall resulted in the fish content being increased to satisfy the Regulations.

13. Steak Pie—pie contained not more than 12% meat and contravened the Meat Pie and Sausage Roll Regulations, 1967. The pie, weighing $4\frac{3}{4}$ ozs., contained only 0.57 ozs. of meat, whereas it should have contained not less than 0.85 ozs. This sample was taken at the end of the year and further action is still being considered but has been unfortunately delayed because of a recent High Court decision concerning the division, when formal sampling is carried out, of certain articles of food such as meat pies, sausages, etc.

Samples taken for analysis during the year 1971

Article	No. of samples obtained			Results of Analysis	
	Informal	Formal	Totals	Genuine	Non-Genuine
Alcoholic Drinks ..	3	2	5	2	3
Bakery Ingredients ..	20	—	20	18	2
Cereals	3	—	3	3	—
Cheese	3	—	3	3	—
Confectionery ..	10	—	10	10	—
Cream	1	—	1	1	—
Drugs and Vitamins	4	—	4	3	1
Eggs	1	—	1	1	—
Fats	1	—	1	1	—
Fish	8	—	8	8	—
Fruit (dried)	3	—	3	3	—
Fruit (fresh)	7	—	7	7	—
Ice Cream	1	—	1	1	—
Meat and Meat Products	22	—	22	21	1
Milk	4	—	4	4	—
Oriental Foods ..	8	—	8	8	—
Poultry	1	—	1	1	—
Preserves	16	—	16	15	1
Sauces and Spices ..	10	—	10	9	1
Sausages, Beef ..	1	—	1	1	—
Sausages, Pork ..	8	—	8	8	—
Soft Drinks	10	—	10	9	1
Soups	5	—	5	5	—
Spreads and Pastes ..	12	—	12	10	2
Vegetables	10	—	10	10	—
Yogurt	2	—	2	1	1
	174	2	176	163	13

Pesticide Residues in Foodstuffs

14 samples of food were examined during the year for pesticide residues and only in 2 cases, namely mutton chops and English tomatoes, were any residues found and in both of these cases the amounts found were of a relatively low order. This is an improvement on the previous year when 9 out of 18 samples were found to contain traces of pesticide. There would appear to be no cause for alarm at the moment but continuous checking of foodstuffs for pesticides is very important. This Authority has again been asked to take part in the National 1972 Survey of Pesticide Residues in Foodstuffs.

Food Complaints

There were 132 (131) food complaints received during the year but happily only 6 (14) were considered to be serious enough to be reported to Health Committee for instructions. 3 (13) prosecutions were authorised, resulting in fines totalling £65 (£440) with £15 (£128.75) costs and Advocates' Fees.

1. Unclean milk bottle—Section 27, Milk and Dairies (General) Regulations, 1951—fine £30, costs £5.

2. A packet of Streaky Bacon not of the quality demanded—Section 2, Food and Drugs Act, 1955—fine £10, costs £5.
3. Mouldy Fruit Pie—Section 2, Food and Drugs Act, 1955—fine £25, costs £5.

The majority of the complaints received were due to carelessness in stock rotation, even though some manufacturers are open-date stamping their products. Evidence concerning the packet of bacon showed that the retailer had crossed out the open-date code stamped on the article by the manufacturer. The staff of retail food shops still need to be made aware of the careful attention needed to ensure that all food is sold in a fresh condition and of the quality expected by a purchaser in accordance with the requirements of the Food and Drugs Act. Open-date stamping of perishable pre-packed foods is still under consideration and with the ever-increasing amount of food on sale in this form, a good case can be made out for more help to be given to the consumer concerning the production date and life of the food. Although some manufacturers are resisting demands for legislation in this respect by certain bodies such as Consumer Groups, many of the larger firms are already open-dating their products and this trend is likely to continue.

Constant attention needs to be given to the correct storage of food in frozen food cabinets since the quality of food stored in this manner deteriorates due to enzymatic action if the food is not kept at a temperature of between 0–5°F. When frozen food is delivered to retailers it should be placed in the cabinets without delay to prevent any tendency to thawing out and care must be taken in the careful rotation of stock and also for making sure that cabinets are not over-stocked or food stored above the load line.

The amount of foodstuffs surrendered for destruction was similar to last year, amounting to 13 tons and 93 lbs. There was an increase in the amount of canned food and frozen food surrendered for condemnation and destruction, and, although regrettable, it is inevitable because of the high standards that food retailers have to comply with in this country. 237 (63) visits were made to food premises by members of staff concerning food condemnation and resulted in an income of £48.50 (£61.50).

Liquid Egg (Pasteurisation) Regulations, 1963

Although there are no treatment plants in the City, 4 samples of liquid frozen egg were taken during the year, one of which was unsatisfactory, as previously stated. Follow up samples proved to be satisfactory and no other action was necessary.

Foodstuffs Surrendered for Destruction

Commodity	Weight in lbs.	
Beverages	33½	
Cereal	502¾	
Cheese	215¼	
Confectionery	1,275¼	
Cordials	13	
Fats	234	
Fish	58½	
Flour	509½	
Fruit	436¼	
Meat	2,334¾	
Poultry	384¾	
Salt	108¼	
Sauces	233	
Vegetables	1,421¾	
		7,760½
Canned		
Meat	1,056¾	
Fruit	5,275¼	
Vegetables	4,156½	
Fish	219½	
Milk	1,319¼	
Jam	158	
Soup	848¼	
Miscellaneous	1,360	
		14,393½
Frozen Goods	7,059	
		7,059
		29,213

Bacteriological Investigations—Public Health Laboratory Service

The Department submitted a total of 267 (155) samples to the Public Health Laboratory for bacteriological examination. These consisted of a number of food samples believed to be involved in alleged food poisoning outbreaks, 91 (67) samples of swimming bath water, 44 (33) ice cream samples which have been previously mentioned in the section headed 'Ice Cream', 43 swabs of food equipment, 23 samples of well water, and 20 (20) samples of fresh cream. The swimming bath results, including the large number from school swimming pools, were generally satisfactory, although in one or two instances the chlorination and filtration of school swimming pools was found to be faulty and advice had to be given to the operators. Follow up samples proved to be satisfactory. With the increasing number of schools being provided with their own swimming pools, members of staff are having to devote more time to on-the-spot checks for chlorine content and the pH value of the water, and the submission of routine samples to the Laboratory. Swabbing of College crockery, cutlery and kitchen equipment was carried out and it is most pleasing to note that except for one or two pieces of equipment which are difficult to clean, such as hand and machine whisks, the results were extremely good. Towards the end of the year Messrs. Allen and Glister commenced a

BACTERIOLOGICAL SWABBING OF BUTCHER'S SCALES

bacteriological cleanliness survey of food establishments mainly designed to educate food handlers in the proper cleaning of equipment. Swabs were taken from bacon slicer blades, chopping blocks, band saw blades, and other equipment and used to innoculate culture plates which were then incubated for 24 hours. The culture plates were taken back to the food premises and the growth of organisms shown to the members of staff, which proved to be most instructive. Where normal cleaning procedure was found unsatisfactory, advice was given in the use of detergents and sterilants. The procedure was repeated and the improvement in cleaning was most startling.

During the year Messrs. Lucy & Co. Limited, Eagle Ironworks, Walton Well Road, stated that they were seriously considering the use of well water for drinking purposes for a staff of about 550 because of the rising charges for mains water supply. The firm applied for a Certificate from the Local Authority that the water supply was satisfactory for drinking purposes. The water is obtained from a shallow well situated approximately 10 ft. from the boundary of an old, disused burial ground and is passed through Berkefeld filters. After consultation with Dr. Jebb, the Director of the Public Health Laboratory, the firm were advised that a Certificate under Section 57 of the Factories Act could not be given unless a proper system of chorination was installed to the satisfaction of the Health Department. A number of samples were submitted for both chemical and bacteriological examination and all proved to be satisfactory. In the light of these results the firm did not consider that the added expense of chlorination was justified and the Health Committee eventually agreed that no reasonable objection could be sustained under the circumstances. A Certificate was therefore issued for the use of well water for staff use, subject to constant precautions by the firm to ensure efficient filtration and freedom from harmful bacteria. An appropriate provision safeguarding the City Council against any repercussions in the event of contamination by reason of the absence of supplementary chlorination of the water supply was added to the Certificate. Frequent routine sampling of the well water is carried out and fortunately all results so far have proved to be satisfactory.

Of the 20 samples of cream submitted for bacteriological examination, 16 of them were fresh cream samples and 7 of these were considered to be unsatisfactory in relation to the Methylene Blue reduction test and culture. The matter was taken up with the producers and retailers of the unsatisfactory fresh cream to try and ensure better results. Whilst there is a demand for raw (fresh) cream, its bacteriological and keeping quality has to be constantly checked since it can become easily contaminated with dangerous pathogenic organisms.

Dr. Jebb, the Director of the Public Health Laboratory, retired during the year and the willing help, advice and co-operation over many years given by him and his staff has been greatly appreciated. Valuable help

and advice has also been received during the year from Dr. Johnson, who is the Acting Director of the Regional Laboratory.

Beef steak (raw)	1
Chicken	3
Chinese Food	2
Cooked Meats	2
Corned Beef	1
Cornish Pastie	2
Cream	20
Drinking Water	5
Faeces	5
Ham	5
Ice Cream	44
Ice Lollies	11
Meat Pies	4
Mousse	1
Oysters	1
Swabs	43
Swimming Bath samples	91
Water (stream)	3
Water (well)	23
	267

Fertilisers and Feeding Stuffs

Ten samples were taken under the Act and only one sample of soluble blood was returned by the Government Analyst as unsatisfactory. The manufacturers had not stated on the packet the guaranteed figure for nitrogen and correspondence with the firm resulted in an agreement to reword the packets to conform with the Act.

(vi) Markets

The number of food stalls at the Covered Market is now 30 (34) and there are 23 (21) stalls in the Oxpens open market. During the summer an open Sunday market commenced at the Greyhound Stadium, Blackbird Leys, and regular inspections had to be made of the 10 to 12 food stalls in the Market and, although one or two contraventions occurred at the beginning, a reasonable standard of food hygiene has now been established with the help of the firm operating the Market.

89 visits were made to the Covered Market and 96 visits to the two open markets in order to ensure that the Food Hygiene Regulations were properly complied with. Despite previous warnings concerning the protection of open food against contamination, one trader in the Covered Market was prosecuted under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, for failing to protect open crates

of cooked beetroot from possible contamination. The three directors of the firm were each fined £25 with £6 costs. A prosecution was also authorised against a stall-holder in the Oxpens Open Market for failure to provide suitable and sufficient hand washing facilities but the hearing had not taken place by the end of the year. The stalls in this Market are not of suitable construction in relation to Food Hygiene requirements and it is hoped that proper consideration will be given to the provision of modern hygienic food stalls when the Oxpens Open Market moves in the not too distant future to the Westgate Development area. It is most important that suitable stalls are provided at the outset so that a high standard of food hygiene can be attained without difficulty and also to encourage food handlers to adopt better food hygiene practices.

In November the City Council was successful in obtaining a Magistrates' Court ruling that the Open Sunday Market at the Greyhound Stadium was contravening the Shops Act, 1950, in selling certain articles not allowed to be sold on Sundays under the Act. However, an appeal has been lodged by the firm running the Market and the High Court ruling may decide the future of both the Market at Oxford and also other Sunday markets throughout the country and is awaited with interest.

Covered Market—

Butchers	8
Fishmongers and Poulterers	5
Fruiterers and Greengrocers	7
Grocers	3
Restaurants	3
Cake and Confectionery	2
Coffee grinder	1
Sweets	1
	30

Open Market—

Fruiterers and Greengrocers	7
Confectionery	2
Confectionery and Ice Cream	1
Cakes	1
Biscuits	1
Eggs, Sausages and Frozen Chicken	1
General Grocery	1
Hot Dogs	1
Meat Pies, Sausages	1
Farm Products	2
Fishmongers	1
Mobile Butchers' Vans	2
Snack Bar	1
Pet Stall	1
	23

Sunday Open Market—	
Greengrocers and Fruiterers	4
Sweets	2
Cakes	1
Butchers	1 or 2
Pet Animals	1
Ice Cream	1
	10 or 11