

[Report 1947] / Medical Officer of Health, Portsmouth Borough.

Contributors

Portsmouth (England). Borough Council.

Publication/Creation

1947

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"SALUS POPULI SUPREMA LEX"




CITY OF PORTSMOUTH

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1947

including

THE REPORT OF THE PUBLIC ANALYST

GROSVENOR PRESS
PORTSMOUTH



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**HEALTH SERVICES COMMITTEE,
1946-47**

The Right Worshipful the Lord Mayor :
COUNCILLOR R. J. WINNICOTT, J.P.

Chairman :

ALDERMAN A. E. ALLAWAY, J.P.

Vice-Chairman :

COUNCILLOR H. G. COOK.

Aldermen :

J. P. D. LACEY, O.B.E., J.P. J. W. EVANS A. JOHNSON

Councillors :

R. C. PALMER	MRS. L. E. E. HIGMAN	R. MACK
W. J. RUSSELL	F. MILES, J.P.	W. CLEMENTS
J. G. PALMER	N. HARRISON	J. J. MAHONEY
H. W. FORD	MRS. M. H. CHILDS	W. STUDD
W. G. EDWARDS, J.P.	J. T. TRIGGS	H. M. SCHOFIELD

The following ladies were co-opted to serve on the Sub-Health
(Maternity and Child Welfare) Committee :

MRS. K. A. RANGER	MRS. R. PARKER, J.P.
MRS. E. G. LACEY	MRS. L. L. ALLAWAY

**HEALTH AND HOUSING COMMITTEE,
1946-47**

The Right Worshipful the Lord Mayor :
COUNCILLOR R. J. WINNICOTT, J.P.

Chairman :

COUNCILLOR F. MILES, J.P.

Vice-Chairman :

COUNCILLOR A. W. WEST

Aldermen :

A. E. ALLAWAY, J.P.	A. JOHNSON
J. W. EVANS	J. P. D. LACEY, O.B.E., J.P.

Councillors :

R. C. PALMER	F. G. H. STOREY	W. CLEMENTS
H. BELL	W. H. POWELL, D.S.O., J.P.	J. J. MAHONEY
H. W. FORD	A. N. B. BIRCH	W. STUDD
W. G. EDWARDS, J.P.	J. T. TRIGGS	H. M. SCHOFIELD
MRS. L. E. E. HIGMAN	J. B. N. SMITH, J.P.	

The following ladies were co-opted to serve on the Committee for
housing purposes :

MRS. E. M. BERRYMAN, J.P. MRS. E. THELWELL-READ MRS. E. CROCKER

SENIOR MEMBERS OF HEALTH DEPARTMENT STAFF

(i) WHOLE TIME

*Medical Officer of Health,
Chief Administrative Medical Officer to the City Council and
Medical Officer of Health to the Port of Portsmouth*

A. B. WILLIAMSON, O.B.E., M.D., M.A., B.SC., CH.B., D.P.H.,
L.R.C.P., L.R.C.S., L.R.F.P. & S. (to October)
T. E. ROBERTS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (from November)
(also School Medical Officer)

Deputy Medical Officer of Health and School Medical Officer
T. E. ROBERTS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (to October)

*Medical Superintendent, Saint Mary's Hospital,
Medical Referee to the Council,
Medical Officer of the Blood Transfusion Service*
R. A. ZEITLIN, M.R.C.S., L.R.C.P.

*Medical Superintendent, Infectious Diseases Hospital and
Senior Assistant Medical Officer of Health*
I. M. McLACHLAN, M.D., B.S., B.HY., D.P.H.

Senior Chest Physician and Medical Director of Mass Radiography Unit
J. D. LENDRUM, V.D., M.B., CH.B., D.P.H.

Chest Physician and Deputy Director of Mass Radiography Unit
A. B. WHITE, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Superintendent, Saint Mary's Hospital
W. S. WOOLNER, M.D., C.M., L.M.S.

Maternity and Child Welfare Officer
RUBY N. E. PIKE, M.B., CH.B.

Medical Officer in Charge, Diphtheria Immunisation and Infestation Clinics
G. E. SHAND, M.D., CH.B., D.P.H.

Veterinary Officer
R. SCOULAR, M.R.C.V.S.

Administrative Assistant

L. C. ROGERS, Cert. S.I.B., M.R.San.I.

Chief Sanitary Inspector

W. F. APPLETON, M.R.San.I., M.S.I.A.

Senior Health Visitor

MISS D. M. POULSON, S.R.N., S.C.M.

Health Department Almoners

Tuberculosis	MISS M. J. WEBBER, A.I.A.
(a) Illegitimate Children	MISS E. M. J. COOPER, A.I.A.,
(b) Venereal Diseases Clinic	(to November)

(ii) **PART TIME**

Visiting Consultants to the Corporation Hospitals

Consultant Physicians

R. J. LYTLE, M.D., CH.B., B.A.O. (to October)
J. C. PRESTWICH, B.M., B.CH., M.R.C.P., M.R.C.S. (from February)

Consultant Surgeons

N. P. C. LUMB, O.B.E., M.S., M.B., F.R.C.S., L.R.C.P.
P. D. MOLONEY, L.R.C.P. & S.I., L.M., F.R.C.S. (from May)

Consultant Ear, Nose and Throat Surgeon

E. COWPER TAMPLIN, M.C., L.R.C.P., F.R.C.S., D.L.O.

Consultant Obstetrician

T. BARNETT, M.D., F.R.C.S., M.R.C.O.G., M.M.S.A.

Consultant Ophthalmologist

W. H. SUMMERSKILL, M.B., B.S., D.O., L.M.S.S.A.

Consultant Orthopaedic Surgeon

C. M. MURRAY, F.R.C.S., M.B., CH.B.

Consultant Dermatologist and Medical Officer of Venereal Diseases Clinic

A. MURRAY STUART, L.R.C.P., F.R.C.S.

Consultant Radiologist

R. C. STALEY, M.R.C.S., L.R.C.P., D.M.R., L.D.S.

Consultant Anaesthetist

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

Pathologist

J. A. D. RADCLIFFE, M.B., CH.B., B.A.O., R.U.I., D.P.H.

Public Vaccinators

P. HAYES, L.R.C.S., L.R.C.P., L.R.F.P. & S.
A. B. DOYLE, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

Dental Surgeon to Saint Mary's Hospital

H. LAWRENCE, L.D.S., R.C.S.

Public Health Department,
Municipal Offices,
1 Western Parade,
Southsea.

To the Chairman and Members of the Health Services Committee, and to the Chairman and Members of the Health and Housing Committee.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the City for 1947, which at the request of the Ministry of Health is similar in form to those of recent years.

HEALTH STATISTICS

(Pages 27—28)

The statistics for 1947 reveal a further increase in the estimated population to 212,020, as compared with 204,540 in 1946; no doubt largely due to a continuation of the return to the City of persons who had evacuated during previous years and to demobilisation of the Armed Forces which was almost completed by the end of the year. Although the conditions of unprecedented overcrowding referred to in previous reports under which a large section of the population are obliged to live have been ameliorated in some degree by the completion of over three thousand houses under the Corporation's Housing Programme, it is probable that overcrowding is still affecting adversely the incidence and death rate from tuberculosis and similar diseases. The severe weather experienced even in the south of England during the earlier months of the year was probably responsible for an increase of over 200 above the normal average in the deaths for that quarter, as is shown statistically by the increased number of deaths, chiefly amongst elderly persons, from respiratory infections and heart disease.

The following main features of interest present themselves for the year under review :—

1. A further increase in the birth rate from 23.69 in 1946 to 24.29 per thousand population (the highest rate since 1920), as compared with an average birth rate of 16.05 for the 10 years 1928—1937 and 20.5 for England and Wales in 1947.

2. A further decrease in the illegitimacy rate per thousand total births from 78.4 in 1946 to 64.9, as compared with an average rate of 63 for the 10 years 1934—1943 and with 66 per 1,000 live births for England and Wales in 1946.

3. A decrease in the maternal mortality rate from 1.00 per thousand total births in 1946 to 0.76 (almost the lowest rate recorded), as compared with an average maternal mortality rate of 3.00 for the 10 years 1928—1937 and with 1.17 for England and Wales in 1947.

4. A further decrease in the neo-natal mortality rate from 20.84 per thousand live births in 1946 to 16.70, as compared with 24.46 for England and Wales in 1946.

5. A further decrease in the infant mortality rate from 34.05 per thousand live births in 1946 to 33.40 (each the lowest on record), as compared with an average infant mortality rate of 53 for the 10 years 1928—1937 and with 41 for England and Wales in 1947.

6. An increase in the general death rate from 12.13 per thousand population in 1946 to 12.98, as compared with an average death rate of 12.21 for the 10 years 1928—1937 and with 12.0 for England and Wales in 1947.

7. An increase in the death rate from the principal infectious diseases from 0.07 per thousand population in 1946 to 0.12, as compared with an average death rate of 0.35 for the 10 years 1928—1937 and with 0.16 for England and Wales in 1946.

8. An increase in the death rate from all forms of tuberculosis from 0.66 per thousand population in 1946 to 0.73, as compared with an average of 0.89 for the 10 years 1928—1937 and with 0.55 for England and Wales in 1946.

9. An increase in the death rate from cancer from 1.96 per thousand population in 1946 to 2.01, as compared with an average death rate of 1.54 for the 10 years 1928—1937.

Briefly, the birth rate, maternal mortality rate, neo-natal mortality rate and the infant mortality rate each show a marked improvement compared with the pre-war period, while the general death rate, and particularly that from cancer, are still somewhat above their former level. The maternal mortality rate which was, with one exception, the lowest recorded, is an indication of the high standard of the maternity services in the City and that for infant mortality, which attained a new low record, must be a source of satisfaction to those concerned with child welfare in its various aspects. Although the birth rate of 24.29 per thousand, which has been rising steadily since the war ended and attained its peak in the second quarter of 1947, is the highest recorded since 1920, two years after the conclusion of the first world war, the proportion of elderly people in the population is still increasing and continues to influence adversely the death rate from cancer.

The vital statistics of Portsmouth for 1947, the second complete year of peace are, therefore, on the whole encouraging. The system of food rationing and controls which has ensured a more even distribution of the necessities of life, a better knowledge of food values, the issue of special allowances of milk and protective foods to mothers and young children, the more ready acceptance by the public of the simple principles of healthy living and of the need for a periodical health check and the recent discoveries of medical science, are among the main contributory factors.

Much, however, remains to be done. Preventible illness due to some of the infectious diseases, to tuberculosis and to venereal disease could and must be reduced still further. Improved conditions at home and in places of employment, education of the public in a healthy way of life, avoiding unnecessary exposure to the risks of infection or disease, will no doubt, further reduce mortality from these diseases, and medical science may find a specific remedy for tuberculosis. The cause of cancer and effective means of treatment other than by surgery have still to be discovered, but even with our present knowledge the death rate could be decreased by providing, and educating the public to take advantage of, more comprehensive facilities for earlier detection and treatment.

The statistics in this report record only deaths, the notifiable infections and the more serious diseases. They do not include the vast amount of non-notifiable minor ill-health which causes much suffering and unhappiness, and reduces output through absence from work. Especially in these days, when the return to national prosperity depends to such a large extent on increased output, we must not rest until the causes of much of our preventable minor ill-health are investigated and eradicated.

NUTRITION

The only statistics available regarding the standard of nutrition in the City during 1947 relate to school children, and these show a further improvement in nutrition, particularly amongst school entrants, as compared with the pre-war period, which is no doubt due to the priority supply of welfare foods and vitamin preparations to mothers and young children and to the continued extension of the supply of school milk and of school meals. The school children in 1947 were definitely of better physique than the corresponding groups of children before the war. From general observations at the various Clinics by the Medical Officers and Health Visitors over the last 10 years it is considered that the nutrition of expectant mothers, and of infants and toddlers up to the age of school entry, has also shown a gradual improvement. Although no statistical evidence is available regarding the older age groups of the population, personal observations indicate that with the exception of a few individual cases, chiefly amongst elderly people, the nutrition of the population generally has remained satisfactory during the year under review.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

(Pages 30—69)

During the year under review the usual periodical fluctuations occurred in the incidence of certain infectious diseases ; thus there was a large increase in the number of cases of measles notified, 2,031 as compared with 272 last year, with 5 deaths. Whooping cough, however, was less prevalent, 241 cases compared with 358, as also was cerebro-spinal meningitis, 13 cases compared with 22. There were no confirmed cases of typhoid, dysentery or malaria compared with 3, 2 and 6 respectively in the previous year. In all the Infectious Diseases Hospital dealt with nearly 200 more cases than in 1946 in spite of staff shortages and other difficulties.

The incidence of diphtheria continued to be low, 15 cases compared with 17 in 1946. There was one death, a child of two years who had not been immunised. The continued low incidence of diphtheria is undoubtedly due to the high proportion of children immunised during the past 12 years.

An epidemic of acute anterior poliomyelitis affecting the whole country commenced in July and continued until early December. A total of 82 persons suspected to be suffering from poliomyelitis was admitted to the Infectious Diseases Hospital, and of these 31 ultimately proved to be definite cases, 20 being Portsmouth residents and 11 coming from areas outside the City ; in the former group there were two deaths. No common source of infection was apparent, and in general the manifestations of the disease in the age groups and social status of the persons affected gave no indication of the method of spread. The seasonal incidence of actual cases is shown in Table III on page 35, from which it will be noted that 7 cases occurred in August and 9 in September. Although there was no definite evidence connecting any case with bathing, either in the sea or in swimming pools, particular attention was paid to the efficient purification of the water in the Public Swimming Baths at Park Road and at the Hilsea Lido, frequent bacteriological and chemical tests being made to ensure a high standard of purity. The incidence of poliomyelitis in Portsmouth was fortunately less than the average throughout the country generally.

No case of smallpox occurred in the City, but one suspected case from a liner which arrived at Southampton was admitted for observation to the

Elson Hospital, Gosport, which in accordance with the arrangements previously made with that Authority was staffed and administered from the Portsmouth Infectious Diseases Hospital. This case eventually proved to be one of chicken-pox. All employees of the Corporation who might be associated with a case of smallpox were offered vaccination or re-vaccination, and in accordance with a recent recommendation from the Ministry of Health, arrangements have been made for such protection to be afforded annually.

DIPHTHERIA IMMUNISATION (Pages 38—40).

A somewhat smaller number of children—4,375, were completely immunised in 1947, compared with 4,763 during the previous year; the percentage of school children protected was 96.13, as compared with 97.8. There was, however, a gratifying rise in the percentage of pre-school children immunised—48.5 compared with 44.2. At the end of the year the percentage of children under 15 who had been immunised was 66.3 compared with a corresponding figure of 60 for the country as a whole for 1946.

Seven of the Primary Schools, two of the Secondary and Grammar Schools and four non-maintained (private schools) now show 100% immunisation. It is encouraging to note that many of the thirty private schools in the City are now visited regularly by the immunisation team.

My thanks are due to the Chief Education Officer and to individual Head Teachers and their staff for continued co-operation, especially regarding the facilities provided on school premises for the immunisation of "under fives".

During the year only 15 children, of whom 9 were under five years, were admitted to the Infectious Diseases Hospital suffering from diphtheria. Seven of this number had been immunised, but in all cases the course of the disease was mild. There was one death, a child of two years who had not been immunised.

The network of clinics established throughout the City has been extended by including Bramble Road Nursery School along with St. Luke's Girls' and St. John's R.C. Schools. In all there are now 60 immunisation clinics throughout the City conducted regularly each week or month on the same day and at a fixed time which is advertised periodically in the local press and displayed in the Public Libraries.

The report of the Immunisation Medical Officer, Dr. G. E. Shand, on page 38 includes an interesting account of observations made on the various immunising materials in use with special reference to the reactions caused.

WHOOPING COUGH IMMUNISATION (Pages 40—41).

The response to the offer of immunisation against whooping cough has been excellent—up to the end of the year 1,366 children, mostly under five, had been protected. The results are most promising, although some years must elapse before they can be considered conclusive. So far as we have at present been able to ascertain, no case of whooping cough has developed amongst those immunised. It may be noted that there were only 241 cases of whooping cough notified in 1947 compared with 358 during the previous year, but this decline may be only a seasonal fluctuation. Nevertheless, it is considered that the results of immunisation are sufficiently encouraging to justify its continuance.

PARASITIC INFESTATION (Pages 42—45).

The effective control of infestation in Portsmouth is the result of excellent team work between :—

- (i) the reporting agents, *i.e.*, private medical practitioners, medical officers at the various Clinics (School, Maternity and Child Welfare, Tuberculosis, etc.) who refer cases to the Infestation Clinic at the Infectious Diseases Hospital ;
- (ii) the investigation agents, *i.e.*, sanitary inspectors, who visit the homes or places of work and arrange for the sufferers or suspected sufferers and all personal contacts to come to the Infestation Clinic ;
- (iii) the Medical Officer in charge of the Infestation Clinic, who diagnoses and treats, and is responsible for the detailed administration of the scheme ;
- (iv) the Medical Officer of Health, who co-ordinates the team work generally, and, when necessary, serves notices under the Scabies Order on any recalcitrants who constitute a danger to the community.

The success of the scheme is due to the very thorough investigation and following up of all contacts—one untreated contact may easily undo all the good work of the team. All treatments at the Infestation Clinic are by appointment, and much appreciation is expressed by the patients who find this method an invaluable time saver.

The powers delegated to the Medical Officer of Health under the Scabies Order again proved most effective ; during the year 102 notices (scabies 38, pediculosis 64) were served, and there were 34 prosecutions with penalties imposed on seven individuals. With the rescinding of the Scabies Order at the end of the year the problem may again become more acute, as under Section 85 of the Public Health Act, 1936, only persons actually known to be verminous can be proceeded against. Thus, in future, it may be difficult to ensure the attendance of contacts for examination and treatment as experience in the past has proved to be so necessary to avoid re-infection in cases of scabies and pediculosis.

(a) SCABIES.

During the year there was a very marked decrease in the number of actual cases of scabies treated—656 compared with 1,179 in 1946. It is now considered that the temporary increase in scabies attributable to the war has been overcome and that a normal average incidence has been reached. The abolition four years ago of disinfection of bedding and clothing has been justified by experience which proves that these play little, if any, part in the spread of the disease.

(b) PEDICULOSIS (LICE).

The incidence of this "dirt disease" remained much the same as last year, 218 families being dealt with compared with 200 in 1946 ; 31 families had been treated on at least one previous occasion. That pediculosis is due to home conditions is fully borne out by the report on page 42 of the Medical Officer in charge of Disinfestation.

CANCER

There was an increase in the death rate from cancer from 1.96 per thousand population in 1946 to 2.01, this increase being most marked in males at all ages over 45 and in females at ages 65 and over, while there was a decrease in the death rate amongst females in the age group 45—65, due to fewer deaths in the latter group attributed to cancer of the stomach and of the uterus. There were again fewer deaths from cancer of the oesophagus and of the buccal cavity, but increases in the deaths from cancer of the stomach and duodenum in males and from cancer of the breast in females. There seems little doubt that the higher death rate from cancer is due to the continued increase in the proportion of elderly persons, who are liable to suffer from cancer, in relation to the general population rather than to a real increase in the incidence of the disease.

The Wessex Radiotherapy Board, on which the Portsmouth Local Authority is represented, decided towards the end of the year, on the recommendation of its Advisory Sub Committee, to establish a Radiotherapy Treatment Unit in Portsmouth at Saint Mary's Hospital in premises adjoining the X-ray Diagnostic Unit. The work of adaptation is at present in progress, and in connection therewith a part-time Radiotherapist and other staff have been appointed.

VENEREAL DISEASE (Pages 46—48).

Although the number of new cases of venereal disease in males has declined to 612, as compared with 719 in 1946, due to demobilisation being now almost completed, the incidence of these diseases is still higher than in previous years and has not yet reached the pre-war level.

Once again there has been a further increase in the number of cases of congenital syphilis diagnosed during the year, 33 as compared with 22 in 1946. This increase was probably mainly due to the improved facilities for diagnosis which were instituted in 1946, when, for the first time, routine blood tests were taken from all mothers at the ante-natal clinics; no doubt there has also been some real increase in the number of such cases as an aftermath of the war and due to the increased incidence of venereal disease amongst the population generally. Of a total of 3,795 tests (3,838 in 1946) carried out 1.08% (1.7% in 1946) were returned as positive and in the majority of these cases there were no clinical symptoms. This measure has ensured that mothers have been referred to the Venereal Diseases Clinic as early in pregnancy as possible, thus lessening the risk of infection to the unborn child.

Excellent work has been performed by the Almoner in tracing contacts and following up defaulters, but despite her efforts the "defaulter rate" has increased from 39% to 49%. It would therefore seem advisable, if progress is to be made, that this social work should be extended in order to cover fully male patients as well as female patients.

REGULATION 33b.

During 1947 rather more cases were notified under this Regulation, *i.e.*, 17 notified once, 1 notified three times and 1 five times; a total of 19 patients compared with 11 in 1946 and 2 in 1945. Probably demobilisation has accounted for an increase in such infections as mentioned in last year's report. Regulation 33b, introduced during the war, and giving Medical Officers of Health compulsory powers for the examination and treatment of suspected sources of infection, was cancelled at the end of the year. Public opinion is apparently not yet ripe for compulsory notification, but with Regulation 33b gone an alternative method of dealing with hardened spreaders of the disease is desirable.

TUBERCULOSIS (Pages 49—58).

During 1947 there was a small rise in the mortality from tuberculosis, the number of deaths, as corrected by the Registrar-General, from all forms of the disease being 156 (pulmonary 136, non-pulmonary 20) as compared with 134 (pulmonary 116, non-pulmonary 18) during the previous year. The increased number of deaths due to pulmonary tuberculosis occurred mainly in the age group 15—34 and is fairly equally divided between both sexes. The corrected death rates were as follows:—from all forms of the disease 0.73 (pulmonary 0.64, non-pulmonary 0.09) as compared with 0.66 (pulmonary 0.57, non-pulmonary 0.09) in 1946 which was almost the lowest on record. There was a further decrease in the number of deaths of children under five—4 compared with 6 in 1946. The number of new cases notified during 1947 as suffering from pulmonary tuberculosis was 414 as compared with 450 and from non-pulmonary tuberculosis 50 compared with 77, the decreased incidence in the latter form of the disease being chiefly in females aged 5—15.

The work of the Tuberculosis Service of the City was brought under one administration by the appointment of Dr. Lendrum as Medical Director of the Mass Radiography Unit and Senior Chest Physician early in 1947 when the appointment of Clinical Tuberculosis Officer became vacant. This fusion has brought many advantages, although as stated by the Senior Chest Physician in his report on page 49 they were minimised during the year under review as the Mass Radiography Unit was mainly engaged on surveys in the County area. Good work continues to be carried on by the Tuberculosis Service and its volume was as great as in previous years. It is gratifying to note that the number of contacts examined in relation to actual patients has increased; this reflects great credit on the whole team of workers as it is only by diligent search amongst such contacts that fresh unsuspected cases are brought to light and can thus receive early treatment. The lack of sufficient institutional accommodation, however, which is general throughout the country, and therefore a matter of national concern, still delays the commencement of treatment and makes it difficult to segregate some of the "open cases" which should be removed from an environment where their presence is a danger to others. The risk of spreading infection is, of course, mitigated if the patient at home can be given a separate bedroom, and the Health and Housing Committee have recognised the importance of this by allocating to cases of active tuberculosis one in twenty-five of all new houses completed. At least 300 beds are needed to provide adequate institutional treatment for Portsmouth cases of tuberculosis, but at present less than half this number are actually available.

The enthusiastic Tuberculosis Care Committee continued to do very valuable work, as referred to in previous reports. They have been especially concerned during the past year, in conjunction with the Almoner, in making arrangements for occupational therapy, which is of such benefit to patients who must spend long periods resting or in bed.

The scheme of allowances brought into operation by the Health Committee under Ministry of Health Memorandum 266/T in September, 1943, was continued, the number of cases at the beginning of the year in receipt of allowances being 166 and at the end of the year 167, representing a percentage of 8.2 of patients on the register as compared with 8.5 at the beginning of the year. The total payments made during 1947 by the Council amounted to £11,790 6s. 11d., but this sum is wholly reimbursed by Government grant.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

The trial of B.C.G. Vaccine discussed in detail in last year's report was continued throughout the year on a lesser scale than formerly, immunisation being restricted to contacts of sputum positive cases who are themselves mantoux negative. Before any final conclusions can be reached it will be necessary to keep immunised persons under observation for at least 15 years. As is stressed in the report of the Senior Chest Physician, the principal methods for the prevention of tuberculosis consist in the improvement of housing conditions and diet, together with the discovery of early cases before they become infectious and while they are still likely to respond to treatment; early diagnosis is, indeed, the best guarantee of cure.

MASS RADIOGRAPHY (Pages 59—69).

In accordance with our arrangements with the Ministry of Health the Portsmouth Mass Radiography Unit must be loaned to neighbouring Authorities until such time as more Units are available for operation throughout the country. During the year an extensive survey of the County of Hampshire was accordingly undertaken, in the course of which the Unit was moved on thirteen occasions, and was away from Portsmouth from early in February until the middle of December, except for the holiday period and a week in October when it was in operation at the Portsmouth Health Exhibition. Despite these frequent moves more individuals were X-rayed than in any previous year.

The most interesting and comprehensive report of the Medical Director, pages 59 to 69 is worthy of careful study and makes it abundantly clear that "pulmonary tuberculosis can be diagnosed by X-ray, suitably supported by other means, earlier than by any other method. Early diagnosis is essential in this disease, which may get a considerable hold on an individual before he is aware of any symptoms, as well as to enable the infectious individual to be isolated. Regular X-raying is, therefore, essential not only to help to reduce the number of cases by giving treatment to those found to have the disease before they become advanced or infectious, but so that individuals so found can themselves be cured in a shorter time". There can be no doubt that the results so far obtained justify the expense and that Mass Radiography has come to stay. It constitutes, indeed, one of the most fruitful applications of preventive medicine in that the chests of apparently normal individuals are periodically X-rayed, and, if necessary, a clinical examination made so that any departures from normal are detected and treated in the most curable stage. Our ultimate objective should be to afford facilities for the periodical medical examination of all citizens, not only of the chest but of every system of the body.

During the year the Unit X-rayed 40,688 individuals, of whom 2,761 or 6.8% were recalled for a large film to be taken, and 876 or 2.1% for a clinical examination by the Medical Director. Through the work of the Unit, 141 (151 in 1946) previously unsuspected but active cases of pulmonary tuberculosis were revealed at a stage when the prospects of cure are much more favourable. This represents a rate of 3.47 per 1,000 individuals examined, as compared with 3.88 in 1946. The period of highest incidence, as shown by Table VIII, is found in the age group 17—24 in both sexes—3.8 per 1,000 in males and 6.9 per 1,000 in females. In all older age groups, however, males show a higher incidence than females, which reaches a new high level over 45 years of age—males 3.7 per 1,000 and females 2.1 per 1,000. In the industrial areas surveyed, including Portsmouth, the incidence rate for

active pulmonary tuberculosis is nearly twice that of the non-industrial areas. Moreover, the highest incidence rate for men is found in the over 45 group (31.5% of all cases) whereas in the non-industrial areas the incidence is more evenly spread and is greatest in the younger age groups; for women, however, the rate is highest in the 17—24 age groups for both industrial and non-industrial areas ((see Table XI).

The Unit was also responsible for bringing to light other unsuspected diseases and abnormalities, thus enabling early treatment to be commenced.

MATERNITY AND CHILD WELFARE

(Pages 70—79).

The increasing birth rate, which reached its peak in the second quarter of the year, and the conditions of over-crowding under which a large section of the population is still living, resulted in a considerable increase in the number of confinements in the Maternity Section of Saint Mary's Hospital which numbered 2,041, as compared with 1,704 in 1946. The present number of beds available is 74 at Saint Mary's Hospital and 24 at the Royal Naval and Marine Maternity Home. There was also a small increase in the number of confinements attended by the Domiciliary Service of Midwives, 1,710 as compared with 1,650 in the previous year. The former figure is equivalent to an average of 87.4 cases delivered annually by each midwife.

MATERNAL MORTALITY

The maternal death rate during 1947 decreased from 1.00 to 0.76 per thousand total births which was, with one exception (0.69 in 1945), the lowest on record, as compared with an average maternal mortality rate of 3.0 for the ten years 1928—1937 and with 1.17 for England and Wales in 1947.

INFANT MORTALITY

The downward trend during the past six years of infant mortality which is, perhaps, the most sensitive index of the health of a community, reached a further low record during the year under review, namely 33.40 per 1,000 live births, as compared with 34.05 for the previous year and an average infant mortality rate of 53 for the ten years 1928—1937, and with 41 for England and Wales in 1947. Many factors have contributed towards this satisfactory result, not the least of which have been the developing Maternity and Child Welfare Services which were established in Portsmouth in 1915. An analysis of the causes of death, page 77, however, shows that the infant mortality, low as it is compared with a rate of 135 sixty years ago, is capable of still further reduction. Respiratory infection, which was responsible for 44 deaths, could be reduced by better and less overcrowded housing conditions which would enable every child to sleep in a separate cot or, better still, in a separate room from its parents. The provision of a "Cot and Pram Fund" in 1946 to help needy mothers to provide this separate sleeping accommodation was a step in the right direction. Gastro-enteritis claimed 15 infant deaths, some of which might have been avoided by greater perseverance in breast-feeding and by better education of the mother on hygiene in the home. The death rate from prematurity, although less than in recent years, is still too high and is a challenge to our medical services to improve still further our arrangements for the care of premature infants.

FURTHER DEVELOPMENTS

With the return of more of the population and with the increasing appreciation by the public of the Maternity and Child Welfare Services, it became necessary during the year, in order to avoid over-crowding clinics, to make arrangements to increase still further the number of ante-natal, post-natal and child welfare sessions. A whole-time Assistant Maternity and Child Welfare Medical Officer was accordingly appointed in February 1947, the number of ante-natal and post-natal clinics at Fratton was increased from three to five weekly, and at Saint Mary's Hospital from five to eight weekly, while a new ante-natal clinic was commenced at Portsea. In consequence of these additional clinics the total attendances at ante-natal sessions increased from 25,382 to 36,575, and at post-natal sessions from 1,533 to 3,001.

To meet the present need for residential accommodation for children up to five years of age the Committee purchased two large houses in Southsea which are now being converted into a residential nursery to accommodate 30 children. Another house has been ear-marked as a hostel for mothers and babies to be run in conjunction with the Portsmouth Diocesan Council for Moral Welfare.

The report of the Almoner on pages 78-79 illustrates the useful part which can be played in ameliorating the lot of the unmarried mother or of the married mother with an illegitimate child, and would indicate the need to apply the same sociological approach to other sections of our Health Services.

DAY NURSERIES

The five existing day nurseries in Portsmouth, namely Garfield Road (40); Cliffdale, London Road, Cosham (60); St. Peter's, Somers Road (46); Twyford Avenue, Stamshaw (40) and Anglesea Road (35); have continued to play an important part during the past year in the care of young children within the 0-5 years age group. The present accommodation, however, will only allow for the admission of children who depend solely on their mothers for support, including the children of widows, and those of mothers who are being confined or who are ill.

At no time during the year did the waiting list fall below 250, and by the end of the year it stood at 478. The demand for vacancies has been as great as during the war period, approximately 550 applications being received during 1947.

In accordance with decisions made in connection with future nursery provision in the City—a report on which was submitted to the Ministry of Health in March 1946—the transfer of the day nursery at Bramble Road to alternative accommodation at Anglesea Road was effected on the 29th December 1947, so that the premises at Bramble Road might be used as a combined Infants' and Nursery School. This transfer caused the loss of 25 places to the total nursery accommodation.

Every endeavour has also been made to procure alternative premises for the Garfield Road Nursery, but so far no success has been achieved.

RESIDENTIAL NURSERIES

During the year work was commenced on the conversion of two private houses, Annesley House and Kent Cottage in Queen's Crescent, Southsea, as a residential nursery with 30 places chiefly for 'short stay' cases, and it is hoped that this nursery will be ready for use early in 1949.

HOSPITAL SERVICES

(Pages 31-37, 55-57 and 80-82).

The report of the Medical Superintendent of Saint Mary's Hospital records a further increase in the total number of admissions from 8,399 in 1946 to 9,554 during the year under review including maternity cases confined in hospital, which increased from 1,704 to 2,041 with 1,983 live births in 1947. The number of surgical operations showed a similar increase from 1,629 to 1,859. The response to the appeal for part-time nursing attendants fortunately met with great success, so that the shortage of nursing staff experienced throughout the country has proved less serious in Portsmouth than elsewhere. Great praise is due to the nursing and domestic staffs of Saint Mary's Hospital for their admirable work, without which it would have been impossible to keep the hospital occupied to full capacity. Owing to further delay in the reinstatement of the Nurses' Home, which was partially destroyed by enemy action in 1941, the problem of adequate and satisfactory accommodation for the nursing staff is still a very serious one. The new Out-Patient and Casualty Department in Milton Road, officially opened in September 1947 has done valuable work which is reflected in the large increase in the total number of attendances of out-patients.

At the end of the year efforts were again directed to finding alternative accommodation for the patients in Nazareth House, Southsea, which was taken over temporarily in 1941 following the destruction of the Nurses' Home at Saint Mary's Hospital and the transfer to B.10 ward of the nurses accommodated therein. After a special deputation to the Ministry of Health, accommodation was offered at Queen Alexandra Hospital, Cosham, to which, with the helpful co-operation of the Medical Superintendent, some 120 patients were transferred in May of the present year, 50 of the remainder being moved to the Infectious Diseases Hospital, and a further smaller number to Saint Mary's Hospital. Thus these premises were finally vacated at the end of that month.

BLOOD TRANSFUSION

The Blood Transfusion Service established at Saint Mary's Hospital in 1939 to meet the demand for treatment of war casualties, a large proportion of whom it was realised would require blood transfusion, was developed in 1945 into a new and expanded service to meet the post-war needs of the area entitled "The Portsmouth and District Blood Transfusion Service". A committee was formed to administer the service with the Medical Officer of Health as Honorary Secretary and Dr. Zeitlin as Honorary Blood Transfusion Officer, and it was agreed that all the hospitals requiring its assistance should contribute towards the cost of upkeep according to their estimated requirements of blood and its products. An excellent service has thus been provided which has continued to meet all demands made upon it.

Under Part II of the National Health Service Act the Portsmouth Blood Transfusion Service on the 'appointed day' became part of a new National Transfusion Service operating under the Regional Hospital Board. Discussions are now taking place with a view to the services provided by Saint Mary's Hospital for hospitals in the Portsmouth and Isle of Wight area being continued on the existing basis, a sub-depot, including a mobile unit, being established in the Portsmouth area either at that hospital or at the Infectious Diseases Hospital where it would be in close association with the Area Pathological Service.

LABORATORY SERVICES

The arrangements in Portsmouth until recently provided for the main pathological work to be carried out at the Royal Portsmouth Hospital Annexe at St. James' Hospital, where the Pathologist in Charge transferred his laboratory after the destruction by enemy action of his original laboratory at the Royal Portsmouth Hospital. In special cases specimens were sent to the Radcliffe Infirmary, Oxford, and the Clinical Research Association, London. Minor examinations were performed in the laboratory at Saint Mary's Hospital.

The Public Health Laboratory work of the City is carried out at the Ministry of Health Public Health Laboratory, Winchester, with which there is a daily transport service, and at the Royal Portsmouth Hospital Annexe. Minor examinations are done at the Infectious Diseases Hospital.

In October 1947 at a conference attended by representatives of the Ministry of Health and of all the interested Authorities, it was agreed that an Area Laboratory to serve the needs of Portsmouth and the Isle of Wight could best be established in G. Block at the Infectious Diseases Hospital, together with a Public Health Laboratory covering a similar area. Local Branch Laboratories would also be provided at the Royal Portsmouth Hospital and at the Isle of Wight County Hospital. A Board was subsequently appointed of representatives of the various Authorities concerned, and at the beginning of the present year appointments were made of a whole-time Director of the Pathological Service and of a Pathologist, while it was agreed that the future designation should be the "Portsmouth and Isle of Wight Area Pathological Service". Some preliminary work of adaptation at the Infectious Diseases Hospital was carried out in August 1948 and it is hoped that the main work of adaptation of G. block will be commenced at the end of the year. The inauguration of a comprehensive Pathological Service in this area, of which Portsmouth will be the centre, is undoubtedly an outstanding achievement which will prove of permanent benefit to the Hospital and Specialist Services under the National Health Service Act and to the community generally.

CARE OF THE AGED

In the report for 1946 an account was given of the formation of an Old People's Welfare Committee for Portsmouth under the aegis of the Portsmouth Social Service Council, with the then Lord Mayor as Chairman and composed of representatives from the City Council, including the Health and Social Welfare Committees, and from the Social Service Council itself. There is a great demand locally for hostel accommodation for lonely old people, chiefly old age pensioners, who do not wish to leave Portsmouth and for whom housing difficulties are increasing. The Committee is therefore to be congratulated on an important recent development in providing such facilities—the acquisition of a large property, Sunbury Court, Festing Road, which is shortly to be converted for use as an old people's hostel for 25-30 persons. Other activities have included a number of Christmas parties, distribution of food parcels, the 'Good Companions Club' and similar efforts in connection with the welfare of the aged. The W.V.S. Residential Hostel, Queen Ann Lodge, Nightingale Road, opened in September 1947, has provided pleasant and comfortable accommodation for 17 elderly ladies with small incomes.

In August 1947 a comprehensive report on the "Care of the Aged" was presented by the Director of Social Welfare to the Social Welfare Committee, which, under Section 21 of the National Assistance Act 1948, becomes

responsible for providing "residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them". This group will not include sick persons needing treatment in hospital, but will comprise a wide range of elderly, infirm, disabled or sub-normal people who are unable to look after themselves in their own homes and cannot obtain from relatives, friends or others the care and attention they require. To meet these requirements, residential accommodation on an extensive scale and of a varied character will be needed. These problems are at present receiving the careful consideration of the Social Welfare Committee whose plans, however, are greatly restricted by the difficulty in obtaining suitable premises for adaptation as hostels for the aged. Meantime, until suitable accommodation can be made available for all persons desiring to use it, the services provided under Section 21 of the National Assistance Act are restricted to Saint Mary's House, formerly Saint Mary's Institution.

In regard to the aged sick, provision is made for their accommodation at Saint Mary's Hospital and St. James' Hospital, but such provision is scarcely adequate, although at the former hospital accommodation for the chronic sick was increased at the end of the year by the transfer of 54 aged and infirm patients to Saint Mary's Institution through the good offices of the Social Welfare Committee. At Saint Mary's Hospital the chronic sick are accommodated in a number of wards and the resources of the hospital, e.g. the consultant services in the special departments, are available in connection with their preliminary classification and treatment. Their treatment is, however, not entirely satisfactory owing to shortage of nursing staff and delay in the development of a proper rehabilitation scheme which has been referred to in previous reports. The position will be greatly improved, so far as the large section of the aged suffering from rheumatic conditions are concerned, when it is possible to proceed with the comprehensive scheme, interrupted by the war, for the diagnosis and treatment of rheumatic conditions to be centred round the proposed Rheumatic Clinic at the new swimming and medicated baths in Anglesea Road, which were bombed just before completion. It is greatly to be hoped that the Minister of Health will give priority to the completion of these baths which could play so important a part in the National Health Service.

AMBULANCE SERVICE

(Page 83).

The Municipal Ambulance and Medical Car Service continued to meet the ever increasing demands made upon it, and the mileage covered in their execution shows an appreciable increase over the previous year's figures. This is largely due to the extending medical services and their ancillaries.

The Police Accident Service was taken over by the Municipal Ambulance Service during the month of May 1947; this service has continued to run smoothly, and no demands upon it have been delayed or unanswered.

The efficiency of the personnel has been maintained by various lectures and tests; all members are qualified in first aid and this has proved beneficial in Accident Ambulance Service duties.

THE NATIONAL HEALTH SERVICE

A new era of Public Health Administration was reached when the National Health Service came into operation on 5th July 1948. In its scope and in the far-reaching beneficent influence which it will have on the

health and welfare of the nation, the Act is the most important since the beginnings of Public Health one hundred years ago. So far as the Public Health Department is concerned, the principal changes involve the transfer of hospital administration and part of the Tuberculosis Service, including the City's Mass Radiography Unit and Langstone Sanatorium, to the Regional Hospital Board. Saint Mary's Hospital has developed rapidly under the control of the Health Committee and has been handed over along with the Infectious Diseases Hospital, equipped with all the facilities required for modern diagnosis and treatment including the new Out-patient and Casualty Department in Milton Road which was opened in September 1947. Liaison with the hospitals has been maintained by the appointment of the Chairman and other members of the Health Services Committee to the Portsmouth Hospital Management Committee and the House Committees of the individual hospitals.

Duties under Part III of the National Health Service Act which are the responsibility of the Local Health Authority and thus devolve upon the Public Health Department include :—

(1) UNDER SECTION 21 (HEALTH CENTRES)

The provision of "Health Centres" for any or all of the following purposes :—

- (i) General Medical Services.
- (ii) General Dental Services.
- (iii) Pharmaceutical Services.
- (iv) The Local Authority's own Health Services.
- (v) Specialist Services or Out-patient Services provided under Part II of the Act. (This would, for instance, allow Tuberculosis Services to be established in a Health Centre) and
- (vi) Health Education Services.

Staff, with the exception of medical and dental practitioners providing general medical or dental services, will be provided by the Local Health Authority.

Although the curtailment of capital expenditure has postponed indefinitely the comprehensive scheme for the establishment of Post-War Health Centres set out in the report for 1945, proposals have been approved by the Committees concerned for a Health Centre to be provided on the new Corporation Housing Estate at Paulsgrove (where by the end of 1948 there will be a population of between 8,000 and 8,500) on a site of two-thirds of an acre allocated for this purpose by the Planning Committee.

At the time of writing a Joint Sub-Committee has been set up with representatives of the Local Executive Council under the National Health Service Act, with a view to submitting proposals to the Ministry of Health in the near future, as the provision of this Health Centre is particularly urgent. It is also proposed to reserve sites for main Health Centres at Cosham, south of the Old Southampton Road, and in the new Civic Centre near the Guildhall for the southern part of Portsea Island.

Approval has now been received from the Ministries of Health and Education for the adaptation of the former Civil Defence Ambulance Depot at Cosham as a Local Authority Health Centre, thus providing Maternity and Child Welfare and School Health, including Dental, Services for this area until such time as the main Health Centre can be provided. It is

hoped that this Health Centre will be ready for use by the end of 1948 and that in the following year approval may be received to proceed with the adaptation of the former Civil Defence First Aid Post at Portsea as a temporary Local Authority Health Centre providing similar services for that area.

(2) UNDER SECTION 22 (CARE OF MOTHERS & YOUNG CHILDREN)

The Care, including Dental Care, of Expectant and Nursing Mothers and of Children under Five not attending Maintained Primary Schools.

The proposals submitted to and approved by the Ministry of Health provide for the appointment of a Senior Assistant Medical Officer for Maternity and Child Welfare, the provision of additional ante-natal, post-natal and child welfare clinics as premises become available, extension and development of the arrangements for the dental care of expectant and nursing mothers and young children, particular attention being given to conservation treatment, and the extension as may be practicable of day nursery accommodation. Work is already in progress for the conversion of two private houses, Annesley House and Kent Cottage in Queen's Crescent, Southsea, as a residential nursery with 30 places, chiefly for 'short stay' cases, i.e. children whose mothers are being confined or are ill. It is hoped that this nursery will be ready for use early in 1949. A proposal of the Health Committee to convert another large private house, Eastlands, Kent Road, for use as a hostel for mothers and babies was deferred by the Ministry but will be re-considered at a later date.

(3) UNDER SECTION 23 (MIDWIVES' SERVICE)

The Supervision of Midwives and the Provision of an efficient Domiciliary Midwifery Service.

The Committee's proposals provide for the existing Service to be augmented according to the demand and as opportunity arises. The training of all midwives in gas and air analgesia will be continued.

(4) UNDER SECTION 24 (HEALTH VISITING)

The Provision of Health Visitors to carry out their present Maternity and Child Welfare duties and also to give domiciliary advice on the Care of Persons suffering from Illness and on the Prevention of the Spread of Infection.

The proposals provide for the staff of Health Visitors to be augmented as required in order to perform the additional functions assigned under the Act, whereby they will be concerned in future with the health of the household as a whole including the preservation of health and precautions against the spread of infection, and will have an increasingly important part to play in health education.

(5) UNDER SECTION 25 (HOME NURSING)

Provision directly or through voluntary organisations of Home Nursing Services.

Arrangements have been made for the Portsmouth Victoria Nursing Association, which has for a number of years provided a very efficient service of home nursing in the area, to continue this service under the general control of the Local Health Authority. The staff will be augmented according to the demand for their services.

(6) UNDER SECTION 26 (VACCINATION AND IMMUNISATION)

Arrangements with Medical Practitioners for Vaccination against Smallpox (now voluntary, the Vaccination Acts being repealed) and Immunisation against Diphtheria.

An organisation similar to that for diphtheria immunisation has been set up for voluntary vaccination, which will in future be carried out by the Vaccination and Immunisation Medical Officer as well as by private practitioners who may now receive a fee for both vaccination and immunisation of their patients. The existing arrangements for diphtheria immunisation with its network of clinics throughout the City will be continued and extended.

(7) UNDER SECTION 27 (AMBULANCE SERVICE)

The provision directly or through voluntary organisations of an Ambulance Service for the conveyance where necessary of the Sick, Mentally Defective, or Expectant and Nursing Mothers.

The Municipal Ambulance Service operating from Saint Mary's Hospital will continue to be used as at present except that no charge will be made to patients. Increase is being made in the establishment of vehicles and staff as proves necessary.

(8) UNDER SECTION 28 (PREVENTION OF ILLNESS, CARE AND AFTER-CARE)

Arrangements for the purpose of the Prevention of Illness, the Care of Persons suffering from Illness or Mental Defectiveness, or the After-Care of such Persons (contributions may be made to any voluntary organisation formed for such purpose).

The facilities of the existing Mass Radiography Unit will be utilised to the full in the diagnosis of chest and heart diseases. The scheme at present in operation for occupational therapy and rehabilitation in connection with the care of persons suffering from tuberculosis will be continued and extended in co-operation with the Voluntary Care Committee, which will be assisted financially in their general welfare work for the tuberculous. The present system of domiciliary visiting will be extended and will be available in due course for persons suffering from illnesses other than tuberculosis. As soon as circumstances permit nursing equipment will be supplied on loan at a small charge to patients who are being nursed in their own homes.

(9) UNDER SECTION 29 (DOMESTIC HELP)

The Provision of Domestic Help for Households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age.

The scope of the existing scheme will be extended to include any household where help is needed for the reasons mentioned above, an Organiser of Domestic Help being appointed and the staff augmented according to demand.

(10) UNDER SECTIONS 28 & 51—PART V OF THE ACT (MENTAL HEALTH SERVICES)

The proposals approved include the formation of a Mental Health Sub-Committee of the Health Services Committee which will be responsible for all the duties, chiefly Domiciliary Services, of the Local Health Authority, i.e. the 'ascertainment' of cases of mental ill-health and mental deficiency, the statutory supervision and guardianship of mental defectives living in the community, obtaining detention orders, sending persons of unsound mind and mental defectives to mental hospitals and certified institutions and the provision of after-care for persons who have undergone treatment for mental illness. Through the Regional Hospital Board arrangements will be made for the services of the specialist medical and lay staff of St. James' Hospital to be available for out-patient psychiatric services and for the existing staff of psychiatric social workers, together with the recently appointed "Authorised Officers"; to be used in connection with the care and after-care of persons suffering from mental illness or defectiveness.

HEALTH EDUCATION

The value of Health Education in assisting to advance the general fitness of the population can hardly be too greatly emphasised. Millions of work-hours are lost every year by preventable sickness which, by a little more care and knowledge, could be obviated.

Every opportunity is taken to disseminate knowledge on "Positive Health" to as wide a field as possible. Excellent liaison exists with the Chief Education Officer, and a number of addresses have been given to "Parent-Teacher Associations" associated with the schools. In co-ordination with the Ministry of Health, valuable publicity has continued to be given to the diphtheria immunisation campaign, the success of which is reflected in the excellent results attained.

During October an opportunity was taken to celebrate the one hundredth anniversary of the first appointment of a Medical Officer of Health in this country by organising a Centenary Health Week, which included the reviving of what was regarded before the war as an annual event, namely, a Health Exhibition.

The difficulties encountered in such a venture were many, due to shortage of materials and labour, but the results obtained proved the effort to be well worth while and, altogether, over 4,000 people attended. The main features of the exhibition included an opportunity for a health check by mass radiography, stalls depicting the facilities available for maternity and child welfare, nurseries, school health services, domestic helps, diphtheria immunisation, venereal diseases, etc.; food advice and demonstrations in cookery and care of cooking utensils were also given. The Ministry of Agriculture and Fisheries provided exhibits illustrating the latest scientific methods used in control of infestation; the public utility companies and a few private firms also assisted with displays and demonstrations.

In addition to the Exhibition, a series of public meetings was arranged with addresses by eminent speakers including the Radio Doctor, Dr. Grantley Dick-Read, etc. A special opportunity was given to the youth of the City to ask questions on health and general fitness at a Brains Trust, comprising the Chairman of the local division of the B.M.A. and chief officials of the Corporation.

Throughout the year many thousands of leaflets prepared by the Central Council for Health Education were distributed to the general public.

As a result of a National Conference on Food and Drink Infections our local efforts in this direction were intensified, and restaurants and cafes have been approached with a view to obtaining their co-operation in our efforts to ensure a high standard of personal cleanliness in these matters.

INSPECTION AND SUPERVISION OF FOOD

(Pages 84—87).

The total number of samples of food and drugs taken by officers of the department under the Food and Drugs Act and analysed by the Public Analyst was 1,397, as compared with 1,186 in 1946. Of this number 98, or 7%, were found to be adulterated or incorrectly labelled, as compared with 3.9% for the previous year. Of the 98 adulterated samples, 48 were formal and 50 informal or test samples. Proceedings were instituted in eight cases and fines and costs amounting to £92 15s. 9d. were imposed in a range from £1 1s. 0d. to £18. In 18 cases cautions were given by the Medical Officer of Health.

The report of the Veterinary Officer (pages 85—87) reveals a relative absence of cases under the Diseases of Animals Acts during 1947, and the advantages, so far as ante-mortem inspection is concerned, derived from the temporary centralised slaughtering at Paulsgrove. Negotiations are now proceeding with a view to a Regional Abattoir being established between Portsmouth and Southampton to serve a combined area.

FOOD AND DRINK INFECTIONS

Owing to staff difficulties which are referred to elsewhere, it was not possible to proceed with the visits to restaurants, cafes and kitchens, but an interesting portion of our exhibition in connection with our Health Week was arranged in co-operation with the Ministry of Food and the Central Council for Health Education.

ICE-CREAM

During the year 86 (27) samples of ice-cream were examined by the Public Analyst, of which 24 were satisfactory, 21 inferior and 38 unsatisfactory on general hygienic standards.

Continued effort was made to apprise all those connected with this easily contaminated commodity with the importance of cleanliness at all stages of handling, and written instructions on the prevention of contamination, embodying the result of the most recent scientific investigation and research, were circulated to each manufacturer and vendor of ice-cream in the City.

SANITARY CIRCUMSTANCES

(Pages 88—91).

HOUSING

During the year this portion of the Sanitary Section of the Health Department continued its useful work in connection with the operation of the City Council's Housing Scheme and, as formerly, was concerned with :—

- (a) the inspection of all new houses and the issue by the Medical Officer of Health, jointly with the City Engineer, of certificates of fitness for occupation ;
- (b) the initial requisitioning of properties ;
- (c) the assessment of priorities for the allocation of points on insanitary grounds and for medical reasons ; and
- (d) the inspection of the applicants' existing circumstances prior to taking up tenancy of the new accommodation.

It has not been possible to give further consideration to a housing survey of the City owing to the depleted staff of Sanitary Inspectors—at the end of the year the Chief Sanitary Inspector was endeavouring to carry on with half the full complement of inspectors. Our advertisements did not attract applicants, and in addition to all of the students who were trained in Portsmouth obtaining appointments elsewhere, several members of our own staff resigned in order to take advantage of better service conditions offered by comparable authorities.

The members of the Health and Housing Committee are resolved that the staff shall be brought up to the full complement at the earliest opportunity.

The City Architect has provided the following information on the housing position at the end of the year :—

- (1) Contracts placed total 3,685 dwellings, of which 2,264 were completed.
- (2) Of the above Contracts, three groups of houses, totalling 155 in number, were being built by private enterprise under Circular 92/46 and a further 1,400 were temporary bungalows.
- (3) Another 38 C.B. properties were completed under L.S.3 Contracts, making a total of 1,354.
- (4) The housing development of Paulsgrove is approaching completion.
- (5) Roadworks are in hand at Leigh Park and working drawings are in course of preparation for 800 dwellings.

WATER SUPPLIES

The supply provided by the Portsmouth Water Company continues to be satisfactory in quality and quantity.

Bacteriological examination of samples taken monthly invariably proved satisfactory and the following is a typical report :—

"This is a very satisfactory sample. It is clear and bright in appearance and of the highest standard of bacterial purity, indicative of a pure and wholesome water, suitable for drinking and domestic purposes."

A typical chemical analysis during the year under review shows :—

Total solid residue 31.1 ; volatile solid residue 2.5 ; chlorine 1.9 ; free ammonia 0.008, albuminoid ammonia 0.0096 ; nitrogen as nitrates - ; total hardness 23.2 parts per 100,000 respectively ; oxygen absorbed in four hours at 37° C. 0.028 ; appearance of solids on ignition, white.

The results are normal for the Portsmouth City supply and indicate a water of a high degree of organic purity.

The arrangement to chlorinate the main supply after leaving the filter beds, to permit a residual chlorine content of at least 0.1 parts per million to be maintained in any part of the City's supply, has been continued throughout 1947. Periodical tests by the Public Analyst during the year have shown the average residual chlorine content to be 0.15 parts per million.

DISPOSAL OF THE DEAD

MORTUARY ACCOMMODATION.

The number of bodies received into the Park Road Mortuary during the year was 248, as compared with 156 in 1946. Provision has been made in our Five-year Programme for the erection of a new and larger mortuary, and it is proposed to provide a small one in due course on the Paulsgrove Housing Estate.

CREMATORIUM.

The need for a crematorium mentioned repeatedly in previous reports must again be stressed, and it is hoped that, when the present acute position regarding shortage of building labour and materials improves, we can proceed with the scheme for the erection of an up-to-date crematorium.

ACKNOWLEDGMENTS

I desire to acknowledge with gratitude the willing services of the whole staff of the Health Department, who have responded without hesitation to the many demands made upon them. To my Administrative Assistant, Mr. L. C. Rogers, special thanks are due for his valuable assistance in connection with schemes submitted to the Health Services Committee and to the Minister of Health under the National Health Service Act.

In October 1947 Dr. Williamson, who had since 1934 occupied with distinction the position of Medical Officer of Health of this City, left to take up the appointment of Senior Administrative Medical Officer to the Leeds Regional Hospital Board. During this period, as a result of his enthusiasm and enterprise, Portsmouth has become widely known for many notable advances in preventive medicine; his good work here will long be remembered, as will his unfailing kindness to those who worked with him.

It is also opportune to acknowledge gratefully the many years of devoted service given by the Medical Superintendents and staffs of the hospitals which passed, as part of the National Health Service, from Public Health administration to that of the Regional Hospital Board on the "appointed day". To them all I would send cordial greetings and best wishes for the continued success of their work under the new regime.

I am greatly indebted to the Chairman and members of the Health Services Committee and of the Health and Housing Committee for their interest and encouragement, and I would express my appreciation of the helpful co-operation of my medical colleagues in the City and of the two voluntary hospitals, of assistance freely given by the Town Clerk and the chief officials of other Departments of the Corporation, the Principal Regional Medical Officer, the Director of the Public Health Laboratory Service, Winchester, and the various voluntary organisations in Portsmouth.

I have the honour to be, my Lord Mayor, Ladies and Gentlemen,
Your obedient Servant,

August 1948.

T. E. ROBERTS.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

SUMMARY FOR 1947

Civil Population (estimated by the Registrar General) .. 212,020

1. GENERAL STATISTICS

Area in Acres (land and inland water) .. 9,223
 Population (Census 1931) .. 252,421
 Number of Inhabited Houses (including pre-fabricated bungalows) 51,391
 Rateable Value (1st April 1947) .. £1,708,072
 Nett Product of a Penny Rate (estimated for year ending
 31st March 1948) .. £7,185
 Average number of persons in each house (Census 1931) .. 4.5
 Average number of persons per acre (Census 1931) .. 31.3
 Total Rainfall .. 25.41 inches

2. EXTRACTS FROM VITAL STATISTICS

	<u>Total</u>	<u>Male</u>	<u>Female</u>	
LIVE BIRTHS :				
Legitimate ..	4,814	2,441	2,373	Rate per 1,000 population <u>24.29</u>
Illegitimate ..	335	168	167	
Total ..	5,149	2,609	2,540	

STILLBIRTHS :				
Legitimate ..	102	63	39	Rate per 1,000 total births <u>20.69</u>
Illegitimate ..	7	4	3	
Total ..	109	67	42	

DEATHS ..	2,754	1,417	1,337	Rate per 1,000 population <u>12.98</u>
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Deaths from diseases and accidents of Pregnancy and Childbirth :

From Puerperal and Post-Abortive Sepsis ..	1
From other Maternal causes ..	3

Maternal Mortality rate per 1,000 total births :

From Puerperal Sepsis ..	0.19
From other Maternal causes ..	<u>0.57</u>
Total Maternal Mortality rate ..	0.76

Death rate of Infants under one year of age :

All Infants per 1,000 live births (172) ..	33.40
Legitimate Infants per 1,000 legitimate live births (149) ..	30.95
Illegitimate Infants per 1,000 illegitimate live births (23) ..	68.66

Deaths from Cancer (all ages) ..	426
„ from Measles (all ages) ..	5
„ from Whooping Cough (all ages) ..	4
„ from Diarrhoea (under 2 years of age) ..	16

3. COMPARISON WITH PREVIOUS YEAR (1946)

				<u>1947</u>		<u>1946</u>	
				<u>Population 212,020</u>		<u>Population 204,540</u>	
				<u>No.</u>	<u>Rate per 1,000 living</u>	<u>No.</u>	<u>Rate per 1,000 living</u>
Births				5,149	24.29	4,846	23.69
Deaths				2,754	12.98	2,481	12.13
„ Principal Zymotic							
Diseases				26	0.12	14	0.07
„ Smallpox				—	—	—	—
„ Measles				5	0.02	1	0.00
„ Scarlet Fever .. .				—	—	—	—
„ Diphtheria				1	0.00	—	—
„ Whooping Cough ..				4	0.02	2	0.01
„ Fever (Typhoid and							
Para-Typhoid) ..				—	—	—	—
„ Diarrhoea (under 2) ..				16	0.08	11	0.05
„ Pulmonary							
Tuberculosis .. .				136	0.64	116	0.57
„ Other forms of							
Tuberculosis .. .				20	0.09	18	0.09
„ Cancer				426	2.01	400	1.96
„ Influenza				10	0.05	14	0.07
					<u>Rate per 1,000 live births</u>		<u>Rate per 1,000 live births</u>
Deaths under 1 year of age ..				172	33	165	34
					<u>Rate per 1,000 total births</u>		<u>Rate per 1,000 total births</u>
Deaths Maternal—Sepsis ..				1	0.19	2	0.40
Other Maternal causes				3	0.57	3	0.60
Total				4	0.76	5	1.00
Average Death Rate for previous ten years (1937-46) ..						..	14.12

SUMMARY OF METEOROLOGICAL STATISTICS, 1947

BAROMETER. The mean barometer pressure for the year was 29.914 inches. The highest observed reading corrected to sea-level was 30.655 on 10th April, and the lowest 28.894 on 3rd February.

TEMPERATURE. The mean temperature in the shade was 51.6° , or 0.8° above the normal.

Maximum. The mean maximum temperature in the shade was 57.1° , the highest being 91° on 16th August.

Minimum. The mean minimum temperature was 46.2° , the lowest being 12° on 29th January.

Minimum on grass. The mean minimum temperature on the grass was 42° , the lowest being 11° on 25th February.

Earth Temperature. The mean temperature at one foot below the ground was 52.8° , and that at four feet 53° .

BRIGHT SUNSHINE. 1,733 hours 24 minutes of sunshine were registered by the Campbell-Stokes Recorder. The greatest amount registered on one day was 14.5 hours on 28th May.

FROSTS. The minimum thermometer in the shade, four feet above the ground, fell to and below freezing point on 50 days, and that on the ground on 69 occasions.

HUMIDITY. The mean humidity of the air (saturation 100) was 70.2%.

RAINFALL. The total rainfall was 25.41 inches, or 4.35 inches below the normal. The greatest fall of rain in twenty-four hours was 0.96 inches on 22nd October.

HAIL. Hail occurred on one occasion.

SNOW. Snow or Sleet fell on 33 occasions.

THUNDER. Thunder occurred on seven occasions.

FOGS. Fogs occurred on 22 occasions.

GALES. Gales occurred on 12 occasions.

AVERAGES FOR THE PAST TEN YEARS (1938-47)

Rainfall	Hours of Bright Sunshine	Mean Temperature
26.98 inches	1722	51.9°

INFECTIOUS DISEASES

Cases of Infectious Diseases notified during the year are given below :

<u>DISEASE</u>	<u>Cases</u> <u>Notified</u>	<u>Total</u> <u>Deaths</u>
Typhoid and Para-Typhoid	—	—
Cerebro-Spinal Meningitis.. ..	13	3
Scarlet Fever	282	—
Whooping Cough	241	4
Diphtheria	15	1
Erysipelas	42	—
Tuberculosis—Pulmonary	410	136
—Non-Pulmonary	51	20
Ophthalmia Neonatorum	16	—
Dysentery	—	—
Malaria	—	—
{ Notifiable Pneumonia }	29	(All Forms) 142
{ Influenza }		10
Measles	2031	5
Acute Poliomyelitis	20	2
Puerperal Pyrexia	22	—
Encephalitis Lethargica	—	2

INFECTIOUS DISEASES HOSPITAL.

By the Medical Superintendent.

The total number of beds available for the treatment of Infectious Diseases in the Hospital is 291 ; of these the two cubicle isolation blocks supply 40. Arrangements have been made by the Ministry of Health for three wards to be allocated temporarily for the treatment of tuberculosis—total number of beds now available for this disease is 88.

As in previous years, difficulty has been experienced in obtaining nursing staff, and as a result the work was carried out under very trying circumstances, many of the wards having to be understaffed. Staff sickness during the year has been very slight, and no case of a serious nature has occurred. In fact, the occurrence of infectious disease among members of either nursing or domestic staffs is a rarity. This speaks well for the co-operation of members of the staff, especially with regard to immunisation. The optimism expressed last year with regard to ample supply of trainees and qualified nurses has not materialised. Every effort has been made to obtain trainees and qualified nurses, but the response is poor.

The majority of the bacteriological work is sent to the Emergency Public Health Laboratory, Winchester. All swabs of diphtheria are classified into the various types, and this is extremely useful for epidemiological purposes. I would like to take this opportunity of expressing my thanks to Dr. Mackenzie and his staff for the work they have carried out on behalf of the hospital.

A few specimens have been examined in the Hospital laboratory—direct smears from throat, cerebro-spinal fluid, urine, sputa and some throat cultures.

The services of an Ear, Nose and Throat Surgeon are available when required, also those of a Consulting Physician and Consulting Surgeon.

The work of the hospital has been carried out in a most excellent manner during the past year, notwithstanding many trials in regard to shortage of staff, both nursing and domestic.

I should like to take this opportunity of expressing my sincere thanks to the Matron and nursing staffs for their invaluable help and co-operation, and to the Resident Medical Officer, Dr. W. B. O'Driscoll, who is also the Deputy Medical Superintendent, for the excellent manner in which he carried out his duties.

ADMISSIONS. The total number of admissions was higher than in 1946.

During the year 1,171 (970) cases were admitted, excluding tuberculosis which accounted for 162 (265) admissions. The grand total of all cases admitted during the year was 1,333 (1,235). 150 (96) cases were admitted from outside the City boundary and 55 (198) Service cases.

DISCHARGES—1082. DEATHS—44. TOTAL—1,126.

CASES DISCHARGED DURING 1947

MONTH	Scarlet Fever	Diph- theria	Other Infections	Non- Infections	Deaths	Total
January ..	24	3	48	14	2	91
February ..	21	1	45	14	3	84
March ..	17	1	83	13	2	116
April ..	24	1	69	7	10	111
May ..	18	1	55	19	2	95
June ..	18	3	56	16	3	96
July ..	24	3	37	12	2	78
August ..	24	5	41	30	6	106
September ..	2	1	42	34	5	84
October ..	29	1	35	17	3	85
November ..	35	—	44	13	2	94
December ..	34	1	34	13	4	86
TOTAL ..	270	21	589	202	44	1,126

DEATHS. During the year there were 44 deaths from the causes stated below :—

T.B. Meningitis	6	Cerebral Haemorrhage	1
Meningococcal Meningitis	2	Cerebral Thrombosis	1
Meningococcal Septicaemia	1	Bilateral Haemorrhage	1
Pemphigus Neonatorum	1	Suprarenal Capsules	1
Cardiac Failure and Myocardial Degeneration	1	Subarachnoid Haemorrhage	1
Infantile Eczema and Pertussis	1	Broncho Pneumonia due to Measles	1
Pertussis and Broncho Pneumonia	3	Measles and Broncho Pneumonia	3
Broncho Pneumonia and Gastro- Enteritis	5	Tetanus and Broncho Pneumonia	1
Gastro-Enteritis	2	Broncho Pneumonia	2
Toxic Encephalitis and Gastro- Enteritis	2	Polio-encephalitis	1
Diphtheria	2	Bulbar Paralysis	1
Congenital Morbus Cordis	1	Anterior Poliomyelitis	2
		Puerperal Pyrexia and Pulmonary Tuberculosis (T.B. Broncho Pneumonia)	1

Note.—It will be noted that, in some diseases, more cases proved to be that disease than were actually admitted as such. This is accounted for by the fact that cases may be sent in as one condition, and prove to be another. These figures refer to actual cases of the disease.

Diphtheria

There were 19 cases admitted as Diphtheria. Analysis of proven cases of diphtheria discharged, together with complications arising whilst in hospital, is given below :—

Day of Disease	AGE GROUP								DIPHTHERIA TYPE												TYPE				COMPLICATIONS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	0-5 years				5-10 years				10-15 years				15-20 years				20 years +				Pharyngeal				Haemorrhagic				Faucial				Carrier				Tonsillar				Laryngeal				Gravis				Mitis				Intermediate				Negative Swabs	Positive Swabs	Convalescent Carrier	Strep. Carrier	Palatal Paresis	Adenitis	Extra Systoles	Sal. Typhi Murium Carrier																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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19 cases were admitted as Diphtheria, and 24 cases proved to be Diphtheria. They were sub-divided clinically into :—

Pharyngeal Diphtheria..	..	4
Faucial Diphtheria ..	..	15
Laryngeal Diphtheria ..	..	1
Haemorrhagic Diphtheria ..	..	1
Diphtheria Carrier ..	..	2
Tonsillar Diphtheria ..	..	..

There were three deaths from Diphtheria during the year.

Scarlet Fever

There were 291 cases admitted as Scarlet Fever. There were no deaths. The following is a table showing the complications arising from the 270 proven cases of Scarlet Fever discharged :—

Impetigo	1	Scabies	2
Abscess	4	Adenitis	23
Urticaria	1	Otorrhoea	16
Serum Reaction	5	Septic Spots	3
Streptococcal Carrier	1	Convalescent Carrier	2
Secondary Attack	2	Acute Rheumatic Onset	1
Erythema Nodosum	2	Streptococcal Meningitis	1
Mastoiditis	1	Rhinorrhoea	2
Albuminuria	1	Septic Thumb	1
Burns	1		

Enteric Fever

There were two cases of enteric fever admitted, but neither proved to be enteric fever.

Epidemic Cerebro-Spinal Meningitis

During the year 10 cases were admitted as epidemic cerebro-spinal meningitis. Below is a table setting out the age groups of 15 proven cases discharged during the year (including two deaths) :—

AGE	MALE	FEMALE	TOTAL
0-5 years	3	1	4
5-10 years	2	1	3
10-15 years	—	2	2
15-20 years	—	1	1
20-25 years	2	1	3
25 years +	2	—	2

Puerperal Pyrexia

There were 19 cases of puerperal pyrexia admitted during the year. One case died after being in hospital for eight days. This proved to be a case of pulmonary tuberculosis (T.B. Broncho pneumonia).

Acute Anterior Poliomyelitis

During the year there was a very marked increase in the number of cases admitted to the hospital suffering from acute anterior poliomyelitis. As is well known, there was an epidemic of this disease affecting the whole country. A total of 82 cases was admitted and, of these, 31 proved to be definite cases of acute anterior poliomyelitis (including four deaths).

The following tables show an analysis of these figures. An interim report has been submitted to the Medical Officer of Health.

TABLE I—showing age distribution of all suspected cases :—

AGE GROUP	MALE	FEMALE
0-16 years	35	21
16 years +	9	17

TABLE II—showing age distribution of definite cases :—

YEARS	MALE	FEMALE
0- 5	5	3
5-10	4	2
10-16	3	4
16 +	3	7

TABLE III—showing seasonal incidence of actual cases :—

MONTH	MALE	FEMALE
January	—	1
June	1	—
July	1	1
August	3	4
September	4	5
October	1	2
November	2	3
December	3	—

It will be noted that included in these totals are cases from outside the City Boundary.

TABLE IV—showing mural and extra-mural cases :—

CITY RESIDENTS	OUTLYING AREAS
20	11

FATAL CASES. Four cases proved fatal, two residing within the City. All these cases exhibited signs of bulbar involvement. Three had a definite respiratory paralysis, necessitating treatment in the iron lung.

INFECTIOUS DISEASES HOSPITAL—ADMISSIONS 1947 (Diagnosis before Admission).

	Scarlet Fever	Scarlet Fever Carrier	Diphtheria	Enteric	Varicella	Varicella Contact	Morbilli	Morbilli Contact	Puerperal Pyrexia	Puerperal Septicaem.	Healthy Baby	Gastro-Enteritis	Gastro-EnteritisCont.	Rheumatism	Erysipelas	Pertussis	Streptococcal Throat	Meningitis	E.C.S. Meningitis	Mumps	Malaria	Streptococcal Carrier	Croup	Poliomyelitis	Pneumonia	Rubella	Otorrhoea	Pyrexia (origin ?)	Jaundice	Infective Hepatitis	Gonorrhoea	Influenza	Dysentery	Diarrh. & Vomiting	Vincent's Angina	Vaccinia	Ophthal.Neonatorum	Septic Mouth	Epilepsy	Pharyngitis	Laryngitis	Quinsy	Undulant Fever	Nursling	Tonsillitis	Healthy Mother	Cellulitis	Bronchitis	Otitis Media	Observation	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
January ..	23	-	4	-	13	-	8	-	5	1	4	11	5	1	6	3	1	4	-	1	2	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	106																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
February..	19	-	2	1	5	-	33	-	-	-	-	3	-	-	3	1	-	7	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	97																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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November	35	-	3	-	3	-	1	-	-	-	-	11	-	-	2	2	5	1	-	1	-	4	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
December	38	-	2	-	15	22	-	-	2	-	2	4	-	-	3	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13	108																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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DIPHTHERIA IMMUNISATION

By the Medical Officer i/c. Immunisation.

There is practically no change in the percentages of immunised children. School children again reached the very satisfactory percentage of 96.13 (97.8 last year), but the under-fives still lag behind, showing only 48.47% (44.2%).

Time and again I have had mothers bringing their children for immunisation at the age of two or three and quite unable to give any reason why they were not brought before their first birthday. I think the shortage and changes in the Health Visitor staffs has something to do with this, as well as the fact that, in Portsmouth, we get many removals, temporary and otherwise.

Some of our Clinics are housed in Church Halls and it is not always possible to get the privacy one desires. If one is working in a hall and only screened off, it is obvious that one fractious child will upset the others. The ideal (as at Clive Road) is a room for assembly and giving particulars, and another room for the immunisation with a separate way out. I have found the giving of a sweet very helpful in the nervous child.

I am particularly grateful to the Chief Education Officer and all the teachers for their very valuable help. Seven of the Primary schools and two of the Secondary and Grammar schools show 100% immunisation. Supplementary doses, i.e. the 'boosting' dose after four years, have been given to 3,060 school children. This is not so many as the previous year when 4,243 doses were given, but much better than 1945 when 820 doses were given. Most of the schools get their new entries brought up for the supplementary dose a week or two after they have been admitted. This is done at the usual monthly visit. Special visits are made if the numbers reach a hundred or more.

There are some 30 private schools in the City, and many of these have taken advantage of the immunisation scheme. Previously, we considered that most of the children at private schools would be immunised by their own doctors, but we found that many mothers were bringing these children to the Clinics and, accordingly, regular visits (on request) have been paid to some of the private schools. Unfortunately, we have not been able to get immunisation returns from all the private schools, but four of them are known to have 100% immunisation. In others the percentage is also good, e.g. at Daley's only 15 out of 330 have not been immunised, and at the Portsmouth High School for Girls only 11 out of 431 have not been immunised. The majority of these immunisations have been carried out by private doctors. Diphtheria and Whooping Cough vaccines are supplied to private doctors on request and without charge.

There has been a slight increase in the number of clinics and schools visited. Bramble Road Nursery School has now been added to the school list along with St. Luke's girls (now in a building of their own) and St. John's R.C. School. The fixed Clinic at Portsea also now operates. This gives us seven weekly clinics at Child Welfare Centres, and at I.D.H., with 48 schools visited every month on the same day and at the same time, and five day nurseries also visited monthly. This, in effect, gives us 60 clinics well distributed over the City. The regular and punctual attendance at all these centres makes all the difference as mothers can rely on days and times for their visits.

It should be noted that babies are immunised at the schools as well as school children and that Whooping Cough vaccine is given at the same time when desired. The percentage of under-fives immunised at the schools

was 23.7%. The Mobile Unit is used for outlying districts and during the coming summer a good deal of time may have to be given to visiting the new housing estates, Paulsgrove in particular, situated at some distance from the present clinics.

Constant newspaper advertising is relied on for publicity, but in spite of this, many mothers do not know the facilities provided. Quite frequently a mother comes a considerable distance to one of the clinics and is surprised when told she could have had her baby immunised at a school which may be in the next street.

Special attention has been given to the question of reaction. A.P.T., the material in use, does not as a rule give any reaction in babies, but does so in adults or older children. At the request of Professor Wilson of the Public Health Laboratory Service, I have been able to try an antigen prepared by Sir Alexander Fleming of St. Mary's Hospital, London. This is Purified Toxoid Alum Precipitated (P.T.A.P.). For the trials, volunteers were obtained from the pupils at the Copnor Modern and Northern Grammar School and from Nurses at St. Mary's Hospital. 135 were inoculated with A.P.T. and 22 had reactions of varying degree. 148 were inoculated with P.T.A.P. and 15 had reactions. From the table appended it will be seen that at Copnor the reactions to A.P.T. were more marked than to P.T.A.P., but at the Northern Grammar there was very little to choose between the two materials. In all cases boys and girls in the senior classes were inoculated.

Following this experience of A.P.T. in older children, I have used this material in doing the supplementary doses at other senior schools and have been surprised at the absence of reaction as a whole. The experiments are being continued in babies to test the Schick conversion rates. The pupils of the two schools mentioned entered into the experiment with enthusiasm, and I am grateful to them and to their parents for their co-operation.

In all these experiments the reactions were observed by myself. This special observation, entailing as it did at least two visits after, would not be possible in the routine immunisation of babies, but it has been decided to issue a leaflet to each parent coming for the first time. This asks the parent to bring the baby to the Clinic at the I.D.H. if they have any doubt as to reaction. Fortunately other duties necessitate my attendance at F. Ward, I.D.H. every morning, so mothers should have every opportunity to seek advice. It is hoped in this way to get a very accurate picture of reactions.

COMPARATIVE TESTS FOR REACTIONS WITH A.P.T. AND P.T.A.P.

	Total done	Negative	Mild	Moderate
A.P.T.				
NURSES (Male and Female) ..	9	7	2	0
COPNOR (Boys and Girls) ..	16	3	8	5
N. GRAMMAR Girls ..	83	79	1	3
Boys ..	27	24	2	1
TOTALS ..	135	113	13	9
P.T.A.P.				
NURSES (Male and Female) ..	29	27	2	0
COPNOR (Boys and Girls) ..	16	10	4	2
N. GRAMMAR Girls ..	92	87	2	3
Boys ..	11	9	2	0
TOTALS ..	148	133	10	5

Opportunity was taken to have a series of posters and photographs illustrating immunisation displayed at the Exhibition during Health Week. As with infestation, I found the fathers showed a greater interest than the mothers. One of the most telling of the posters was that illustrating the number of cases of diphtheria occurring in the City over a number of years from the 302 in 1938 with 14 deaths to the 17 in 1946 with no deaths. Last year's cases were 15 admitted to hospital with one death. Seven of the 15 had been immunised, and in each of them the disease ran a modified course. The child who died was not immunised.

STATISTICS RELATING TO DIPHTHERIA IMMUNISATION

The material used was A.P.T. in doses of 0.3 and 0.5 c.c., supplied by the Ministry of Health, through the Emergency Public Health Laboratory.

Total number of children who received the complete course :—

	1947	1946
Under 5	3,491	3,358
5—15	880	1,396
Over 15	4	9
Totals ..	4,375	4,763
Supplementary doses	3,060	4,243
Total number of children immunised since commencement of the scheme ..	54,167	

The percentage of school children fully immunised at the end of the year was 96.13%, and that of the under-fives 48.47%.

The number of cases admitted to hospital as diphtheria and the number of deaths during the past 10 years are given below for reference purposes :—

Year	Admitted to Hospital	Died	Year	Admitted to Hospital	Died
1938	302	14	1943	31	1
1939	133	6	1944	17	2
1940	79	4	1945	13	2
1941	110	9	1946	17	0
1942	75	2	1947	15	1

WHOOPING COUGH (PERTUSSIS) IMMUNISATION

For two years now, it has been a condition of entry to the Day Nurseries that a child should be immunised against whooping cough as well as diphtheria.

For the first 18 months, the Glaxo dissolved vaccine was used, but as this gives a very temporary protection and is really more suitable for treatment, the ordinary A.P.T. (Glaxo) has since been used. This is given in doses of 0.5, 0.5 and 1 ml. at monthly intervals. The results are extremely promising. There is no record (parents' reports, notifications) of any child immunised in the Day Nurseries having later developed whooping cough.

Whooping cough immunisation is now offered to the parents in the same way as diphtheria and the response has been overwhelming. Parents

are advised to have their children immunised against whooping cough at 6 or 7 months and to commence the diphtheria immunisation with the last dose of whooping cough vaccine. Where whooping cough and diphtheria immunisation are both desired, the diphtheria material supplied by the Public Health Laboratory (doses of 0.3 and 0.5 ml.) and the Glaxo A.P.T. (Pertussis) are mixed in the syringe. I have thought this advisable in preference to using the combined vaccine supplied by Glaxo and others, as these require three injections. If parents have to come three times there might be many missed doses. This is not so serious if whooping cough alone is concerned, but when diphtheria is also included, diphtheria immunisation is likely to fall on evil days. In this connection, a comparative analysis of series attendances may be useful. With diphtheria, out of 4,629 first doses done last year, 192 defaulted for the second dose, or 4.15%. With whooping cough, out of 1,976 first doses, 249 did not complete the course, or 12.60% of the first doses. The difference between the 4.15% diphtheria (2 doses) and the 12.60% whooping cough (3 doses) is large enough to make one chary of using the combined material.

Reactions have not been common, but as with diphtheria, parents have not always reported, and a reliable estimate cannot be given.

At the request of the Medical Superintendent of the Infectious Diseases Hospital, and with his collaboration, I have had the opportunity of treating cases of whooping cough admitted to hospital with the Glaxo dissolved vaccine. This is given in doses varying with the child's age at almost daily intervals for some four to eight days. In every case there has been improvement, but numbers are too small yet to give a true indication of the value of this treatment. However, the occurrence of whooping cough in the babies' section of Saint Mary's Institution gave a further opportunity of trying the dissolved vaccine. Seven cases occurred in a ward of 32 children. The ward was treated as a closed community, and all the children were treated with the dissolved vaccine. All seven cases improved and none of the contacts developed whooping cough.

STATISTICS RELATING TO WHOOPING COUGH IMMUNISATION

Completed cases—Under 5	..	..	..	1,327
5—15	..	..	..	39
			Total	1,366
Supplementary doses	..	..	..	10

PARASITIC INFESTATION

By the Medical Officer i/c. Infestation Clinic.

Scabies

The numbers attending the Clinic showed a marked decline and have now reached what may be considered the average incidence of scabies. There is certainly a great improvement, only 1,177 persons attending during 1947 compared with the 5,392 in 1942.

The total number of persons seen was 1,177 (2,303) ; 656 (1,179) actual cases, and 521 (1,123) contacts showing no evidence of scabies. The number of cases with added skin infection also showed a decline, 84 as compared with 175 the previous year.

Notices under the Scabies Order were issued against 38 (35) individuals, and prosecutions followed in 2 (3) instances. In each case the individual attended the Clinic without further trouble.

Domiciliary visits were paid to 9 females and to 10 boys in a Remand Home.

Recurrence of symptoms within two months occurred in 47 families as compared with 42 in the previous year.

Thirty-two families had been treated previously for scabies (23 in the previous year) and one of these families had been treated three times previously. In addition, five families had been treated previously for pediculosis. Five families sent for scabies were found also louse infested.

'Bus fares were paid to one family.

We continue to use a 25% emulsion of Benzyl Benzoate prepared in the Clinic, with completely satisfactory results. In practice, the whole body is painted twice at the first attendance and the patient examined after an interval of one week. Rarely, it may be found necessary to paint the patient again. Disinfestation of bedding has now been discarded for some five years with no ill effect.

Total number of cases dealt with during the year :—

		1947	1946
Cases	.. .. .	656	1,179
Contacts	.. .. .	521	1,123
	Totals	1,177	2,302

Of the above, 84 (175) had added skin infections.

The distribution as to age and sex was :—

	Under 5			5—15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases	56	44	100	125	155	280	80	196	276	261	395	656
Contacts	42	36	78	54	44	98	157	188	345	253	268	521
Totals	98	80	178	179	199	378	237	384	621	514	663	1177

Distribution of added skin infections was :—

Under 5			5—15			Over 15			Totals		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
10	7	17	17	21	38	15	14	29	42	42	84

Pediculosis

During the year, 165 households, comprising 218 families and 890 individuals were examined and treated. These figures are much the same as last year when 200 families and 795 individuals were seen.

The majority of cases are reported by the School Health Service, but 35 of the 218 families were sent by private doctors and patients have also been sent by the hospitals in the City.

One woman attended of her own accord and was found clear. She then suggested that another family in the house was infested. This family attended voluntarily and were also found clear. Apart from this, every family examined has shown at least one adult member infested.

Thirty-one families had been treated before for pediculosis, 13 of them on more than one occasion (one family three times) whilst 11 had been treated previous for scabies.

Pubic infestation was found in six men and one woman, whilst six men (mostly vagrants) were infested with body lice and one with axillary lice. Five families had scabies as well as pediculosis.

Domiciliary visits were paid to three men and four women, and an ambulance was sent for two families. In the latter case, the mother was expecting confinement and there were many young children.

Sacker combs were sold to 69 persons and bus fares paid to seven families.

Notices under the Scabies Order were served on 64 persons and prosecution undertaken against 32. Fines, varying from £1 to £3 and expenses were inflicted on six individuals, whilst one man was sent to prison for 28 days. This man attended before the Magistrates and promised to attend the Clinic and the case was adjourned for seven days. He did not attend, however, and disappeared. After some days he was arrested and brought before the Magistrates with the above result. He had a long list of previous convictions for various misdemeanours.

Fleas were 'conspicuous by their absence' this year and only one family was found flea infested.

A series of posters and photographs with specimens was prepared for the City Health Week. The Medical Officer and Nurses attended and gave information on the prevention and treatment of infestation. It was remarked that the fathers who attended showed a keen interest in the exhibits, many of them, probably, reminiscing on their Service days.

It will be noted from the figures given that 98.5% of the school girls and 88.6% of the adult women examined were found infested. School boys showed a percentage of 87.3.

A mixture of Lethane and Ascabiol has been found the most satisfactory medicament in use. The Derbac Emulsion (D.D.T.) has been used for eight families. The objections to its use were noted in last year's Report.

Favourable reports on the use of Lorexane have come from Liverpool and Sheffield and we have used it quite recently on six families. So far, it has not solved the problem of removal of nits, but it is too early yet to judge. We have been using a solution of Sodium Bicarbonate for the removal of nits with some success. This does not, of course, kill lice or nits, but we find that, after the first treatment with the Benzyl Benzoate, the Soda Bicarbonate solution brings off the nits very readily. This is especially useful where there is much secondary impetigo of the scalp.

The distribution as to age and sex of the 890 individuals examined was :—

	Under 5			5—15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infested ..	30	34	64	131	201	332	40	204	244	201	439	640
Not Infested	31	26	57	19	3	22	145	26	171	195	55	250
Totals ..	61	60	121	150	204	354	185	230	415	396	494	890

The Scabies Order (1941)

In common with many other Defence Regulations, this Order was rescinded on 31st December.

It is, of course, ideal to hope that any person in contact with scabies or pediculosis will quite willingly come for treatment, or to take steps to have the treatment carried out at home. Unfortunately, there are many individuals who refuse. Some of them are too dull mentally to appreciate that anything is wrong, others have no social or civic sense and cannot see that they are, or may become, a nuisance to their neighbours. Others, again, are highly indignant—they are quite sure there is nothing wrong in their families.

I have found that the greater the indignation and the louder the protests, the greater the degree of infestation. The adolescent girl is the worst offender. She comes to the Clinic (on Order) with a braggadocio and insolence which is not subdued, even when shown lice from her head. "Oh, that's nothing—I've always had them."

At present, when a child is sent to the Disinfestation Clinic by the School Medical Officer, the other members of the family are instructed to attend also. Over 95% of the families so examined have been found to be verminous. Without the Scabies Order it will be difficult to get them to attend.

During the four years (1944–47) the Order was used for pediculosis, 4,081 individuals from 995 families attended. Only 13 families out of the 995 showed no adult member infested. Of the 221 Notices issued during this period, only 32 men and six women, examined in consequence, showed no sign of infestation.

This is ample justification for the use of the Order.

Under Section 85 of the Public Health Act 1936 only persons KNOWN to be verminous can be proceeded against.

In practice, this will mean a visit to the home to interview the recalcitrant. If they allow examination in the home and are found infested, they can be ordered to attend the Clinic. If they refuse examination, it might be possible to see nits on the hair and then take proceedings.

A summary of the number of cases of scabies and pediculosis seen, together with the number of Notices under the Scabies Order issued during the period 1942 to 1947 is appended.

SCABIES

19,070 cases and contacts were treated.

245 Notices under the Scabies Order issued.

10 prosecutions followed.

Only 59 (38 men and 21 women) of the individuals examined as a result of the Orders were free from infestation. Of the 10 prosecutions, every individual showed infestation.

PEDICULOSIS

The period covered is from 1944 to 1947, as the Scabies Clinic was not previously used in cases of pediculosis.

4,081 individuals examined and treated.

221 Notices under the Scabies Order issued.

32 prosecutions.

Only 38 (32 men and 6 women) of the individuals examined as a result of the Orders showed no infestation. Of the 32 prosecutions, only two men showed no infestation.

The 4,081 individuals mentioned above came from 995 families. Only 13 of those families showed no adult member infested.

VENEREAL DISEASES TREATMENT CENTRE

By the Venereal Diseases Officer.

The number of new cases of venereal disease reported in 1947 shows a decrease on the previous year. This is due to demobilisation being almost complete.

The numbers have not yet receded to the normal levels of pre-war years.

The only increase has been in congenital syphilis. This is probably an aftermath of war.

The work of the Almoner in tracing contacts and persuading patients to complete the somewhat arduous and lengthy course of treatment and observation which is necessary to eradicate these diseases has been very satisfactory.

TABLE OF STATISTICS

	1947			1946		
	M.	F.	Total	M.	F.	Total
No. of cases under treatment or observation on 1st January	256	305	561	163	261	424
No. of cases dealt with for the first time during the year	612	359	971	719	460	1179
No. of cases discharged on completion of treatment and final tests of cure ..	523	332	855	606	377	983
No. of cases which ceased to attend before completion of treatment	32	51	83	37	21	58
No. of cases which ceased to attend after completion of treatment but before final tests of cure	68	21	89	52	14	66
No. of cases transferred to other centres or to the care of private practitioners ..	108	35	143	87	35	122
No. of cases remaining under treatment or observation on 31st December ..	235	295	530	256	305	561
No. of Attendances—						
(a) for attention by Medical Officer ..	4426	4582	9008	4762	4820	9582
(b) for intermediate treatment ..	696	991	1687	764	1615	2379
TOTAL ATTENDANCES ..	5122	5573	10695	5526	6435	11961

SOCIAL WORK IN THE CENTRE

By the Almoner.

During the year 1947 there was a slight increase in the number of patients who needed help and advice as compared with 1946, but it was not possible to do so much visiting owing to the increase of work in connection with the care of the mother and her illegitimate child. More letters have had to be written as a result. This method of follow-up, especially of defaulters, is not a satisfactory one. Personal contact is the only way to achieve good relationships with the patient and solve the difficulties of attendance. If there is to be a decrease in the number of defaulters (sometimes up to 100 per week) follow-up should be immediate especially if the girl changes her address each week, but this cannot be achieved without more help with visiting.

REGULATION 33B

The Regulation, brought into being during the war only as a 'defence regulation', exists no longer. It was of very limited value and it is doubtful whether clinics will see any great difference in attendances. The main disadvantages were, firstly a contact was often notified with a christian name only and address unknown. Secondly, false names were given to prevent identification. Thirdly, no action could be taken if a contact was only notified by one person.

This Regulation did, however, serve as a useful experiment and many people, as a result, think that syphilis and gonorrhoea should be made notifiable similarly as other infectious diseases. As opposed to this argument, it is felt that such a step would destroy the confidential nature of the work and thereby probably deter people from attending the clinic.

HAMPSHIRE CASES

Sister Trimble has continued to help the patients from Hampshire in a very real way. The visiting sometimes necessitates travelling in remote country districts to persuade patients to attend the clinic and we are very grateful to her for her efforts.

STATISTICS RELATING TO THE WORK OF THE ALMONER

1. PATIENTS DEALT WITH FOR THE FIRST TIME UNDER REGULATION 33B DURING 1947 :

Patients attending regularly	6	(6)
Patients who refuse to attend	1	(1)
Patients not traced	5	(1)
	<hr/>	<hr/>
	12	(11)

2. PARTICULARS DURING 1947 OF PATIENTS REPORTED UNDER REGULATION 33B IN PREVIOUS YEARS :

Patients attending regularly	6	(9)
Patients attending irregularly	4	(3)
Patients who refuse to attend	2	(2)
Patients confined to Holloway Prison	2	(1)
Patients moved away to address unknown	1	(3)
	<hr/>	<hr/>
	15	(18)

3. NUMBER OF CASES REGISTERED AS NEEDING HELP 418 (405)

4. NUMBER OF VISITS PAID 358 (410)

5. NUMBER OF INTERVIEWS 708 (1,092)

6. CONTACTS MADE WITH OUTSIDE ORGANISATIONS :	Cases	
Portsmouth Corporation Departments	67	(40)
Police Headquarters	35	(28)
Other Local Authorities	35	(19)
Church Army	13	(27)
Other Voluntary Societies, <i>e.g.</i> , N.S.P.C.C., Dr. Barnardo's Homes, etc.	42	(22)
Hospitals and Clinics	43	(26)
Remand Homes and Approved Schools	—	(4)
Miscellaneous	17	(12)
	<hr/>	<hr/>
	252	(178)

WORK OF THE TUBERCULOSIS SERVICE

By the Senior Chest Physician.

MEDICAL STAFF

In the spring of 1947 the Clinical Tuberculosis Officer accepted another appointment, and the Medical Director of the Mass Radiography Unit was appointed as Senior Chest Physician, in addition to his other duties. Dr. E. R. Hodgson Todd was appointed to the position of Assistant Chest Physician and joined the staff on 1st July 1947, leaving to take up another appointment in December, when Dr. H. Donnelly was appointed to the position, in a part-time capacity at first.

FUSION OF TUBERCULOSIS AND MASS RADIOGRAPHY SECTIONS

As a result of the new appointment to the position of Senior Chest Physician, these two sections have been brought under one administration, and great advantages have resulted to patients and to both sections. These advantages, which were minimal during the year owing to the fact that the Mass Radiography Unit was engaged on a survey of the County area, should be of greater value in the future: the obvious benefits include greater liaison, no delay in the commencement of treatment, and a greater chance of the patient being under the care of the same doctor; clerical work has been reduced. The Medical Director can now follow up his own cases with advantage to both, and there is now a possibility of interchange of duties among the chest physicians, with resulting increase in experience and efficiency.

DEATH RATE

In assessing the significance of the death rate, it must be remembered that there was a big exodus from the City during the war years, which affected the population figures. People are now returning to the City, but the figures are based on estimates of population whose accuracy may be questioned. The death rate for 1947 was:—

From Pulmonary Tuberculosis	..	..	0.64
From Non-Pulmonary Tuberculosis	..	..	0.09
			<hr/>
Total	..		0.73
			<hr/>

TABLE 1.

DEATHS

	1944			1945			1946			1947		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Pulmonary ..	80	61	141	83	46	129	79	50	129	84	60	144
Non-Pulmonary	9	12	21	13	12	25	5	7	12	10	10	20
Total ..	89	73	162	96	58	154	84	57	141	94	70	164

TABLE 2—DEATHS

AGE GROUP	PULMONARY		NON-PULMONARY		COMBINED		
	M.	F.	M.	F.	M.	F.	GR. TOTAL
-1	- (-)	- (1)	2 (-)	- (-)	2 (-)	- (-)	2 (1)
1-4	- (2)	- (-)	- (2)	2 (2)	- (4)	2 (2)	2 (6)
5-14	1 (2)	1 (1)	3 (1)	1 (3)	4 (3)	2 (4)	6 (7)
15-24	7 (10)	17 (11)	2 (2)	4 (1)	9 (12)	21 (12)	30 (24)
25-34	16 (10)	23 (17)	- (-)	1 (-)	16 (10)	24 (17)	40 (27)
35-44	20 (20)	6 (10)	2 (-)	1 (-)	22 (20)	7 (10)	29 (30)
45-54	15 (13)	6 (5)	- (-)	1 (-)	15 (13)	7 (5)	22 (18)
55-64	17 (17)	4 (1)	- (-)	- (-)	17 (17)	4 (1)	21 (18)
65+	8 (5)	3 (4)	1 (-)	- (1)	9 (5)	3 (5)	12 (10)
TOTAL	84 (79)	60 (50)	10 (5)	10 (7)	94 (84)	70 (57)	164 (141)

(Figures in brackets are those for 1946.)

Of the 144 notified deaths from pulmonary tuberculosis, a total of 13 cases (9%) were not notified during life.

INCIDENCE

It should be borne in mind that incidence, as shown by notifications, is not necessarily a true guide to the incidence of the disease in the City. It is affected by those transferred into and out of the area, and by the finding of early symptomless cases by Miniature Radiography, both by Civilian and Service Units. The number of cases is also likely to vary with the change in total population already mentioned.

Table 3 shows details of the notifications for 1947. Cases under observation at the Clinic are not entered on the Register until the diagnosis of Tuberculosis is firmly established.

TABLE 3—NOTIFICATION BY AGE GROUP

AGE GROUP	*NEW CASES						
	PULMONARY		NON-PULMONARY		COMBINED		Gr. TOTAL
	M.	F.	M.	F.	M.	F.	
-1	- (-)	- (2)	2 (-)	- (-)	2 (-)	- (2)	2 (2)
1-4	3 (2)	- (4)	2 (9)	2 (3)	5 (11)	2 (7)	7 (18)
5-14	13 (13)	11 (11)	15 (15)	10 (20)	28 (28)	21 (31)	49 (59)
15-24	61 (63)	72 (65)	3 (6)	6 (7)	64 (69)	78 (72)	142 (141)
25-34	62 (67)	45 (49)	3 (4)	2 (8)	65 (71)	47 (57)	112 (128)
35-44	44 (44)	20 (24)	3 (1)	- (1)	47 (45)	20 (25)	67 (70)
45-54	30 (43)	11 (14)	- (1)	1 (-)	30 (44)	12 (14)	42 (58)
55-64	23 (29)	8 (6)	- (-)	- (2)	23 (29)	8 (8)	31 (37)
65+	7 (9)	4 (5)	1 (-)	- (-)	8 (9)	4 (5)	12 (14)
TOTALS	243 (270)	171 (180)	29 (36)	21 (41)	272 (306)	192 (221)	464 (527)

*Includes all primary notifications and new cases which came to the notice of the Medical Officer of Health by other means. (Figures in brackets are those for 1946.)

Comparison of these figures with previous years is shown below.

TABLE 4—NOTIFICATION BY YEARS

	1944	1945	1946	1947
Pulmonary	404	498	450	414
Non-Pulmonary	37	62	77	50
TOTAL ..	441	560	527	464

Table 5 shows details of cases on the Register for 1947 and Table 6 those for 1946.

TABLE 5.
SUMMARY OF CASES OF TUBERCULOSIS ON DISPENSARY REGISTER 1947

DIAGNOSIS	PULMONARY				NON-PULMONARY				TOTALS				GRAND TOTAL
	ADULTS		CHILDREN		ADULTS		CHILDREN		ADULTS		CHILDREN		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. (1) No. of definite cases of Tuberculosis on the Dispensary Register 1st Jan. 1947	973	693	19	30	50	65	70	48	1023	758	89	78	1948
(2) Transfers from Authorities outside of Portsmouth	33	43	2	1	-	-	5	-	33	43	7	1	84
(3) Lost sight of cases returned during the year	1	-	-	-	-	-	-	-	1	-	-	-	1
B. No. of NEW CASES diagnosed as tuberculous during the year.													
(1) CLASS A (T.B. minus)	97	82	15	7	-	-	-	-	97	82	15	7	201
(2) CLASS B (T.B. plus)	93	38	1	2	-	-	-	-	93	38	1	2	134
(3) NON-PULMONARY	-	-	-	-	10	8	14	12	10	8	14	12	44
C. No. of cases included in A and B written off the Dispensary Register during the year as :—													
(1) Recovered	22	19	2	2	2	2	5	4	24	21	7	6	58
(2) Dead (all causes)	90	61	2	1	4	8	6	3	94	69	8	4	175
(3) Removed to other Areas	41	39	-	1	3	3	2	1	44	42	2	2	90
(4) For other reasons	32	16	1	3	-	-	-	-	32	16	1	3	52
D. No. of Definite cases of Tuberculosis on the Dispensary Register 31st Dec. 1947 ..	1012	721	32	33	51	60	76	52	1063	781	108	85	2037

TABLE 6.

SUMMARY OF CASES OF TUBERCULOSIS ON DISPENSARY REGISTER 1946

DIAGNOSIS	PULMONARY				NON-PULMONARY				TOTALS				GRAND TOTAL	
	ADULTS		CHILDREN		ADULTS		CHILDREN		ADULTS		CHILDREN			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A. (1) No. of definite cases of Tuberculosis on the Dispensary Register 1st Jan. 1946	896	682	15	24			44	53			940	735	56	1800
(2) Transfers from Authorities outside of Portsmouth	33	38	3	-			1	5			34	43	2	89
(3) Lost sight of cases returned during the year	3	1	-	-			-	-			3	1	-	4
B. No. of NEW CASES diagnosed as tuberculous during the year	124	78	14	17			-	-			124	78	17	233
(1) CLASS A (T.B. minus)	91	46	2	-			-	-			91	46	-	139
(2) CLASS B (T.B. plus)	-	-	-	-			10	12			10	12	22	62
(3) NON-PULMONARY														
C. No. of cases included in A and B written off the Dispensary Register during the year as:—														
(1) Recovered	34	49	8	7			1	1			35	50	9	107
(2) Dead (all causes)	77	45	5	2			2	2			79	47	7	141
(3) Removed to other Areas	36	31	1	-			-	1			36	32	-	70
(4) For other reasons	27	27	1	2			2	1			29	28	3	61
D. No. of definite cases of Tuberculosis on the Dispensary Register 31st Dec. 1946 ..	973	693	19	30			50	65			1023	758	89	1948

It may be of interest to compare the figures of those on the official Register during recent years, which shows a steady rise:—

TABLE 7.

NUMBER OF CASES ON THE REGISTER OF 31st DECEMBER

	1944	1945	1946	1947
Pulmonary	1581	1675	1781	1844
Non-Pulmonary	128	125	167	193
TOTAL ..	1709	1800	1948	2037

THE CHEST CLINIC

The work of the Clinic has continued to be heavy. Sessions are held daily except Saturdays; fresh cases are seen daily at 11 a.m. and special sessions are held in addition for children, for those at work, for Mass Radiography cases, for rehabilitation, and for therapy. The therapy clinics number four each week.

The detailed work consists of the examination of new patients, and of contact cases of patients proved to be suffering from tuberculosis: the examination and observation of cases regarded as suspicious, or who need observation for other reasons: the supervision and treatment of notified cases: and a large volume of clerical work. The Almoner carries out most of her work at the Clinic, which is also the headquarters of the Voluntary Care Committee.

The clerical work includes the large volume of work involved in keeping the medical practitioners informed of the progress of their patients, and of reports on individuals referred: the maintenance of the Register of notifications and deaths: monthly, quarterly, annual and special reports: the making of appointments, and the arranging of admissions to Sanatoria; and the filing of health visitors' reports, case note and X-ray films.

I would like to stress the importance of the examination of contacts. By this means—as by Miniature Radiography—unsuspected cases of active tuberculosis may be found, and this is especially important in view of the fact that pulmonary tuberculosis is an infectious disease. It calls for a great deal of work by all members of the team, but this form of examination, combined with Miniature Radiography and the examination of contacts found in that way, is the best way in which we can, at present, hope to reduce the incidence of the disease and so increase the health and productive capacity of the population.

Although the number of new cases has fallen in 1947, it will be noted that the number of contact examinations has increased. This reflects credit on all concerned, not least the contacts themselves. Much more could, however, be done by propaganda on a national scale, as well as locally, to increase the abysmal lack of knowledge on the part of the public as to the nature of the disease, and the importance of early diagnosis. The essential feature of the disease is its infectivity.

TABLE 8.

	No. of New Cases of Pul. Tub.	No. of Contacts examined	Percentage
1944	404	437	108%
1945	498	532	107%
1946	450	631	140%
1947	414	694	168%

These figures could be greatly increased if there were an adequate number of Health Visitors or Tuberculosis Visitors.

X-RAY EXAMINATIONS

Increasing use is being made of X-rays, both for diagnosis and observation. There is no doubt that in the huge majority of cases diagnosis can be made by X-ray, adequately supported by clinical and other methods, before it can be made by any other means. Similarly progress can be most easily watched in the same ways. A screening apparatus is urgently needed, and it is hoped, will be provided in the near future.

1.	No. of X-ray films taken at—Saint Mary's Hospital ..	5,307
2.	—Royal Portsmouth Hospital ..	290
3.	—Mass Radiography Unit ..	337

INSTITUTIONAL TREATMENT

There is no sanatorium under the Council's direction for the treatment of non-pulmonary tuberculosis, and such cases are sent for treatment to the Lord Mayor Treloar Hospital, Alton, for children, and in the case of adults, the Morland Clinics, Alton, and the Royal Sea-Bathing Hospital, Margate. Other cases, chiefly those requiring operation, are treated at Saint Mary's Hospital and the Royal Portsmouth Hospital.

With regard to the pulmonary cases, there are two centres for treatment in the City, the Tuberculosis Section of the Infectious Diseases Hospital and Langstone Sanatorium. In the former, there are 43 beds for each sex, and in the latter 24 male and 10 female beds: of the former some 30 have been out of use owing to re-decoration and lack of staff, but the City is fortunate to have the use of 25 beds at the Royal National Hospital, Ventnor. Other cases are sent, when possible, to such institutions as Papworth, Preston Hall, Bramshott, Boscombe, etc. Patients under treatment at Langstone Sanatorium and in the tuberculosis wards in the Infectious Diseases Hospital are under the medical care of the chest physicians.

It will be noted that the Ministry of Health's "Hospital Survey" (1945) recommended "1.5 or even 2 beds" for every death from pulmonary tuberculosis as necessary to give adequate treatment, or an "even greater number" if the disease is attacked with Miniature Radiography. The deaths in Portsmouth were 144 during 1947, requiring 290 beds for adequate treatment, as opposed to the actual 92, i.e. less than one third.

Accepting the shortage as a temporary necessity, the question arises as to how the best possible use can be made of existing beds. There is no doubt that our greatest need is for a ward for each sex where the chronic infectious case can be treated in isolation from his family: because of its infectivity, many such patients at the present time have to be treated in beds which should be used for the treatment of the EARLY cases: the latter,

whose outlook should be good, thereby have their treatment delayed or prevented; many more such cases could be successfully treated by this means and a strong plea is made to the Regional Hospital Board to provide such beds in Portsmouth in a general hospital, as a matter of urgency, in accordance with the recommendation of the "Hospital Survey".

Institutional treatment, however, is not only a matter of beds: there is need of a nation-wide propaganda scheme designed to increase the number of nurses, whose conditions are being, and might well be further, improved. The nursing of the tuberculous is no more dangerous—some say less so—than any other form of nursing, and because of its danger to others from its infectivity, this type of work is an essential part of the prevention of pulmonary tuberculosis as well as its cure.

TABLE 9.

NUMBER OF PATIENTS IN HOSPITAL 31st DECEMBER 1947

	PULMONARY	NON-PULMONARY	TOTAL
Infectious Diseases Hospital } Langstone Sanatorium .. } Saint Mary's Hospital .. }	99	—	99
Other Hospitals ..	49	33	82
TOTALS ..	148	33	181

DETAILS OF ADMISSIONS WERE AS FOLLOWS:—

No. admitted to Infectious Diseases Hospital ..	163
No. admitted to Langstone Sanatorium ..	91
No. admitted to Ventnor ..	35
No. admitted to Saint Mary's Hospital ..	40

SPECIALISED TREATMENT

All forms of minor surgical measures to obtain adequate collapse are given in the City's hospitals. Cases requiring major surgical procedures such as thoracoplasty, are sent elsewhere.

TABLE 10.

No. of Artificial Pneumothorax inductions ..	42
No. of Artificial Pneumoperitoneum inductions ..	24
No. of Phrenic operations ..	31
No. of Thoracoscopy and Adhesion Sections ..	38

Three sessions a week are held for re-fills, of the number of which no record has been kept. It is, however, in the region of 6,250.

CONSULTANTS

Mr. Noel F. Adeney, F.R.C.S., has continued to give the benefit of his experience and has seen cases considered suitable for thoracoplasty.

Dr. A. K. Miller, Medical Superintendent of the Royal National Hospital, Ventnor, has continued to visit us, and has performed the thoracoscopies referred to in Table 10, at Saint Mary's Hospital.

Dr. Geoffrey Todd, C.V.O., O.B.E., F.R.C.P., has kindly seen cases and has given us the benefit of his great experience.

Mr. E. S. Evans, F.R.C.S., of the Lord Mayor Treloar Hospital, Alton, has kindly seen non-pulmonary cases and advised as to treatment.

The Medical and Surgical Consultants to the Corporation have been of great assistance to us. Dr. J. C. Prestwich, M.R.C.P., has been called to see medical and other cases, and Mr. P. D. Moloney, F.R.C.S., has performed all the phrenic operations referred to in Table 10, at Saint Mary's Hospital.

OCCUPATIONAL THERAPY

This is an essential part of the treatment of the patient who must spend a long period in bed: in addition to the psychological benefit to the individual, which can be very great (and which increases his ability to fight the disease and to co-operate to the full in his treatment), it may have a more material benefit.

Much valuable work has been done in this connection by the Almoner and by the Voluntary Care Committee. It has been impossible to obtain the services of a fully-trained occupational therapist, which is the ideal, but it is hoped to appoint one in the near future.

HEALTH VISITORS

There are no Tuberculosis Visitors as such, in the City, this essential work being carried out by the Health Visitor team on the staff of the Medical Officer of Health, as a part of their other duties. There are advantages in both methods of working, but the National Health Service Act lays down that this work shall be as it is, in practice, in the City.

Advice is given to patients about the prevention of the spread of infection, and about general hygiene, regular visits being paid to the household, and reports made to the Chest Physician about factors concerning the environment or progress of the patient which might otherwise not come to his notice. It is by this invaluable visiting that contacts are named, and for whom examination is arranged. The shortage of health visitors prevents more work of this nature being done, but the staff are to be congratulated on the increased number of contacts who have been examined.

The number of visits paid during the year is 3,831.

TREATMENT ALLOWANCES

Financial grants can be made to patients in certain categories under the Ministry of Health's Memo. 266/T. This is of great benefit to patients whose earning capacity is stopped by the necessity for treatment, and criticism can be made only on the grounds that the categories of patients who qualify for the allowance is too limited and that the allowance is by no means generous.

Allowances are of three kinds:—

1. Maintenance Allowance—based on a standard scale.
2. Discretionary Allowance—additional to 1, for exceptional expense.
3. Special Payments—for such items as domestic help, pocket money for young persons, etc.

During the year grants were made as follows :—

TABLE 11.

GOVERNMENT MAINTENANCE GRANTS

1947					
No. receiving Grant 31/12/46	..	..	..	..	166
Added 1947	..	..	..	..	138
					<hr/> 304
Discontinued 1947	..	..	..	..	137
					<hr/> 167
No. receiving Grant 31/12/47	..	..	..	..	167
<hr/>					
Net amount paid to patients during period					
1st Jan.—31st Dec. 1947					
				£11,790	6s. 11d.

This sum is reimbursed in full from the Ministry.

LABORATORY WORK

Most sputum examinations are now done at the Public Health Laboratory at Winchester. Some are done at the Chest Clinic. All other work is done either at Winchester or at Saint Mary's Hospital.

No. of examinations of sputum performed, 2,239. Of this total 429 (19%) were positive.

VOLUNTARY CARE COMMITTEE

Portsmouth is fortunate in having an active Care Committee whose members do invaluable work for patients during and after treatment, both at home and sanatorium. Such work, in addition to the visiting of patients (and the interest thus shown is of great psychological value), and the provision of a library, includes the giving of clothing and of money in necessitous cases where Government Allowances do not cover the patients' needs, or where they are not permissible. Such cases are fully investigated by the Committee, whose activities are of great assistance to the Chest Physician in many other ways.

Considerable use has been made of the Council's Home-Help Scheme. Such a scheme is vitally important when the shortage of treatment beds is as great as it is.

B.C.G. VACCINATION

A few cases have been inoculated during the year: it must be stressed that vaccination by B.C.G. is not an absolute preventive measure in the way that anti-diphtheria inoculation is, for instance, and present knowledge suggests the advisability of its use in a very limited set of circumstances. It has certain definite disadvantages, but it is available in Portsmouth on a limited scale. The basically sounder method of prevention is the improvement of the housing of this badly blitzed city, abolition of overcrowding, improvement in diet, and the finding and treating of the early case *before* he has become infectious, especially by Miniature Radiography and examination of contacts.

MASS RADIOGRAPHY

By the Director of the Unit.

This Report is divided into two sections, Commentary and Statistical ; under the latter heading there is also a commentary on the tuberculosis figures in the different areas.

PART I — COMMENT

ADMINISTRATION

During the year the Mass Radiography Unit was brought under the same immediate administration as the Tuberculosis Section ; this has been to the advantage of both sections and some comments on this change are made under the heading "Tuberculosis" in this Report.

SURVEYS PERFORMED

The year was noteworthy chiefly for the fact that a long survey of the County of Hampshire was undertaken. This commenced on the 3rd February 1947, when the Unit moved to Mudeford (as a base for Christchurch), and was completed on the 11th December, when the Unit returned to its headquarters at Saint Mary's Hospital. The Unit was occupied on work for the County throughout this time, except for the holiday period and a week at Portsmouth's Health Exhibition.

It is noteworthy that the Unit had thirteen moves during the year, considerably more than in any previous year, and that in spite of this time-consuming operation, which involves re-setting and testing at the end of each move, more individuals came for X-ray than in any other year. This called for harder and more efficient work from all members of the team, who are to be congratulated on the manner in which it was done.

THE IMPORTANCE OF REGULAR PREVENTIVE X-RAYS

I am glad to be able to report that the public appears to be becoming a little more 'X-ray minded'. The medical practitioners in Portsmouth have had a little more opportunity of using the facilities provided by the Unit, but I hope that in the future when the Unit spends more time in Portsmouth this part of the work will grow considerably.

There is no doubt that pulmonary tuberculosis can be diagnosed by X-ray, suitably supported by other means, earlier than by any other method. Early diagnosis is essential in this disease, which may get a considerable hold on an individual before he is aware of any symptoms, as well as to enable the infectious individual to be isolated. Regular X-raying is, therefore, essential not only to help to reduce the number of cases by giving treatment to those found to have disease before they become advanced or infectious, but so that individuals so found can themselves be cured in a shorter time.

As I stated in my previous Report, much propaganda is needed about tuberculosis and Mass Radiography. If we are to reduce the incidence of the disease, the public must be educated to realise that in its early stages tuberculosis is a curable disease and that its danger to the community is in its infectivity.

PORTSMOUTH

Owing to the length of the County Survey, work in Portsmouth has again been restricted, but time was found to have adequate public sessions and to X-ray the children of school-leaving age. The holiday period was staggered so that the Unit was working, although at a reduced rate, throughout the period, during which the facilities were made use of by the Chest Clinic, the Ante-Natal Clinics and medical practitioners.

The Unit was set up at Portsmouth's Health Exhibition for a week, though it was disappointing that few took advantage of this opportunity for X-ray. I put this down to the lack of special propaganda.

DOCKYARD EMPLOYEES

Owing to the fact that during the County Tour the Unit visited Gosport, where a large number of Dockyard employees live and others work, negotiations were entered into with the Admiral Superintendent, the Medical Officer of Health and the County Medical Officer, resulting in an agreement that the Unit should X-ray all Dockyard employees working in Gosport during the County part of the survey, provided that all other Dockyard employees were offered the opportunity of X-ray when the Unit returned to Portsmouth, regardless of their place of residence. This interchange enabled the civilian Unit to relieve the Unit in the Royal Naval Barracks of all responsibility for X-raying civilian Admiralty employees, as well as reducing administrative difficulties. The undertaking given has since been fulfilled.

WORK PERFORMED FOR THE CHEST CLINIC

During the holiday period 337 large films were taken under this heading and 30 contacts were examined by miniature X-ray. A total of 415 miniatures were taken during the holiday period.

NATIONAL HEALTH SERVICE ACT

A great disadvantage of the present organisation is that for financial reasons the services of the Unit are normally available only to those who work or live within the City, except by special arrangement, e.g. the County Survey. This makes considerable administrative difficulties, but when the National Health Service Act comes into force these restrictions will disappear because the Unit will be transferred to the Regional Hospital Board. The facilities will then be available to all within the new, greatly increased, area without special arrangement. It is hoped that public and practitioners alike will avail themselves to the full of the service which will then be available to them.

COUNTY SURVEY

I would like to express to the County Medical Officer and his Chief Administrative Assistant sincere thanks for the very real and understanding help which was given both before and throughout the survey. A great deal

of preliminary work was necessary and a fully equipped headquarters had to be found in each area visited ; the co-operation given could not have been bettered and the success of the survey was, in no small measure, due to this.

Headquarters were established at Mudeford, Lymington, Eastleigh, Hursley Park, Hamble, Aldershot, R.A.E. Farnborough, "Pinewood" Farnborough, and Gosport. A full report on this survey has been made to the County Medical Officer by the Medical Director of the Unit and some of the findings are recorded in the statistical section of this Report.

MOBILITY

The Survey of the County brought home the urgent need for a mobile unit and the County Medical Officer added his appeal for the supply of such a van to that of the Medical Officer of Health, but without effect. In these days of electricity cuts and lowered output an independent source of supply such as is provided by the mobile unit, several of which have been delivered to other authorities, is essential. Such a mobile van allows the Unit to be set up in small factories and would have been invaluable during the County Tour and would probably have enabled us to carry out the County Medical Officer's wish to perform a survey at Basingstoke.

The City Council placed an order for a mobile van more than three years ago.

APPARATUS

The X-ray plant has continued to give almost no trouble, in spite of frequent long-distance moves. The only breakdown during the year was at Aldershot, during the County Tour, when the camera element failed, but Providence selected that afternoon for an Army Mobile Unit to pay a visit to us ; by borrowing their camera we were able to carry on without undue delay while we repaired our own ; the Unit did not have to cease work at all.

ELECTRICITY SUPPLY

It will be noted that the percentage of recalls is slightly raised. This is largely due to unsatisfactory electrical mains in some of the places visited and partly due to reduced current output by the generating stations. These factors resulted at times in miniature films of poor quality, necessitating a greater number of large films, although, of course, every possible step was taken to improve the quality of the films. The Radiographers are to be congratulated that the percentage of recalls has not risen more than it has (0.2%).

PART II — STATISTICS

For the Medical Director's Report to the County Medical Officer on the County Survey the areas surveyed were divided into industrial and non-industrial. The industrial group consists of Eastleigh and Gosport and is referred to in this report as "County Industrial" ; the remainder of the County areas are referred to as "Remainder". As Portsmouth is regarded as a largely industrial area, it may be of interest to retain this grouping for the present report so far as the tuberculosis tables are concerned.

TABLE I
NUMBERS RECALLED

	No. of Persons coming for Miniature X-ray			No. Recalled for Large Films		No. Examined by M.D.		No. Referred to other Specialists
	M.	F.	T.					
Eastleigh ..	4,426	2,115	6,541	574	8.8%	189	2.9%	42
Gosport ..	3,947	3,545	7,492	505	6.7%	142	1.9%	34
Remainder ..	13,089	5,692	18,781	1,265	6.7%	416	2.2%	73
Total County	21,462	11,352	32,814	2,344	7.1%	747	2.3%	149
Portsmouth ..	4,052	3,822	7,874	417	5.3%	129	1.6%	32
Gross Total ..	25,514	15,174	40,688	2,761	6.8%	876	2.1%	181

In addition to the above figures, 24 individuals from the Southampton Survey, of which the X-raying was completed in December 1946, were examined by the Medical Director in 1947. Of these, 13 individuals were referred to the Tuberculosis Officer.

TABLE II
INDIVIDUALS X-RAYED
COMPARATIVE FIGURES (GROSS)

	1944	1945	1946	1947
No. of Individuals X-rayed	6,830	22,351	38,895	40,688
No. Recalled for Large Film	649 9.5%	1,753 7.8%	2,571 6.6%	2,761 6.8%
No. Recalled for Exam. ..	120 1.8%	683 3.1%	1,197 3.1%	876 2.1%

Comment has already been made on the slight rise in the percentage of individuals recalled for large films, due in the main to electricity difficulties.

TABLE III
STATISTICAL TOTALS
BY AREAS

	No. Examined		No. In-complete		Statistical Total		
	M.	F.	M.	F.	M.	F.	T.
Eastleigh	4,426	2,115	8	2	4,418	2,113	6,531
Gosport	3,947	3,545	8	4	3,939	3,541	7,480
County Industrial (East-leigh & Gosport) ..	8,373	5,660	16	6	8,357	5,654	14,011
Remainder	13,089	5,692	19	8	13,070	5,684	18,754
Total County ..	21,462	11,352	35	14	21,427	11,338	32,765
Portsmouth	4,052	3,822	15	5	4,037	3,817	7,854
Gross Total	25,514	15,174	50	19	25,464	15,155	40,619

TUBERCULOSIS

It is stressed that no case of active pulmonary tuberculosis is included in these tables unless there has been confirmation by other means, such as the Tuberculosis Officer's opinion, sputum examination, etc.

TABLE IV.

CASES SHOWING EVIDENCE OF PULMONARY TUBERCULOSIS

(ALL TYPES)

Area	No. Examined		No. of Cases Inactive		No. of Cases Active		Total Cases of P.T.		Percent-age of No. Examined		Com-bined Per-cent.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Eastleigh ..	4,418	2,113	359	103	20	9	379	112	8.6	5.3	7.5
Gosport ..	3,939	3,541	200	163	15	15	215	178	5.5	5.0	5.3
County Industrial	8,357	5,654	559	266	35	24	594	290	7.1	5.1	6.3
Remainder	13,070	5,684	708	228	30	13	738	241	5.6	4.2	5.2
Portsmouth	4,037	3,817	154	152	19	20	173	172	4.3	4.5	4.4
Total ..	25,464	15,155	1,421	646	85	59	1,506	705	5.9	4.7	5.4
Combined Total ..	40,619		2,067		144		2,211		5.4		
1946 Total	38,895		1,533				1,533		3.9		3.9

TABLE V

CASES SHOWING EVIDENCE OF ACTIVE
PULMONARY TUBERCULOSIS—PORTSMOUTH

BY TYPE OF DISEASE

	No. Examined		Prim'y	P.P. Uni.		P.P. Bi.		Effu-sion		Total		Rate per 1,000 Examined		Rate for Combined Sexes per 1,000
	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1947	4,037	3,817	- -	8	14	10	4	1	2	19	20	4.71	5.24	4.97
1946	2,663	3,632	1 3	10 M.		15 F.		1	-	12	18	4.51	4.96	4.77

TABLE VI
CASES SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS—PORTSMOUTH
 BY AGE GROUPS

	Under 17		17—24		25—34		35—44		Over 45		TOTAL		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	C.
1947													
No. Examined	1,214	864	517	1,192	951	888	661	479	694	394	4,037	3,817	7,854
No. of Cases	3	2	4	12	5	3	3	1	4	2	19	20	39
Rate per 1,000	2.5	2.3	7.7	10.1	5.3	3.4	4.5	2.1	5.8	5.1	4.7	5.2	5.0
1946													
No. Examined	1,791	1,546	176	731	251	598	207	405	238	352	2,663	3,632	6,295
No. of Cases	3	9	3	6	2	1	1	1	3	1	12	18	30
Rate per 1,000	1.7	5.8	17.0	8.2	8.0	1.7	4.8	2.5	12.6	2.8	4.5	5.0	4.8

TABLE VII
 CASES SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS—ALL AREAS
 BY TYPE OF DISEASE

Area	No. Examined		Primary		Post Primary		Effusion		Total Active		Rate per 1,000 Exam.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	C.
Eastleigh	4,418	2,113	1	2	15	7	4	—	20	9	4.53	4.26	4.44
Gosport	3,939	3,541	—	1	15	14	—	—	15	15	3.81	4.24	4.01
County Industrial	8,357	5,654	1	3	30	21	4	—	35	24	4.19	4.24	4.21
Remainder	13,070	5,684	—	2	29	10	1	1	30	13	2.30	2.29	2.29
Total County	21,427	11,338	1	5	59	31	5	1	65	37	3.03	3.26	3.11
Portsmouth	4,037	3,817	—	—	18	18	1	2	19	20	4.71	5.24	4.97
Gross Total	25,464	15,155	1	5	77	49	6	3	84	57	3.30	3.76	3.47
Unit's Total for 1946	20,185	18,710	1	5	64	74	4	3	69	82	3.42	4.38	3.88

TABLE VIII
 CASES SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS—ALL AREAS
 BY AGE GROUPS

		Under 17		17—24		25—34		35—44		Over 45		TOTAL		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	C.
EASTLEIGH	No. Examined	469	445	698	593	1,089	424	1,006	348	1,156	303	4,418	2,113	6,531
	No. of Cases	3	3	2	3	5	3	3	—	7	—	20	9	29
GOSPORT	No. Examined	722	902	509	879	861	745	809	581	1,038	434	3,939	3,541	7,480
	No. of Cases	2	1	3	9	2	1	2	1	6	2	15	15	30
COUNTY INDUSTRIAL.	No. Examined	1,191	1,347	1,207	1,472	1,950	1,169	1,815	929	2,194	737	8,357	5,654	14,011
	No. of Cases	5	4	5	12	7	4	5	2	13	2	35	24	59
	Rate per 1,000	4.2	3.0	4.1	8.2	3.6	3.4	2.8	2.2	5.9	2.7	4.2	4.2	4.2
REMAINDER OF COUNTY	No. Examined	1,215	994	1,660	1,668	3,250	1,292	3,160	967	3,785	763	13,070	5,684	18,754
	No. of Cases	—	2	4	6	9	3	9	2	8	—	30	13	43
	Rate per 1,000	—	2.0	2.4	3.6	2.8	2.3	2.8	2.1	2.1	—	2.3	2.3	2.3
PORTSMOUTH	No. Examined	1,214	864	517	1,192	951	888	661	479	694	394	4,037	3,817	7,854
	No. of Cases	3	2	4	12	5	3	3	1	4	2	19	20	39
	Rate per 1,000	2.5	2.3	7.7	10.1	5.3	3.4	4.5	2.1	5.8	5.1	4.7	5.2	5.0
TOTAL FOR 1947	No. Examined	3,620	3,205	3,384	4,332	6,151	3,349	5,636	2,375	6,673	1,894	25,464	15,155	40,619
	No. of Cases	8	8	13	30	21	10	17	5	25	4	84	57	141
	Rate per 1,000	2.2	2.5	3.8	6.9	3.4	3.0	3.0	2.1	3.7	2.1	3.3	3.8	3.5
TOTAL FOR 1946	No. Examined	4,789	4,932	1,996	4,726	4,108	3,449	4,270	3,062	5,022	2,541	20,185	18,710	38,895
	No. of Cases	4	21	9	39	9	11	19	6	28	5	69	82	151
	Rate per 1,000	0.8	4.3	4.5	8.3	2.2	3.2	4.4	2.0	5.6	2.0	3.4	4.4	3.9

The figures for the whole of 1947 are lower than those for 1946 because they have been 'weighted' by the lower figures for the remainder of the County.

TABLE IX

SOME OTHER ABNORMALITIES

Abnormality	County		Portsmouth		Total		
	M.	F.	M.	F.	M.	F.	C.
TOTAL BONY	459	245	474	48	933	293	1,226
This includes :—							
Cervical Rib	18	31	1	10	19	41	60
Scoliosis	242	112	13	6	255	118	373
Klippel-Feil Syndrome	2	—	—	—	2	—	2
Hemi-Vertebra	—	1	—	—	—	1	1
PULMONARY :—							
Azygos Lobe	48	10	8	4	56	14	70
Atypical Pneumonia	13	5	3	1	16	6	22
Bronchitis and Emphysema	67	11	15	3	82	14	96
Atelectasis	6*	2*	—	—	6	2	8
Bronchiectasis	26	5	8	1	34	6	40
Non-Tuberculous Fibrosis	87	17	10	5	97	22	119
Basal Fibrosis or Pleurisy	492	140	69	32	561	172	733
Lung Abscess	3	—	1	—	4	—	4
Pneumokoniosis	9	—	1	—	10	—	10
Congenital Cystic Disease	5	—	—	—	5	—	5
CARDIO-VASCULAR :—							
CONGENITAL HEART DISEASE ..	3	5	—	—	3	5	8
This includes :—							
Transposition of Aorta	—	1	—	—	—	1	1
Dextro-cardia	1	1	—	—	1	1	2
Co-arcetation of Aorta	1†	—	—	—	1	—	1
ACQUIRED HEART DISEASE ..	146	62	18	26	164	88	252
This includes :—							
Syphilitic Aortitis	1	—	—	1	1	1	2
Aortic Aneurysm	4	—	—	—	4	—	4
Failure	2	6	1	—	3	6	9
NEW GROWTHS :—							
Carcinoma of Bronchus	3	1	3	—	6	1	7
Chondroma	6	1	—	—	6	1	7
Osteoma	—	—	1	—	1	—	1
MISCELLANEOUS :—							
Stress Fracture	3	—	—	—	3	—	3
Foreign Bodies	40	—	4	—	44	—	44
Diaphragmatic Hernia	2	2	—	—	2	2	4
Eventration	1	3	—	1	1	4	5
Interlobar Effusion	—	—	1	—	1	—	1

*Follow-up films showed that in three of these cases re-aeration had taken place. The cause of the others is unknown.

†This man was aged 63, served throughout the 1914 War, was very fit, except for some dyspnoea, and was working.

COMMENT ON FIGURES FOR ACTIVE TUBERCULOSIS

INCIDENCE

The incidence rate for the year is lower than that for 1946, probably owing to the fact that the non-industrial parts of the County show a considerably lower rate than the industrial areas and that no comparable non-industrial area was surveyed during 1946.

	No. Examined	Incidence per 1,000 Examin.		
		M.	F.	C.
1947	40,619	3.3	3.8	3.5
1946	38,895	3.4	4.4	3.9

INCIDENCE, BY AREA

Table VII shows that the different industrial areas have a similar incidence rate, that for Portsmouth being higher. The figures may be summarised thus :—

TABLE X
ACTIVE PULMONARY TUBERCULOSIS

Area	No. Examined	Incidence per 1,000 Examin.		
		M.	F.	C.
Eastleigh	6,531	4.5	4.3	4.4
Gosport	7,480	3.8	4.2	4.0
County Industrial	14,011	4.2	4.2	4.2
Portsmouth	7,854	4.7	5.2	5.0
Total Industrial	21,865	4.4	4.6	4.5
Remainder of County (non industrial) ..	18,754	2.3	2.3	2.3
Portsmouth 1946	6,295	4.5	5.0	4.8

A striking feature of this table is that the incidence rate in the non-industrial areas is only about half that of the industrial areas.

Comparison of the figures for Portsmouth shows a slight rise in 1947.

INCIDENCE, BY AGE GROUPS

A similar summary is shown :—

TABLE XI
ACTIVE PULMONARY TUBERCULOSIS

Age Group	County Industrial		Portsmouth		Total Industrial		Remainder of County (non Indust'l)	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 17	4.2	3.0	2.5	2.3	3.3	2.7	—	2.0
17 - 24	4.1	8.2	7.7	10.1	5.2	9.0	2.4	3.6
25 - 34	3.6	3.4	5.3	3.4	4.1	3.4	2.8	2.3
35 - 44	2.8	2.2	4.5	2.1	3.2	2.1	2.8	2.1
Over 45	5.9	2.7	5.8	5.1	5.9	3.5	2.1	—
Total	4.2	4.2	4.7	5.2	4.4	4.6	2.3	2.3
Combined Sexes	4.2		5.0		4.5		2.3	

The highest INCIDENCE RATE FOR MEN is seen to be in the over 45 group (31.5% of all cases) in the combined industrial areas, whereas in the non-industrial areas the incidence is more evenly spread and is greatest in the younger age groups.

For WOMEN, however, the rate is highest for each area in the 17 to 24 age group, the cases in this age group in the industrial areas being 54.5% of all cases ; in the non-industrial areas the figure is 46.2%.

Corresponding figures for 1946 (industrial only) show the proportion of cases to be :—

MEN : Over 45 age group—39.1% of all cases.

WOMEN : 17—24 age group—46.9% of all cases.

If the under 17 group be included, the high incidence of disease in females under 25 is accentuated :—

Area	1947				1946			
	Proportion of Cases under 25 years		Rate per 1,000 Examined		Proportion of Cases under 25 years		Rate per 1,000 Examined	
	M.	F.	M.	F.	M.	F.	M.	F.
County Industrial	28.6%	66.7%	4.2	5.7	—	—	—	—
Portsmouth	36.8%	70.0%	4.0	6.8	50.0%	83.3%	3.1	6.6
Total Industrial	31.4%	68.2%	4.1	6.2	22.4%	75.9%	2.3	6.9
Non-Industrial	13.3%	61.5%	1.4	3.0	Not comparable			
Total for Year	25.0%	66.7%	3.0	5.0	18.8%	72.8%	1.9	6.2

The very high incidence in the 17 to 24 female group was commented upon in the 1946 Report ; the rate of incidence is slightly higher in Portsmouth in 1947, but it will be noted that this rate does not compare favourably with that in the other industrial areas.

MATERNITY AND CHILD WELFARE

By the Maternity and Child Welfare Officer.

MATERNAL MORTALITY

The maternal mortality rate showed a reduction from 1.00 per 1,000 births in 1946 to 0.76. Of the four deaths classified by the Registrar-General as maternal deaths, one was due to puerperal and post-abortive sepsis.

INSTITUTIONAL ACCOMMODATION

The number of beds in Saint Mary's Hospital remains at 74. The number of women confined in Hospital during the year was 2,041 as compared with 1,704 in 1946, the increase being due to the shorter stay in hospital of patients during the puerperium period, the average being 10 days.

ATTENDANCE AT ANTE-NATAL AND POST-NATAL CLINICS

There was again a marked increase in the number of attendances at both the Hospital and Municipal Domiciliary Ante-Natal and Post-Natal Clinics.

The extra introductory ante-natal sessions held at Fratton and Portsea have proved most successful as more time is now available to be spent on individual cases.

A full-time Assistant Maternity and Child Welfare Officer was appointed during the year, and the steadily expanding clinics showed the justification of this appointment.

The commencement of a separate session for a post-natal clinic at Fratton has made a good start, 557 attendances having been made. More remains to be done in this direction in educating the mothers regarding the great value of post-natal examinations.

DOMICILIARY SERVICE OF MIDWIVES

The demand for the services of the Domiciliary Service of Midwives continues to increase. In addition to their district work these midwives staff the Municipal ante-natal and post-natal clinics as well as the Health Visitors. The number of cases delivered by individual midwives per annum is 87.4 which is more than is desirable and reflects the continued shortage of midwives. In spite of repeated advertisements it has not been found possible to obtain additional staff to make the complete quota of 26 midwives allowed for Portsmouth. Three part-time midwives have been employed in accordance with the Ministry's instruction.

During the year arrangements were made for accouchements sets to be prepared by the midwives and made available for mothers at the clinics.

Arrangements are also in hand for the preparation of an emergency maternity outfit which will be kept at the ambulance depot and used by midwives for any case of real emergency they may have on their district.

GAS AND AIR ANALGESIA

The administration of gas and air analgesia continues to increase in popularity, and during the year the gas and air analgesia was administered to 999 (697) domiciliary cases.

The course arranged at Saint Mary's Hospital to train midwives in the administration of gas and air analgesia to women in childbirth was continued throughout the year. The whole of the staff of the Portsmouth Domiciliary Midwifery Service are so trained.

INFANT MORTALITY

There was a further decrease in the number of deaths of infants under one year per 1,000 born, namely, 33.40 as compared with 34.05 in 1946.

A comparison of the analysis of the deaths of infants under a year in 1947 with 1946 shows the main difference to be an increase in deaths from broncho-pneumonia and gastro-enteritis and a decrease in deaths from prematurity.

PREMATURE DEATHS

In accordance with Circular 20/44 of the Ministry of Health, premature children were kept constantly under supervision by the health visitors, and the previous arrangement that all midwives should enter on the notification of birth cards the weight of every child of 5½ lb. and under, remains in operation.

The facilities suggested in the Circular for nursing premature babies at home have been difficult to introduce owing to the particularly acute local housing conditions, the availability of a separate room for mother and baby being exceptional. The majority of premature babies born at home have been transferred to hospital.

The total number of premature babies notified during 1947 was 259, 95 of these were born at home and 164 in nursing homes and hospital. Of those born at home, two died during the first 24 hours and 73 were still surviving at the end of one month. Of those born in hospital or nursing home, 12 died during the first 24 hours and 141 survived at the end of one month.

OPHTHALMIA NEONATORUM

During the year there were 16 cases of ophthalmia neonatorum, of which three cases were admitted to hospital. In no case was there any resultant impairment of vision.

HEALTH VISITING

In addition to visiting children under five years, the 12 health visitors on the staff of the Health Department also visit cases of tuberculosis, and attend the Tuberculosis Clinic.

The total number of visits paid by health visitors to children under five years during 1947 was 23,498 as compared with 29,394 for the previous year.

The reduction in the number of home visits can be accounted for by change of staff—three health visitors leaving during 1947—and also the

attendance of health visitors at extra tuberculosis clinics and ante-natal clinics. It is to be appreciated that the increase of clinical work has resulted in a decrease of home visits which is unfortunate as the value of home visiting is of paramount importance. Although provision has been made by the Health Committee to increase the staff it has been found impossible to do so owing to the housing shortage, and the greater attraction of county appointments where a car allowance is made.

MATERNITY HOME HELP AND DOMESTIC HELP SCHEMES

The Home Help Scheme for women during confinement was continued throughout the year. At the end of the year 11 women were employed, and attended 112 cases, giving a total of 6,035 hours work. The demand for maternity home helps remains stationary. No doubt this is due to a lesser number of women being employed in industry and relatives are, therefore, more available to help at such times.

The scheme for Domestic Helps to be used in cases of emergency arising from sickness or similar cause was continued throughout the year. At the end of the year 36 women were employed, they attended 148 cases, giving a total of 25,623 hours work. A continuing demand for this service has shown a marked increase and this trend is expected to continue. There are now more applicants to join this service and it is hoped under the new National Health Service Act to employ a full-time Domestic Help organiser. After this appointment is made it is hoped that whole-time domestic helps will be employed which should attract applicants of a higher standard.

FOSTER MOTHERS SCHEME

This scheme continues to act as previously and at the end of the year there were 89 registered foster mothers in Portsmouth. The demand for foster mothers still remains in excess of the children to be boarded out.

Investigation of the home circumstances of the foster mothers continues to be carried out primarily by the Maternity and Child Welfare Officer, and subsequent inspections by the health visitors. Constant supervision of these homes is maintained and the rule that these children are brought to the Child Welfare Clinics monthly for medical examination is strictly enforced.

During the year under review it was necessary to apply for a Magistrate's Order to remove a child to a place of safety under Section 212 of the Public Health Act 1936. This was granted and the child is now in the care of the Children's Cottage Homes.

SUPPLY OF VITAMINS

The Government scheme for giving prior claim to expectant and nursing mothers and children under five years in the supply of essential commodities, e.g., milk, eggs and orange juice, continued during the year.

The uptake in Portsmouth of orange juice (vitamin C) is 30.8% (33.3%) of the potential and that of A & D tablets is 37.1% (46.9%). There has been an improvement in the uptake of cod liver oil which was 27.8% of the potential as compared with 26.9% last year.

It will be seen from the foregoing that there has been a reduction in the uptake of orange juice as compared with last year. It is felt, however, that this reduction is offset by the increased supplies of fresh oranges and other fruit which have been available, and also by the larger proportion of rose hip syrup for sale in the chemists.

A representative from the Food Office continues to attend the ante-natal clinics at all the centres in order to supply the mother with her extra ration book as well as the supply of vitamins.

DAY NURSERIES

The Day Nurseries have played an increasingly important part in the Health Services of this City throughout the year. Working in close co-operation with the Social Welfare Worker and the Health Visitors arrangements have been made for the care of many children where the home circumstances showed difficulties which could not be immediately overcome. The fact that her child or children can be cared for during the day, enabling a mother to take regular employment, gives her moral support, and encourages her to regain some social standing. However, it is regrettable that Day Nursery accommodation is not more expansive. The benefits which certain types of children derive from the companionship of other children, who are fit and well, are many. For example, it would be of great advantage if the present accommodation allowed the admission of the only child who is lonely, or the child who feels his loss of first place in the home and parental affection on the advent of a second baby. It is deplorable the number of mothers who make application for their children to be admitted to the nurseries because they are not welcome in furnished accommodation, the parent being compelled to walk about during the day with her child in order to keep the peace. In this connection there are applications received where a child is living in overcrowded premises—parents and children residing in one room. It is notable that a good percentage of requests for admission come from young married couples who are endeavouring to get homes together, but are finding the money value decreased to such an extent it is impossible to make ends meet without the mother taking some form of employment.

The residential nursery for short-stay cases, which is in course of completion, will be most welcome and should help to relieve the present situation a little. In any case, places occupied in the day nurseries by this type of admission will be released; and greater assistance given to a father left to run the home, take the child to and from a nursery, and be responsible for the nightly care. Needless to say the mental relief to the mother will be considerable.

Two very important features in the attention given to children at the local day nurseries are (i) the routine medical inspection carried out by the Maternity and Child Welfare Officer and (ii) the immunisation given against diphtheria and whooping cough.

The nurseries are fortunate in being well staffed. All are training schools for the complete development and care of the well child, under the National Nursery Examination Board, and up to date the number of successes among the students has been practically 100%.

MATERNITY AND CHILD WELFARE STATISTICS

MIDWIVES

The practice of the midwives during the year was satisfactory, and the inspection of midwives' bags, books, appliances was carried out regularly.

	1947	1946
Number of Midwives practising in the City on December 31st	41	41
Total number of cases attended	3,182	2,892
Number of cases attended as Midwives	2,572	2,358
Number of cases attended as Maternity Nurses ..	610	534
No. of Midwives' cases in which Medical assistance was sought	887	899
Showing a percentage of	34.0	34.0
Amount paid by Local Authority to Medical Men in respect of above attendances	£1,351	£1,345
Amount paid as premiums under the Insurance Scheme ..	£334	£586
Amount recovered from Patients	£703	£282
Nett Cost to Local Authority	£314	£477
Percentage of Midwives' cases in which Medical assistance was sought—for Insured cases	48.0	59.0
—for Uninsured cases	52.0	43.0

DOMICILIARY SERVICE OF MIDWIVES

Number of Municipal Midwives employed in Portsmouth ..	20	20
Number of cases booked	1,940	2,274
Number of patients delivered	1,710	1,650
Excluding holidays and sickness :		
Percentage of cases per Midwife per month	7.3	7.9
Equivalent percentage of cases per Midwife per annum	87.4	95.2
Average weekly number of bookings	37.3	43.7

ANTE-NATAL AND POST-NATAL CLINICS

Details of the work carried out at the Council's Ante-Natal and Post-Natal Clinics during the year are given below :—

	ANTE-NATAL				POST-NATAL			
	No. of Patients		Attendances		No. of Patients		Attendances	
	1947	1946	1947	1946	1947	1946	1947	1946
Fratton (five Clinics weekly)	1255	1674	8132	6334	557	—	557	—
Cosham (one Clinic weekly)	324	344	1839	1864	—	—	—	—
Portsea (one Clinic weekly)	220	—	1449	—	—	—	—	—
Saint Mary's Hospital (eight Clinics weekly) ..	2873	1609	25155	17184	1279	1022	2444	1533
TOTALS	4672	3627	36575	25382	1836	1022	3001	1533

The number of patients attending Ante-Natal Clinics in Portsmouth represents 84.1 (75.8) per cent of the women confined during the year.

CHILD WELFARE CENTRES

The number of attendances, new cases and children seen by the Medical Officer at the Child Welfare Centres functioning during the year are as set out below:—

	Attendances	New Cases	Seen by the Medical Officer
Fratton (two afternoons per week)	13,706	1,233	1,904
Epworth Road (one afternoon per week) ..	13,637	853	826
Cosham (one afternoon per week)	5,525	412	942
Drayton Institute (one afternoon per week)	5,709	297	1,075
Eastney (two afternoons per week)	20,769	1,094	2,014
Portsea (one afternoon per week)	6,153	425	1,031
Stamshaw (one afternoon per week)	8,559	526	886
TOTALS	74,058	4,840	8,678
TOTALS for 1946	62,016	4,504	7,906

Dried Milk was issued from the Child Welfare Centres to expectant mothers, nursing mothers and infants, at a total cost of £9,427 (£8,961). Of this sum £7,601 (£8,218) was recovered from the patients.

Attendances at Child Welfare Centres during the year 1947, classified according to the age of the child concerned, were as follows:—

Children from 0 to 1 year of age	61,283
„ 1 to 2 years of age	8,445
„ 2 to 5 years of age	4,330
Total	74,058
Total for 1946	62,016

DAY NURSERIES

The following are the statistical details relating to the five Day Nurseries already established in Portsmouth:—

	Admissions during the year	No. on Register at 31st Dec.	Awaiting Admission 31st Dec.
GARFIELD ROAD DAY NURSERY (Complement 40)	34	38	} 478 Total
CLIFFDALE DAY NURSERY (Complement 60)	60	55	
ST. PETER'S DAY NURSERY (Complement 46)	58	41	
TWYFORD AVENUE DAY NURSERY (Complement 40)	43	35	
ANGLESEA ROAD DAY NURSERY trans- ferred from Bramble Road on 29-12-47 .. (Complement 35)	61	34	

INSTITUTIONAL TREATMENT OF MATERNITY CASES

	Saint Mary's Hospital	Royal Naval Maternity Home
No. of Maternity beds (exclusive of isolation and labour)	74	21
No. of Patients admitted	2,109	311
Average duration of stay	10 days	15 days
No. of cases delivered by—		
(a) Midwives	1,864	285
(b) Doctors	206	21
Cases in which Medical Assistance was sought by Midwife	452	Doctor always available
No. of cases notified as Puerperal Pyrexia	10	—
No. of cases of Pemphigus Neonatorum	—	—
No. of Infants not entirely breast-fed while in Institution	366	49
No. of cases notified as Ophthalmia Neonatorum	—	3
No. of Maternal deaths	5	—
No. of Foetal deaths—		
(a) Stillborn	86	8
(b) Within 10 days of birth	37	2

HOME VISITING

The Health Visitors paid 24,155 (30,175) visits during the year :—

	Total Number of Visits	
	1947	1946
First Visits	5,834	5,631
Subsequent visits to Children from 0 to 1 year of age	5,898	8,143
" " " from 1 to 2 years of age	4,062	5,624
" " " from 2 to 3 years of age	2,694	3,758
" " " from 3 to 5 years of age	5,010	6,238
Visits to cases of Ophthalmia Neonatorum	—	—
Other visits	657	781

INFANT MORTALITY, 1947

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES
UNDER ONE YEAR OF AGE

CAUSE OF DEATH	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year
Cerebro-spinal Meningitis ..	..	..	..	..	..	..	..	..	1	1
Whooping Cough .. ..	..	..	..	..	..	..	3	..	..	3
Measles .. ..	..	..	..	..	..	..	..	2	..	2
Pulmonary Tuberculosis ..	..	..	..	..	..	..	..	..	1	1
Tuberculous Meningitis ..	..	..	..	..	..	..	..	1	..	1
Bronchitis .. ..	..	..	..	..	..	2	3	3	..	8
Broncho-pneumonia .. ..	..	2	2	..	4	8	14	7	3	36
Appendicitis	1	..	..	..	1	..	..	..	..	1
Gastro-Enteritis .. ..	..	..	1	1	2	8	5	..	..	15
Nephritis .. ..	..	..	..	..	..	..	..	1	..	1
Prematurity	29	4	2	1	36	1	..	..	..	37
Oedema of Lungs .. ..	..	..	..	..	..	..	1	..	..	1
Atelectasis	12	..	..	..	12	1	..	..	..	13
Intra-cranial Haemorrhage ..	5	..	..	..	5	..	..	..	..	5
Congenital Heart Disease ..	1	..	..	..	1	1	3	..	1	6
Intussusception .. ..	..	..	..	..	..	..	1	..	..	1
Congenital Malformations ..	7	..	..	1	8	..	..	1	..	9
Icterus Neonatorum	3	..	..	..	3	..	..	..	..	3
Endocarditis .. ..	..	..	..	..	..	1	..	..	..	1
Injury at Birth	5	1	..	..	6	..	..	..	..	6
Marasmus, Debility, Atrophy ..	1	1	1	1	4	3	..	..	..	7
Violence	1	..	..	..	1	3	2	..	..	6
Other Causes	3	..	..	..	3	2	2	..	1	8
TOTALS ..	68	8	6	4	86	30	34	15	7	172
Previous Year (1946)	73	11	9	8	101	18	27	10	7	165

CARE OF THE MOTHER AND HER ILLEGITIMATE CHILD.

By the Almoner.

In Portsmouth the number of illegitimate births according to the Registrar-General has decreased from 78.4 per thousand births in 1946 to 64.9 in 1947.

The work throughout the year has been mainly concerned with the care of mothers and illegitimate children but it will be seen from the statistics that there were nearly double the number of general cases dealt with as compared with the previous year. The end of the war brought most families together again but those families that were not quite so fortunate created many social problems. Homes had to be found for children where father or mother had deserted them leaving the remaining partner to be the breadwinner; or widows trying to cope with the unequal struggle of bringing up a family and working at the same time. Housing and financial problems were also referred by other social workers both in public and voluntary service.

Foster Mothers were as difficult as ever to find and little success was gained by advertising or putting appeals in the paper. The residential nursery is therefore urgently needed both as a short and long stay nursery for children from broken homes.

Adoptions have been carried out in cases where a married woman wishes to become reconciled with her husband or where a very young single girl cannot return home with the child. Applications to take tiny babies especially boys are not plentiful. Many people prefer older children of three years and onwards. This has been discouraged to a large extent depending on the age of the adopters because if a child has to leave its own parents it is more likely to adjust itself to a new environment if it is introduced to adopters at the earliest age possible.

FOLLOW-UP OF OLD CASES.

This is a very important side of the work that does not show very much as far as statistics are concerned. Once one can establish friendly relations with a family they are most likely to come and confide a problem when it is still in a preventable stage; this especially applied to marital problems.

COT AND PRAM FUND.

Grants from this fund have been given throughout the year to cases needing help with the cost of prams and cots. Sometimes it has only been necessary to advance the money on receipt of a deposit and the applicant has paid full cost herself by instalments..

The balance on 31st March 1948, as is seen from the statement, was only £18 7s. 6d. The drain on these resources could be extensive but, having so limited an amount, it has only been possible to help in very necessitous cases. A fund is needed to help mothers with other sundry expenses such as cost of sheets, beds, blankets, etc., but more money will be needed before other responsibilities can be shouldered.

We are indebted to the Soldiers', Sailors' and Airmen's Families Association, the Soldiers', Sailors' and Airmen's Help Society, and other voluntary societies for giving grants to the mothers.

During the year Portsmouth had the misfortune to lose Sister Benton of the Church Army who left to take an appointment in London. She gave the Department great help and advice during the early days and we are most grateful to her.

STATEMENT OF RECEIPTS AND PAYMENTS RELATING TO
THE COT AND PRAM FUND
(as at 31/3/48)

<i>Receipts</i>	<i>£</i>	<i>s.</i>	<i>d.</i>	<i>Payments</i>	<i>£</i>	<i>s.</i>	<i>d.</i>
Balance in hand at 1/4/47	55	9	3	Purchase of Prams ..	50	17	6
Donations	1	2	11	Purchase of Cots ..	19	0	8
Sums recovered from parents	31	13	6	Balance in hand 31/3/48	18	7	6
	<u>£88</u>	<u>5</u>	<u>8</u>		<u>£88</u>	<u>5</u>	<u>8</u>

STATISTICS RELATING TO THE WORK OF THE ALMONER

1. NUMBER OF CASES REGISTERED AS NEEDING HELP	701	(685)
2. NUMBER OF VISITS PAID	797	(841)
3. NUMBER OF INTERVIEWS	3,208	(2,429)
4. NUMBER OF CASES IN WHICH HELP AND ADVICE WERE GIVEN	723	(737)
5. CONTACTS MADE WITH VARIOUS ORGANISATIONS :	Cases	
Portsmouth Corporation Departments ..	677	(483)
Police Headquarters	96	(74)
Other Local Authorities	42	(51)
Social Services Council	61	(52)
Church Army	92	(139)
Other Voluntary Societies, <i>e.g.</i> , N.S.P.C.C., Dr. Barnardo's Homes, etc.	166	(127)
H.M. Forces and others	19	(31)
Hospitals and Nursing Homes	29	(33)
Miscellaneous	76	(36)
	<u>1,258</u>	<u>(1,126)</u>

SAINT MARY'S HOSPITAL

By the Medical Superintendent.

1947 saw a still further increase in the number of admissions to the Hospital by some 1,200 over the 1946 figures of 8,400. To deal with these additional cases certain departments of the Hospital, mainly the Chronic Wards, have worked to capacity and any appreciable increase without additional accommodation is unlikely in future years. Fortunately, the anticipated response to the appeal for part-time Nursing Attendants met with great success and the full number of such attendants allowed by the Committee has been engaged and are doing splendid work. There is no doubt that without this additional staff we would have had to refuse admission to a number of chronic sick. As will be seen from the analysis appended hereto the average number of beds occupied per day during the year was increased from 875.5 in 1946 to 979 in 1947. This high average has only been maintained by the fullest co-operation of all departments and by a truly magnificent effort of the nursing and domestic staffs.

In the surgical section the general increase of work is reflected in the number of surgical operations under general anaesthetic—excluding Dental operations—1,859 for 1947 against 1,629 for 1946. Included in this figure for 1947 are 363 admissions from the waiting list of the Royal Hospital and, of these, 320 were operated upon by members of the Royal Hospital staff under the arrangement whereby Saint Mary's placed certain accommodation at the disposal of the Royal Hospital. It is most encouraging to note how smoothly this scheme has worked and to see in it so good an augury for an early extension of this co-operation. The smaller demand by the Royal Hospital for medical beds has been balanced by the large increase in the number of medical cases now coming to the Hospital through the Out-patients' Departments.

The maternity section, as in the past, has worked to capacity under the continued handicap of shortage of trained staff. The increase in the number of confinements to 2,041 for a total of 74 beds brings this department practically to its maximum. This increase of nearly 300 over the 1946 figure has been attended by the same number of maternal deaths as in 1946, i.e. five, which figure compares favourably with the average for the country as a whole and reflects great credit on the medical and nursing staff responsible for the work in this important department.

The X-ray, skin and physiotherapy departments again show an increase over the previous year, but it is regrettable that these departments remain short of staff and equipment without which they cannot hope to expand further. The demand on the limited staff and equipment in the X-ray department has occasioned certain modifications in the arrangements for County T.B. X-rays, and unless more trained staff is obtainable it may not be possible to maintain the present numbers.

The greatest problem remaining so far as the nursing staff is concerned is still lack of accommodation. It is unlikely that any substantial increase in the number of nurses recruited will be seen until adequate accommodation can be found for them. The Matron and senior members of the nursing staff, impeded as they have been by the lack of nursing accommodation and adequate recreational facilities for the nurses have, nevertheless, handled the situation with great skill and efficiency, and the fact that the Hospital as a whole has done some ten per cent more work in 1947 than in 1946 bears eloquent testimony to their efforts.

An outstanding improvement has occurred in the catering arrangements of the Hospital under the present Catering Officer. The dietary of patients and staff has improved out of all recognition. Progress in this direction is continuing and will be limited only by the restrictions on certain supplies. The work in this department has been greatly facilitated by the provision of many important articles of equipment, and these, although initially expensive, have already returned an excellent dividend and will, in the long run, prove an economy.

Of all the outstanding events of the past year the one feature which stands out in prominence is the opening of the Casualty and Out-patients' Departments. This venture, undertaken with considerable trepidation in view of the shortages of staff, equipment and accommodation, has turned out to be overwhelmingly successful. From its opening in September to the end of 1947 nearly 1,500 patients were dealt with through the Casualty and Out-patients' Clinics. An increase in this figure at an early date can be confidently predicted and the department has already been referred to as a boon to the residents of this part of the City who no longer need make the journey to the other side of Portsmouth for casualty and out-patient treatment. Certain improvements are badly required in this converted First Aid Post, the most important of these being attention to the ventilation. The volume of work and the large numbers of all types of cases passing through the post is far in excess of anything originally anticipated for it and certain alterations are imperative.

For the whole year it can be said that a considerable degree of progress has been made over 1946. More cases have been dealt with but there has not been a corresponding increase in staff and accommodation. This is due to national rather than local conditions and until improvement in both directions can be achieved it is unlikely that any substantial increase of the Hospital's activities can take place. It is in no small measure due to the administrative skill of the Steward and the clerical staff as a whole that such progress has been possible. Accepting the total admissions as a fair guide to the work of the whole Hospital, there has been an increase equal to more than twenty per cent over the year 1945, comparable figures being 9,554 against 7,444. There has been no corresponding increase in the clerical staff and great credit is due to this most efficient department of the Hospital.

Statistics relating to IN-PATIENTS during the year 1947,
as compared with 1946.

	Year 1947	Year 1946
1. Total number of Admissions (including Infants born in the Hospital)	9,554	8,399
2. Number of women Confined in Hospital	2,041	1,704
3. Number of Live Births	1,983	1,713
4. Number of Still Births	86	73
5. Number of Deaths among the newly-born (i.e. under four weeks of age)*	37	33
6. Number of Maternal Deaths among women confined in Hospital	5	5
7. Total number of Deaths	972	994
8. Total number of Discharged (including Infants born in Hospital)	8,577	7,309
9. Number of Beds occupied :—		
(a) Average during the year	979	875.5
(b) Highest on 25th March 1947	1,039	
" 7th February 1946 }		993
" 10th February 1946 }		
(c) Lowest on 24th December 1947	894	
" 24th August 1946 }		846
" 26th August 1946 }		
10. Number of Surgical Operations under general anaesthetic (excluding dental operations)	1,859	1,629

**This figure relates only to children born in Hospital.*

Statistics relating to OUT-PATIENTS during the year 1947,
compared with 1946.

	1947		1946	
	No. of Patients	No. of Attendances	No. of Patients	No. of Attendances
Ante-Natal Clinic	2,873	25,155	1,609	17,184
Post-Natal Clinic	1,279	2,444	1,022	1,533
Physiotherapy Dept.	833	16,127	748	14,448
Skin Department	1,307	4,320	1,043	4,364
X-ray Department	8,543	9,128	7,543	7,952
TOTALS	14,835	57,174	11,965	45,481

PHYSIOTHERAPY DEPARTMENT 1947

	No. of Patients Treated			No. of Treatments Given		
	In-Patients	Out-Patients	Total	In-Patients	Out-Patients	Total
Massage Section	82	84	166	3,336	1,524	4,860
Electrical Section	165	480	645	2,551	8,143	10,694
Light Section	47	269	316	769	6,460	7,229
TOTAL	294	833	1,127	6,656	16,120	22,783

MUNICIPAL AMBULANCE AND MEDICAL CAR SERVICE

STATISTICS RELATING TO THE PERIOD 1st JANUARY TO
31st DECEMBER 1947

						Number of Calls	Mileage Covered
SAINT MARY'S HOSPITAL							
Admissions	}	..	..	..	..	3,973	
Discharges							
Transfers							
Miscellaneous	..	..	..	..	..	3,088	
						7,061	54,454
INFECTIOUS DISEASES HOSPITAL							
Admissions	}	..	..	..	..	1,189	
Discharges							
Transfers							
Miscellaneous	..	..	..	..	..	568	
						1,757	12,479
LANGSTONE SANATORIUM AND TUBERCULOSIS CLINIC							
Admissions	}	..	..	..	..	1,199	
Discharges							
Transfers							
Miscellaneous	..	..	..	..	..	304	
						1,503	12,534
ROYAL PORTSMOUTH HOSPITAL							
Admissions	}	..	..	..	..	1,436	12,221
Discharges							
ACCIDENT SERVICE							
Admissions	}	..	..	..	..	677	4,354
Discharges							
ALL OTHER SERVICES..	..	..	..	..	..	6,809	50,031
TOTAL						19,243	146,073

INSPECTION AND SUPERVISION OF FOOD

FOOD AND DRUGS (ADULTERATION) ACT 1938.

During the year 1,397 samples were taken under the Food and Drugs Act 1938. Of these, 98 were found to be adulterated or incorrectly labelled, or 7.0%, compared with 3.9% in 1946. Of these 98 samples, 48 were formal samples and 50 informal or test samples.

Proceedings were instituted in eight cases and fines and costs amounting to £92 15s. 9d. were imposed, ranging from £1 1s. 0d. to £18 0s. 0d. In 18 cases cautions were given by the Medical Officer of Health.

THE MILK (SPECIAL DESIGNATIONS) ORDERS OF 1936 AND 1938

During the year 14 licences were issued for the sale of tuberculin tested milk, three for pasteurised milk, and one for accredited milk (producer-retailer).

28 samples of tuberculin tested (certified) and tuberculin tested milk were taken, and eight failed to pass the prescribed test.

176 samples of pasteurised milk were taken and seven rejected, as they failed to pass the standard laid down for this type of milk. Of the 176 samples taken, 97 were as supplied to schools, all of which were satisfactory, while 20 represented milk supplied to local hospitals and institutions, all of which passed the prescribed standard for this type of milk. 10 samples of tuberculin tested (pasteurised) milk were examined, all of which satisfied the regulations for this type of milk.

17 samples of accredited milk were taken from the one producer-retailer in the City, and it was found that two samples failed to comply with the standard for this type of milk.

11 samples of sterilized milk were examined, one of which failed to comply with the regulations for this type of milk.

74 samples of heat treated milk (flash method) were examined, and 13 failed to satisfy the regulations appertaining to heat treated milk.

MILK

818 samples of milk were taken during the year, and 67 were found to be adulterated and 130 not up to standard, the deficiencies being due to natural causes. Of this number, 474 represented milk supplied by farmers to retailers in the City, of which 54 were found to be adulterated.

20 samples of milk were taken from the various hospitals and institutions in the City. All were returned as genuine.

DRUGS

125 samples of drugs were taken, and seven were found not to be in accordance with the standards or requirements laid down in the Food and Drugs Act 1938, the Pharmacy and Medicines Act 1941, and the Poisons and Pharmacy Act 1933.

MERCHANDISE MARKS ACT 1926

AND ORDERS IN COUNCIL MADE THEREUNDER

During the year 79 visits were made to business premises to see that the provisions of these Orders were being complied with. It was found that the Orders were being complied with by the numerous tradesmen in the City in a satisfactory manner.

REPORT OF THE VETERINARY OFFICER

DISEASES OF ANIMALS

ANTHRAX

During 1947 there was a period when there was a sharp rise in the number of confirmed outbreaks of this dreaded disease. When a valuable truck-load of fat steers arrived at Cosham station it was discovered that one of them was dead. In the circumstances, one had to keep in mind the possibility of Anthrax. After careful investigation, I was satisfied that the animal was free from anthrax and it was sent to a knacker's yard. No case was confirmed in the City.

FOOT AND MOUTH DISEASE

On Sunday the 22nd June, at the request of the Police, I visited Paulsgrove Slaughterhouse at midnight. The previous day a casualty cow was admitted and the person in charge at the time believed the animal was affected with Wooden Tongue (Actinomycosis). Late on Sunday this animal was suspected to be suffering from Foot and Mouth Disease. Clinical evidence of the existence of this disease could be seen during my visit. Next day I discovered that about the same time Ministry of Agriculture officials were investigating the suspected existence of the disease in a herd of cattle at Fareham. The casualty beast had been sent to the Slaughterhouse from the farm under suspicion at Fareham. The disease was confirmed by the Ministry of Agriculture at both Fareham and Paulsgrove. Following valuation all susceptible species of animals on Paulsgrove farm and all animals awaiting slaughter in the Slaughterhouse lairage were slaughtered immediately. Fortunately, there was no other case in the City.

SWINE FEVER

No case occurred during the year.

FOWL PEST

The City did not escape from the serious epidemic of this disease during the year. In May the first outbreak was confirmed and the second was confirmed in July. Although many other visits were made to premises where the disease was suspected, the two confirmed cases were the only ones which, in my opinion, warranted my reporting them to the Ministry of Agriculture following careful investigation.

RABIES

It is true that for a number of years prior to 1946 this country was free from rabies. At the same time there were many parts of the world where this very satisfactory state of affairs did not exist. In January 1947 for the second consecutive month a confirmed case in a dog purchased in India was reported. Fortunately, the disease was discovered in quarantine kennels and reveals once more the wisdom of the period of quarantine which imported dogs must undergo immediately on entering this country.

ANTE-MORTEM INSPECTION

Centralisation of the slaughtering has greatly facilitated the practice of ante-mortem inspection. Every opportunity has been taken to carry this out.

SLAUGHTERHOUSE

For a period during June, operations at Paulsgrove Slaughterhouse were stopped by the Ministry of Agriculture on account of Foot and Mouth Disease. The drainage system was inspected regularly. During the year there was a change in the slaughtering contractor. From September till Christmas there was heavy killings and two slaughtering gangs were kept constantly at work. The following, furnished by the Ministry of Food, are the approximate figures for the animals slaughtered at Paulsgrove during 1947 :—

Beasts	Sheep	Calves	Pigs	Total number of animals slaughtered
5,551	11,687	4,623	113	21,974

Below are some details of interest relating to condemnations in connection with the year's beef kill :—

Ox Heads & Tongues	Ox full Offal	Ox Livers	Part Ox Liver	Sets Ox Lungs
82	117	1,963	6,064	990

SLAUGHTERHOUSE BY-PRODUCTS

The Ministry of Food still exercises great care and provides refrigeration at Paulsgrove for the collection of those by-products which are so valuable for pharmaceutical purposes. If centralised slaughtering did not exist, it is difficult to see how the collection and utilisation of this material by the pharmaceutical trade could be practised on economical lines. Likewise, when one examines the subject of by-products, whether edible or inedible, one surely is bound to be impressed by the overwhelming economical advantages arising from centralised slaughtering when compared with the wasteful system of many small units in the form of private slaughterhouses.

IMPORTED MEAT

During the year 9,729 lb. of imported meat were condemned.

MEAT REGULATIONS 1924

I believe it is generally agreed that flies were very troublesome during the year under review. The task of protecting the meat at Paulsgrove from them was a difficult one. It is true there is a good supply of steam at the slaughterhouse, an important factor for cleansing and sterilising purposes but there is neither a satisfactory hanging room nor a detention room completely disconnected from the slaughtering operations. A satisfactory standard of cleanliness of vehicles engaged in meat transport was maintained throughout the year.

MILK PRODUCTION

Raw and accredited milk are produced locally, and during 1947 no complaint reached me about either. The dairy cattle at Drayton Farm were moved to Lower Farlington Farm. So far the appointed day for the commencement of the Food and Drugs (Milk and Dairies) Act 1944 has not yet been announced.

FISH

The following is a list of various species of fish relating to parcels surrendered after inspection and condemnation :—

Herrings, bream, cod, codling, haddock, prawns, soles, skate, fillets, kippers, plaice, shrimps, witches, turbot, brill, megrims, crabs, hake, mackerel, dabs, lobsters, finneys, dogfish, lemon soles, flatfish, ling, whiting, halibut, herring roes, bloaters, and mussels.

OTHER FOODSTUFFS

As in previous years, practically all kinds of foodstuffs, other than the fish, home killed and imported meat already mentioned were handled under this heading. Canned goods were an important item, 37,944 being surrendered as unfit for human consumption following inspection.

DUTIES AT THE PORT

No clinical evidence of the existence of any notifiable disease was detected in livestock landing at the port, and all animals were able to proceed to their destinations. Under the provisions of the Importation of Dogs and Cats Order a number of visits were necessary to the Dockyard, Flathouse and the Camber.

FOOD AND DRUGS ACT 1938

No seizure was necessary during 1947. All foodstuffs unfit for human consumption were dealt with by surrender.

CLEANSING AND HAULAGE DEPARTMENT

141 visits were made to the horses in the Corporation stables.

VISITS

Altogether, 2,083 were made during 1947 ; 219 to the slaughterhouse, 153 to piggeries, 18 to farms, 141 to sausage makers, and 367 relating to complaints.

REPORT OF THE CHIEF SANITARY INSPECTOR

by W. F. Appleton, M.R.San.I., M.S.I.A.

WATER SUPPLY

Two samples of raw water and two further samples after treatment of the water going into supply are taken monthly by the Water Company, in addition to the samples taken for examination by the Public Analyst.

It is estimated that more than 99.5% of the population is supplied direct from the mains to the houses.

RODENT CONTROL

During the year, the preparation and initial treatment of the foul sewers of the mainland was completed and an estimated kill of 862 rats resulted. The first maintenance treatment of the foul sewers south of Portsbridge gave an estimated kill of 6,100 rats which shows a very marked decrease from the estimated kill resulting from the initial treatment which was carried out in 1946. General treatment was given to all lands and properties of the Corporation including restaurants, foreshores, sewage disposal works and refuse tips.

The number of complaints registered was 2,040 resulting in the treatment of 5,669 dwelling houses and business premises, with an estimated kill of 36,654 rats. By special arrangements made with the Admiralty, a survey and treatment of H.M. Dockyard and all Naval Establishments within the City was successfully completed and resulted in a kill of 15,406 rats.

The Infestation Division of the Ministry of Food provided, inter alia, their exhibit of infestation control and 'rat flash' films for use in connection with the Centenary Health Week, and thanks are due to the Director of Infestation Control for the close personal interest which he took in connection with our arrangements, and in fact, for the assistance which is at all times so readily given.

MOSQUITO CONTROL

The staff of the British Mosquito Control Institute at Hayling Island is continuing with anti-mosquito measures and steady progress was made during the year.

The continued illness of their Director, Mr. Marshall, gave rise to some anxiety for the continuance of our arrangements, and a conference was held with neighbouring authorities at Havant to review the situation. The report and recommendations are to be published to all the local authorities likely to be concerned.

The following summary shows the particulars of the work carried out :

DRAINAGE DEFECTS						1947	1946
Drains cleared	..	..	..	..	..	246	237
Drains cleared in factories	..	..	..	..	..	—	1
Drains repaired or relaid	..	..	..	..	..	136	110
Drains ventilated or ventilating shafts repaired	..	..	..	..	..	28	16
New water closet pans provided..	..	..	..	..	..	123	120
New pedestal closet pans provided	..	..	..	..	..	122	113
Water closet fittings repaired	..	..	..	..	..	379	317
Flushing apparatus to water closets provided	..	..	..	..	..	11	14
" " " " " " " " in factories	..	..	..	..	..	1	3
Separate and additional sanitary accommodation provided	..	..	..	..	..	7	3
Water closets disconnected from factories..	..	..	..	..	..	4	4
" " screened from factories	..	..	..	..	..	7	4
" " ventilated	..	..	..	..	..	3	3
" " cleansed	..	..	..	..	..	26	1
Gratings provided to gully traps..	..	..	..	..	..	33	14
Glazed stoneware sinks provided	..	..	..	..	..	118	22
Sink waste-pipes repaired, trapped or renewed	..	..	..	..	..	69	104

OTHER DEFECTS							
Rain-water spouting cleansed or repaired..	..	..	..	..	..	946	795
Roofs repaired	..	..	..	..	..	1,891	1,651
Weather slating repaired or external walls protected	..	..	..	..	..	391	287
Floors, stairs or doors repaired	..	..	..	..	..	1,402	1,171
Sashes, lines, sills, glazing or sash frames repaired	..	..	..	..	..	1,905	2,102
Damp courses provided or repaired	..	..	..	..	..	133	88
Houses or parts of houses cleansed or distempered	..	..	..	..	..	62	184
" " " " repaired	..	..	..	..	..	2,128	2,011
Sanitary dustbins provided	..	..	..	..	..	46	9
Dust chutes cleansed or repaired	..	..	..	..	..	10	5
Space beneath floors ventilated	..	..	..	..	..	107	74
Yards, stables, sties, etc., repaved	..	..	..	..	..	80	49
Water supply laid on or water services repaired	..	..	..	..	..	150	91
Factories cleaned or distempered	..	..	..	..	..	5	8
Factory floors repaired	..	..	..	..	..	1	—
Factory roofs repaired	..	..	..	..	..	2	2
Factories or parts of factories repaired	..	..	..	..	..	5	35
Cooking ranges or firegrates repaired or renewed	..	..	..	..	..	405	356
Coppers repaired or renewed	..	..	..	..	..	25	4
Other nuisances in dwelling-houses abated	..	..	..	..	..	82	175

OFFENSIVE MATTER, etc.							
Manure and refuse removed	..	..	..	..	..	17	35
Stagnant water removed	..	..	..	..	..	15	4
Animals removed	..	..	..	..	..	2	—

SLAUGHTER-HOUSES, STABLES, etc.							
Yards, stables, sties, etc., cleaned	..	..	..	..	..	3	5
Bakehouses cleansed	..	..	..	..	..	4	3

GENERAL INSPECTION

DWELLING HOUSES.—8,386 (9,229) dwelling-houses were inspected, and 11,238 (10,464) re-inspections were made whilst work ordered to be carried out was in progress ; 621 (3,129) other inspections of buildings were also made.

COMPLAINTS.—4,076 (4,060) complaints were made at the office and received attention.

COMMON LODGING HOUSES.—7 (6) visits were made to the 1 (1) registered common lodging house.

FACTORIES.—244 (146) visits were made to the factories, which have been well kept, and 23 (43) visits to out-workers' premises ; 7 (10) complaints were received from H. M. Inspector of Factories, all of which received attention ; 76 (53) inspections of bakehouses were made.

OLD DRAINS.—262 (275) old drains were tested or re-tested.

NEW BUILDINGS.—1,085 (470) inspections and visits were made in connection with the examination of sanitary fittings.

OCCUPATION CERTIFICATES.—997 (159) occupation certificates were issued with respect to new buildings.

SANITARY CERTIFICATES.—No (2) sanitary certificates with respect to sanitary conditions of the drains and fittings of old dwelling-houses have been issued.

INCREASE OF RENT AND MORTGAGE INTEREST (RESTRICTIONS) AMENDMENTS ACT 1933. Under this Act no (no) certificates relating to dwelling-houses not being kept in a reasonable state of repair were granted to tenants.

RATS AND MICE (DESTRUCTION) ACT.—81 (301) visits were made to rat infested premises, and no (no) notices were served.

INFECTIOUS DISEASES.—558 (666) cases of infectious diseases and suspected infectious diseases were visited and investigated, and 1,201 (1,117) rooms were disinfected by the disinfectors.

HOUSING ACT 1936.—591 (595) inspections made.

PORT SANITARY INSPECTION.—31 (3) vessels inspected.

ICE CREAM PREMISES.—210 (198) inspections made.

OTHER DUTIES

REQUISITIONING.—442 Notices fixed.

MUNICIPAL RESTAURANTS.—3 (30) inspections.

FOOD PREMISES.—40 (133) inspections.

MOSQUITOES—STATIC WATER TANKS, ETC.—9 (15) inspections.

TIMBER CONTROL (Certification for Licence to Acquire and Consume Timber).—226 (422) inspections.

HOUSING FILES ASSESSED.—7151.

HOUSING ALLOCATION VISITS & INSPECTIONS.—2218.

INSPECTION OF FACTORIES, WORKPLACES AND OUTWORKERS' PREMISES

						1947	1946
Power Factories on Register at end of year	..	..	..	..	..	572	568
Non-Power Factories on Register at end of year—							
Retail Bakers	..	..	..	..	..	13	13
Tailoring	..	..	..	..	..	42	42
Dressmaking and Millinery	..	..	..	..	..	19	19
Upholstery	..	..	..	..	..	6	6
Laundries	..	..	..	..	..	—	—
Photography	..	..	..	..	..	4	4
Miscellaneous	..	..	..	..	..	108	113
					TOTAL	192	197

Inspections for Purposes of Provisions as to Health.

PREMISES	Inspections		Defects found		Written Notices		Defects Remedied	
	1947	1946	1947	1946	1947	1946	1947	1946
Power and Non-Power Factories	244	146	24	22	—	14	24	20

HOMEWORK

Number of Outworkers	Contractors 13 (13) ;	Workmen 209 (263)
Outworkers in unwholesome premises .. ..	.. ..	Nil (Nil)
Notices served .. ..	.. ..	Nil (Nil)
Outworkers in infected premises .. ..	.. ..	Nil (Nil)

REPORT ON CLEANSING

I am indebted to the Manager of the Cleansing and Haulage Department for the following report on the Cleansing Service during 1947/48 :—

The year has seen a gradual return to static staff as a result of the majority of pre-war employees having been demobilised and there has been a noticeable improvement in the standard of work as a result. At the same time recruitment has been easier and a more satisfactory type of employee has been available.

Refuse collection has been maintained on a weekly interval but a system has been introduced to provide for the accelerated collection of refuse at Bank Holiday times to obviate any premises having longer than a weekly interval between collections. Much more arduous work involving considerably increased expenditure per premise has been encountered by the rehousing programme particularly on the Paulsgrove and Wymering sites where very long carrying out is involved. Prefabricated housing sites with the limitation of good service roads are particularly difficult for the refuse collection service.

An encouraging feature has been the increase in salvage mainly due to various publicity drives organised. The yield of waste paper during the year has shown a 40% increase over the 1946 figure and a net income of approximately £9,000 has been made available from salvage sales.

The year was marked by the very severe weather in the early months, which tested the resources of the department to the full, but there was no hold-up in traffic within the City at any time during the six weeks of frozen conditions. The stock of salt hitherto found to be sufficient for normal needs was soon exhausted but great benefit was derived from the use of gully and cesspool emptiers in laying salt water drawn from the sea.

Towards the end of the year the first of two mechanical sweeper collectors was delivered and put into service and has been settled into a permanent area with highly satisfactory results. These machines, it is confidently expected, will prove invaluable on the Southsea front area during the height of the season. The building programme in the northern area of the City has considerably increased the department's street sweeping activities and much difficulty has had to be overcome in the blitzed sites in the centre of the City.

The Concentrator Plant for processing raw kitchen waste has been operated continuously throughout the year and, despite the potato rationing and limitation of service personnel towards the end of the year, the output has shown an encouraging increase. This indicates that the yield from private households is improving. In November the Council approved the introduction of an experimental scheme for the separate collection of kitchen waste and waste paper in one area of the City involving the supply to each household of a container and it is hoped the scheme will be put into operation early in 1948.

Although the year 1947 has not been an easy one, commencing as it did with the abnormal weather conditions and governed to a great extent by the difficulties besetting industry in general, the results of the year's work are encouraging and distinct progress towards a return to normal activities after the disruption of the war years is evident.

MUNICIPAL DISINFECTANT STATION

MANUFACTURE OF DISINFECTANT FLUID

	1947	1946
	Gallons	
Amount Manufactured	6,500	5,500
Issued to Public	3,204	3,220
Public Swimming Baths	3,210	2,220
Meat Store	—	50
Miscellaneous	28	10

PORT SANITARY AUTHORITY

To the Chairman and Members of the Port Sanitary Authority.

Ladies and Gentlemen,

I have the honour to present my Report of the work of the Port Sanitary Authority of Portsmouth during the year 1947.

The total number of foreign and coastwise ships entering the port last year shows a marked increase as compared with the previous year.

There were no cases of infectious disease reported in the area during the year.

I desire to express my thanks to the King's Harbour Master and to H.M. Collector of Customs and staff for their cordial co-operation and valuable assistance during the year.

It is again my pleasure to record my appreciation of the excellent service readily and willingly given me by the Port Sanitary Inspector.

To the Chairman and Members of the Portsmouth Port Sanitary Authority my thanks are due for their unfailing sympathy and support in all matters relating to Port Sanitation throughout the year.

JURISDICTION OF THE PORT SANITARY AUTHORITY.

The limits of the jurisdiction of the Port Sanitary Authority are as follows :—

"So much of the Port of Portsmouth as lies to the east of a line drawn due south from the most southerly point of the pier at Stokes Bay to a point 50°45' N. Lat. ; to the west of a line drawn due south to the same parallel of latitude from the south eastern extremity of the common boundary of the Parishes of Havant and Warblington ; and to the north of a line drawn due west along the same parallel of latitude from the point at which the line lastly hereinbefore mentioned meets the said parallel to the point secondly hereinbefore mentioned.

"Together with the waters of the said Port of Portsmouth within such limits, and the place which may from time to time be appointed for the Customs Boarding Station for such part of the said Port, and the place which may from time to time be appointed for the mooring and anchoring of ships for such part of the said Port, under any Regulations for the prevention of the spread of diseases issued under the Authority of the Statutes in that behalf, and the place which may from time to time be appointed, with our consent, for the mooring or anchoring of any floating hospital provided by the said Sanitary Authority ; and, for the purpose of any such Regulations as aforesaid, shall also extend to any ship which, in pursuance thereof, or of any directions given thereunder, shall be moored or anchored at the place appointed thereunder as aforesaid, or which shall be on its way thither, together with the docks, quays, wharves, rivers, creeks, streams, channels, roads, bays and harbours within the aforesaid limits."

I. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR.

TABLE A

	No.	Tonnage	Number Inspect'd		Number reported to be defective	Number of vessels on which defects were remedied	Number of Vessels reported as having or having had during the voyage infectious disease on board
			By the Medical Officer of Health	By the Sanitary Inspector			
FOREIGN							
Steamers,							
Motor	82	16,944	3	37	14	14	Nil
Sailing ..	—	—	—	—	—	—	—
Fishing ..	—	—	—	—	—	—	—
COASTWISE							
Steamers,							
Motor ..	1,174	309,919	0	178	43	43	Nil
Sailing ..	—	—	—	—	—	—	—
Fishing ..	—	—	—	—	—	—	—
TOTAL							
Foreign and Coastwise	1,256	326,863	3	215	57	57	Nil

II. CHARACTER OF TRADE OF PORT

There was no passenger traffic during the year.

Cargo Traffic. The principal imports were coal, cement, stone, oil, timber, building materials, tomatoes, onions, potatoes and general cargo traffic, from France, Holland, Belgium, Germany, Sweden, Finland, Norway and Channel Islands.

III. SOURCES OF WATER SUPPLY

The water used in the Docks is supplied by the Portsmouth Water Company. Vessels in dock are supplied from hydrants on the quay.

With regard to the supply of drinking water to ships arriving at and leaving the Port, the following precautions are taken before water is supplied.

When the water is turned on it is allowed to run through the hydrants for a while and then the hose is connected and the water allowed to run through the hose in the same way. When the quantity of water needed has been supplied the hose is disconnected, the water allowed to run through, and the hose replaced in the store, where it is locked up safely. The hydrants are locked and covered up also, and the area in the vicinity of the hydrants and hose pipes is kept scrupulously clean by washing down.

IV. PORT HEALTH REGULATIONS 1933

1. *Arrangements for dealing with Declarations of Health.*

Declarations of Health, which must be filled in and signed by the Master of every ship arriving from a foreign port are obtained :—

- (a) in respect of vessels from non-infected ports by the Customs Officer, who forwards them to the Port Medical Officer.

- (b) in respect of vessels from infected ports by the Port Medical Officer. Vessels are visited in dock by the Port Sanitary Inspector as soon as possible after docking.

2. *Telegraphic Address.*

To avoid delay in notifying inward vessels requiring special attention, the telegraphic address "Portelth" suggested by the Ministry of Health has been adopted by the Port Sanitary Authority.

3. *Mooring Stations.*

Under Article 10 of the Port Health Regulations 1933 the following mooring stations have been established, with the concurrence of the King's Harbour Master and the Commissioners of Customs and Excise; these are subject to variation by the Commander-in-Chief, should the necessity arise.

- (a) OUTER MOORING STATION.
An area about half a mile north-west of Mother of Bank Spit.
- (b) INNER MOORING STATION.
The upper reaches of Portsmouth Harbour.

This agreement is subject to the following understandings:—

(1) That the mooring place referred to at (a) above is for ships with cholera, plague, yellow fever, typhus fever or smallpox on board, and that at (b) for all other unhealthy ships not within a standing exemption.

(2) That a standing exemption from detention under Article 14 has been granted by the Medical Officer of the Port Sanitary Authority in respect of any ship which—

- (i) has called at a port or seaboard included in the weekly return of infected or suspected ports or seaboards, but reports "all well" during the voyage, or arrives with no sickness on board, unless a written notice to the contrary has been delivered to the Customs Officer by or on behalf of the Medical Officer of the Port Sanitary Authority.
- (ii) has on board a case of minor infectious disorder, namely, chicken-pox, measles, scarlet fever, diphtheria, enteric fever, erysipelas, malaria, dysentery, pneumonia, tuberculosis, mumps or cerebro-spinal fever.

(3) That when necessary the Port Sanitary Authority will convey the Customs Officers to the mooring place referred to as (a) above, free of expense to the Crown.

4. *Arrangements for dealing with cases of Infectious Diseases, etc.*

Cases of infectious diseases are removed to the City Infectious Diseases Hospital by means of the Municipal Ambulance and Medical Car Service, and cases of smallpox are removed to the smallpox hospital at Elson.

Contacts of Infectious Diseases Cases.

- (a) Living in the City. If not removed to hospital they are kept under observation by the Sanitary Inspector.
- (b) Proceeding to an address outside the City. The Medical Officer of Health of the place of destination is advised,

Accommodation is available at the docks for the medical examination of suspected cases if necessary.

Personnel and clothing are disinfected at the Infectious Diseases Hospital. Provision can be made for the temporary accommodation of persons who may have to be detained pending further examination.

Arrangements are made at the Venereal Diseases Clinic, Saint Mary's Hospital, for the diagnosis and treatment of venereal diseases among sailors.

TABLE C

There were no cases of infectious diseases landed from vessels.

TABLE D

There were no cases of infectious diseases occurring upon the voyage but disposed of prior to the vessel's arrival.

V. MEASURES AGAINST RODENTS

Vessels arriving from abroad are examined periodically by the Port Sanitary Inspector. Rat disinfestation is carried out by the Rodent Control Section of the Health Department.

When necessary rat guards are placed on ropes between ships and the quays. The Port is not approved for the deratisation of ships.

RATS DESTROYED DURING THE YEAR

(IN VESSELS)

TABLE E

NUMBER OF RATS								Total
Black	-
Brown	-
Species not recorded	-
Examined	-
Infected with plague	-

TABLE F

RATS DESTROYED IN DOCKS, QUAYS, WHARVES, WHAREHOUSES

NUMBER OF RATS								Total
Black .. ..	..	..	..	..	..	..	..	217
Brown .. ..	..	..	..	..	..	..	..	615
Species not recorded	..	..	..	..	..	..	..	-
Examined ..	..	..	..	..	..	..	..	-
Infected with plague	..	..	..	..	..	..	..	-

VI. HYGIENE OF CREWS' SPACES

TABLE J

Nationality of Vessel	No. Inspected during year	Defects of original construction	Structural defects through wear and tear	Dirt, vermin and other conditions prejudicial to health
British	178	-	-	43
Other Nations ..	37	-	-	14

VII. FOOD INSPECTION

The importations of foodstuffs are small in amount, these being chiefly potatoes, vegetables, butter, margarine, bacon, flour, wheat, tomatoes and sugar. During the year no adverse reports were made by the Veterinary Officer and Food Inspector.

Shell-fish—There is no oyster-laying within the area of the Port Health Authority.

During the year no action was taken under the Public Health (Imported Food) Regulations 1937, the Public Health (Preservatives, etc., in Food) Regulations 1925 to 1940, and the Public Health (Imported Milk) Regulations 1926, the Public Health (Shellfish) Regulations 1934, and the Food and Drugs Act 1938 (Section 39).

The number of livestock landed at the docks from the Isle of Wight was 475 (horses 66, cattle 166, calves 14, sheep 57 and pigs 172). During the inspections of livestock no clinical evidence of the existence of any contagious or notifiable diseases was found.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

T. E. ROBERTS,

*Medical Officer of Health,
City and Port of Portsmouth.*

THE PUBLIC ANALYST'S REPORT.

THE PUBLIC ANALYST'S DEPARTMENT,

TRAFALGAR PLACE,

CLIVE ROAD,

PORTSMOUTH.

To the Chairman and Members of the Health and Housing Committee.

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the work carried out in my Department during the year 1947.

The proportion of unsatisfactory samples of Foods and Drugs was higher than last year, being 7.0 per cent of the samples submitted as compared with 3.9 per cent in 1946.

In the prevailing circumstances the quality of some foods is necessarily lower than would be acceptable in the normal times, and it is especially important that the minimum standards of to-day should be enforced. This view has received the support of the Courts in the eight cases where proceedings were instituted, and fines and costs amounting to over £92 were imposed for the sale of foods which were not of the nature, substance and quality demanded.

Two items call for comment, viz., the large number of samples of abnormal milk which were of low quality, due to bad feeding and breeding, and the sale of low quality savoury meat preparations of the type of sausage meat containing more bread than meat.

In the middle of the year my deputy, N. Heron, F.R.I.C., was appointed Deputy City Analyst for Liverpool, and difficulty in filling the vacancy taxed the resources of the department to the utmost for the second half of the year.

The effect upon the efficiency of the analytical work was kept to a minimum by the willing co-operation of my assistants, C. M. Beckett and D. A. Boswall, A.R.I.C., who have given loyal assistance in dealing with the extra work.

Your Sampling Office, F. R. Bell, has also had a busy year. He has taken more samples than in previous years, and has carried out his duties with tact and efficiency.

I remain, Ladies and Gentlemen,

Your obedient servant,

A. L. WILLIAMS,

Public Analyst,

REPORT OF THE PUBLIC ANALYST.

During the year ending 31st December, 1947, the total number of samples submitted to the Department for examination was 2,175. These may be summarised as follows:—

	1947	1946
CHEMICAL ANALYSIS		
Milks	818	579
Other Foods and Drugs	579	607
Water	3	3
Miscellaneous	180	122
	—1580	—1311
BACTERIOLOGICAL EXAMINATIONS		
Water	24	21
Ice Cream	86	27
Designated and Heat-treated Milks	316	322
Diphtheritic Material	—	427
	—426	—797
ANALYSES FOR THE		
BOROUGH OF GOSPORT	169	160
TOTAL	<u>2175</u>	<u>2268</u>

During the year 1,397 samples were submitted under the Food and Drugs Act, 1938, and of these, 98 (equal to 7.0 per cent) were found to be adulterated or incorrectly labelled.

The adulterated samples consisted of 67 milks, 24 other foods and 7 drugs.

In six instances the samples were unsatisfactory in so far as the label was concerned (four drugs and two foods).

Among the unsatisfactory foods were cordials, jam, sausages and salad cream, the standard quality of which is already lower than pre-war.

In eighteen cases cautionary letters were sent to offenders.

Legal proceedings were instituted on eight occasions and fines and costs amounting to £92 15s. 9d, were imposed.

CHANGES IN LEGISLATION.

During the year under review amendments and additions include the removal of control of canned soups, which have been maintained at a minimum standard quality for a number of years. A new Order controlling gelatine defines the chemical purity which edible gelatine must possess, and prohibits the use of edible gelatine for purposes other than the preparation of certain foods.

Within definite limits, a proportion of the fat in sausages may now consist of fat of vegetable origin.

The minimum amount of volatile oil in mustard has been reduced from 0.35 per cent to 0.28 per cent, so that a higher proportion of white mustard seed may now be added to the more pungent brown mustard.

A new Order prescribes maximum limits for fluorine in acid phosphates. These phosphates are used in preparing raising mixtures and additional analytical work will now be required on baking powder, self-raising flour, cake flours, etc.

The Soft Drinks Order has been amended to permit the use of branded names and the manufacture of higher quality drinks. To protect the public from the sale of worthless drinks the Order prescribes minimum quantities of sugar and fruit juice, and sets a maximum limit to the amount of saccharine that may be used.

Nature of Sample	Number Examined	Number Genuine	Number Irregular	Percentage Irregular
Foods				
Milk	818	751	67	8.2
Almonds, Substitute	1	—	1	100.0
Apple Juice	1	1	—	—
Baking Powder	4	3	1	25.0
Barley Crystals	1	1	—	—
Butter	40	40	—	—
Cheese	38	38	—	—
Chocolate Preparations	2	2	—	—
Cocoa	9	9	—	—
Coffee	9	9	—	—
Coffee and Chicory	5	5	—	—
Coffee and Chicory Essence	2	2	—	—
Cooking Oil	1	—	1	100.0
Cordials	18	13	5	27.8
Curry Powder	4	4	—	—
Custard Powder	1	1	—	—
Dried Onion	1	1	—	—
Extract of Meat	1	1	—	—
Fish Cakes	6	6	—	—
Fish, Canned	1	1	—	—
Fish Paste	15	15	—	—
Flour, Cake	15	15	—	—
Flour, Self-raising	2	2	—	—
Gelatine	2	2	—	—
Golden Raising Powder	4	4	—	—
Jelly	1	1	—	—
Lard and Cooking Fat	40	40	—	—
Lemonade Crystals	1	1	—	—
Margarine	40	40	—	—
Meat Paste	2	2	—	—
Meat Preparations	15	8	7	46.6
Milk (sweetened condensed)	2	2	—	—
Mineral Water	1	1	—	—
Pickled Cabbage	1	—	1	100.0
Preserves	24	23	1	4.2
Saccharine	4	4	—	—
Salad Dressing	2	—	2	100.0
Sandwich Spread	1	1	—	—
Sausage, Pork and Beef	8	5	3	37.5
Semolina	1	1	—	—
Soup	9	9	—	—
Soya Flour	3	3	—	—
Stuffing	1	1	—	—
Sugar	40	40	—	—
Sweets	23	23	—	—
Tea	39	37	2	5.1
Tripe	2	2	—	—
Vinegar	8	8	—	—
Whale Meat Preparations	2	2	—	—
Yeast	1	1	—	—
Total Foods	1272	1181	91	7.1

Nature of Sample	Number Examined	Number Genuine	Number Irregular	Percentage Irregular
Drugs				
Ammonia	1	1	-	-
Aspirin Tablets	12	12	-	-
Balsam of Aniseed	1	-	1	100.0
Bath Salts	1	-	1	100.0
Bicarbonate of Soda	6	6	-	-
Bismuth Magnesium Tablets	1	1	-	-
Borax, Glycerine of	2	2	-	-
Borax, Honey	3	3	-	-
Bronchial Elixir	1	-	1	100.0
Camphorated Oil	4	4	-	-
Catarrh Cough Syrup	1	1	-	-
Cough Linctus	1	1	-	-
Calcium Sodium Lactate Tablets	4	3	1	25.0
Catarrh Tablets	1	1	-	-
Chocolate Laxative	1	1	-	-
Cinnamon and Quinine	1	-	1	100.0
Epsom Salts	7	7	-	-
Formalin Tablets	1	1	-	-
Fuller's Earth	4	4	-	-
Glauber's Salts	8	7	1	12.5
Glycerine	2	2	-	-
Health Tablets	1	1	-	-
Hydrogen Peroxide	3	3	-	-
Iodine, Tincture of	6	6	-	-
Influenza Mixture	1	1	-	-
Kaolin Poultice	2	2	-	-
Lanoline	2	2	-	-
Lemon Linctus	1	1	-	-
Lemon, Glycerine and Honey	2	2	-	-
Liquorice Powder (comp.)	1	1	-	-
Medicated Foot Salts	1	1	-	-
Myrrh and Borax, Tincture of	1	1	-	-
Parrish's Chemical Food	8	8	-	-
Quinine Ammoniated Tincture	10	9	1	10.0
Seidlitz Powders	5	5	-	-
Soda-Mint Tablets	5	5	-	-
Sulphur Ointment	2	2	-	-
Sulphur Tablets	4	4	-	-
Sulphur and Yeast Tablets	1	1	-	-
Syrup of Figs	2	2	-	-
Figs	2	2	-	-
White Precipitate Ointment	1	1	-	-
Wintergreen Ointment	1	1	-	-
Zinc Ointment	2	2	-	-
Total Drugs	125	118	7	5.6
Total Foods	1272	1181	91	7.1
Total Food and Drugs	1397	1299	98	7.0

MILK.

ADULTERATED MILK. 816 samples of milk from roundsmen, schools, institutions and from farmers were examined for nutritive quality during the year and sixty-five samples (8.0 per cent) were reported to be adulterated.

In addition, two samples of milk were grossly contaminated with dirt, in each case due to inefficient washing of the milk bottles.

Of the sixty-five adulterated samples, fifty-three contained extraneous water and twelve were deficient in milk fat.

ADULTERATED MILKS.

No.	Formal Informal Private	Nature of Offence	Observations
25	F	2% extraneous water	Caution
34	I	3% " "	
35	I	3% " "	
36	I	2% " "	
37	I	2% " "	
38	I	2% " "	
39	F	2% " "	
40	F	2% " "	Referred to County Council
395	I	3% " "	
396	I	3% " "	Dismissed under P.O.A. on payment of £7 14s. 6d. Costs
397	F	5% " "	
399	F	5% " "	
400	F	5% " "	
404	F	5% " "	
405	F	11½% " "	
408	F	7% " "	
402	F	3½% " "	Dismissed under P.O.A. on payment of £7 4s. 3d. Costs
403	F	3% " "	
409	F	3½% " "	
410	F	3½% " "	
415	F	1½% " "	
416	F	3% " "	
417	F	1½% " "	
418	F	1½% " "	See Samples 447-461
427	I	1½% " "	
447	I	4% " "	Caution
449	I	2% " "	
450	I	3% " "	
451	I	3% " "	
452	F	2½% " "	
453	F	1% " "	
455	F	3% " "	
456	F	1½% " "	Fined £18 and £2 17s. 0d. Costs.
461	F	3½% " "	
646	F	11% " "	
647	F	4% " "	
648	F	5% " "	
654	F	12% " "	
655	F	2% " "	
656	F	7% " "	See Samples 855-963
657	F	½% " "	
658	F	4% " "	
659	F	2% " "	
843	I C.Is.	7½% deficient in Milk Fat	See Samples 855-963
854	I "	5% " "	

No.	Formal Informal Private	Nature of Offence	Observations
855	I C. Is.	7½% deficient in Milk Fat	Caution
856	I "	5% " "	
891	I "	12½% " "	
892	I "	12½% " "	
961	I "	20% " "	
963	I "	7½% " "	
1033	I	6½% extraneous water	Fined £5 and £9 3s. 0d. Costs
1034	I	4½% " "	
1036	F	9% " "	
1037	F	7% " "	
1041	F	15% " "	
1042	F	5% " "	
1043	F	11% " "	
1044	F	1% " "	
1064	I C. Is.	22% deficient in Milk Fat	Caution
1170	F	7% extraneous water	Caution
1178	F	5½% " "	
1219	F	8% deficient in Milk Fat	Caution and referred to Ministry of Agriculture
1221	F	10% " "	
1223	F	8% " "	
M130	P	Contaminated with dirt	Caution
M190	P	Contaminated with dirt	Caution

Proceedings were taken against four farmers, who were responsible for thirty-one samples. In each case the adulteration was found proved, and fines and costs amounting to £49 18s. 9d. were imposed.

In two instances the magistrates dismissed the cases on payment of costs, having regard to the fact that the milk was produced in the Isle of Wight and the place of delivery was the Harbour Station, Portsmouth. It was claimed, on behalf of the defendants, that it was unfair to hold the farmer responsible for the milk during its transport by rail and boat.

All the adulterated milk was proved, by subsequent sampling, to have its origin outside the city.

Sample No. 427, which contained a small quantity of extraneous water, was a test pint bottle from a local dairyman. When samples were taken from his suppliers it was found that No. 447-461 also contained a small quantity of water. The farmer responsible for these samples was cautioned.

CHANNEL ISLAND MILK. This milk is the product of cows of the Channel Island breeds, and it is required to contain not less than 4.0 per cent of milk fat, whereas the limit for ordinary milk is 3.0 per cent of fat. The farmer receives a premium for this type of milk, and in turn, both the dairyman and the consumer pay a higher price than for ordinary milk.

Forty-nine samples of this milk were examined during the year, and in nine cases the proportion of fat was deficient of $2\frac{1}{2}$ per cent to 22 per cent of the standard. Two of these samples were taken from a local dairyman, but further investigation showed that two of his suppliers were responsible. Seven samples of low quality Channel Island milk were taken on delivery from these farmers to the dairy. They were cautioned. Subsequent samples from these sources were satisfactory.

The average quality of this milk was superior to ordinary milk in all respects, the figures being: Channel Island Milk—fat 4.41 per cent, solids-not-fat 8.76 per cent, and for ordinary milk—fat 3.74 per cent, solids-not-fat 8.60 per cent.

ABNORMAL MILK OF LOW QUALITY.—The analytical results for 1947 indicate that an increasing number of herds are producing low quality milk. 130 samples out of the 816 which were examined (*i.e.*, 15.9 per cent) were genuine milk which failed to reach the minimum limits of the Ministry of Agriculture. This high proportion is, to some extent, due to the fact that each herd was sampled on two or three occasions over a period. The number of farms responsible was twenty-four, with an average yield of thirty gallons of milk per day.

The majority of the samples (115) were deficient of solids-not-fat (milk sugar, protein and mineral salts), the limit for which is 8.5 per cent. Fifteen samples contained less than 8.1 per cent, seventy-six samples 8.1 to 8.3 per cent and twenty-four samples 8.4 per cent solids-not-fat. Some of these samples, sixteen, were also deficient of fat. The remaining fifteen samples were deficient in milk fat but were otherwise satisfactory.

In all cases there was no evidence of tampering. This was proved by the freezing point of the milk and/or by appeal-to-cow samples.

Each farm was visited by the Agricultural Organiser of the Ministry of Agriculture, who advised the farmer on breeding and feeding. Since the so-called standard is really a "presumptive limit" the only action that can be taken in these cases is advisory.

The reports show that, whilst lack of feeding stuffs is an important factor, there is also a general decline attributed to breeding, which results in cows producing low quality milk even under good management.

To-day the emphasis is on quantity rather than quality, and there is nothing to stimulate the farmer to cull his inferior cows with poor quality ancestry if he is obtaining a satisfactory yield. Low quality milk is now prevalent over the whole country, and it has been suggested that the Ministry should encourage improvement in the quality of the ordinary supply instead of the production of special types of milk.

From a nutritive point of view, the solids-not-fat of milk are of more importance than the cream, and it is unfortunate that, whilst the cream line can be seen and approximately judged by the consumer, only a chemical analysis can show the proportion of other milk solids.

AVERAGE COMPOSITION OF MILK.—It is to be expected that the average quality of the mixed milk from the dairies has been affected by the proportion of abnormal milk. The following table shows the average composition of milk as sold to the public; Channel Island milk has been excluded.

AVERAGE COMPOSITION OF MILK.

Month	Fat	Solids-not-Fat	Total Solids	No. of Samples examined
January	4.02	8.49	12.51	35
February	3.95	8.56	12.51	42
March	3.65	8.55	12.20	31
April	3.34	8.55	11.89	29
May	3.64	8.67	12.31	20
June	3.62	8.73	12.35	24
July	3.68	8.66	12.34	28
August	3.75	8.50	12.25	22
September	3.65	8.67	12.32	26
October	3.94	8.67	12.61	27
November	3.89	8.59	12.48	23
December	3.82	8.67	12.49	20
Average 1947 ..	3.74	8.60	12.35	327
" 1946 ..	3.88	8.78	12.66	314

DESIGNATED AND HEAT-TREATED MILKS.

About 99 per cent of the milk sold in Portsmouth is subjected to heat treatment in the form of pasteurisation, "flash heating", or sterilisation.

The process of pasteurisation is carried out with great care, for an inadequate temperature may give a false security by leaving dangerous bacteria unharmed, and too high a temperature is likely to affect the flavour and cream-rising properties.

By means of the Phosphatase test it is possible to prove that milk has been heated to the temperature necessary to destroy all pathogenic organism. It also proves that no raw milk has been subsequently mixed with the milk.

During the year 271 samples of milk were examined by the Phosphatase test and fifteen samples failed. In each case the failure was slight, due to a small error in plant control, which was speedily corrected. Most of the failures were flash heat-treated milk.

All samples of Designated milk must satisfy the Methylene Blue test, which measures the keeping quality. By indicating the chemical activity of the organisms present in the milk, the test rejects any which is stale or contaminated with dirt. Milk which satisfies the Methylene Blue test will keep in a sweet condition from one delivery to the next, if stored in a reasonably cool place.

Raw milk is sold under the designation, Tuberculin Tested, T.T. Certified and Accredited. The cows from which these milks are obtained are regularly inspected, the premises must conform to a high standard of cleanliness, and the milking must be conducted under scrupulously clean conditions.

The Coliform test is used to ascertain if these conditions are being observed at all times. Failure indicates contamination from dirt and dung as a result of faulty and unclean milking conditions.

It is of interest to note that all the 97 samples of School milk and all the 20 samples of milk from Institutions and Hospitals satisfied the prescribed tests in 1947.

The following table gives the results obtained on the 316 samples of Designated milks examined during the year :—

Class of Milk	No. Exmd.	Failed Methylene Blue Test	Failed Phosphatase Test	Failed Coliform Test	Number Satisfactory	% Satisfactory
Pasteurised	79	4	3	—	72	91.1%
School Milk (pasteurised) ..	97	—	—	—	97	100.0%
Heat-treated	74	1	12	—	61	82.4%
Sterilised	11	1	—	—	10	90.9%
Tuberculin Tested (pasteurised) ..	10	—	—	—	10	100.0%
Tuberculin Tested ..	15	5	—	7	8	53.3%
Tuberculin Tested (certified) ..	13	—	—	1	12	92.3%
Accredited	17	—	—	2	15	88.2%
Total 1947 ..	316	11	15	10	285	90.2%
„ 1946 ..	322	20	9	4	292	90.6%

All cases of failure have been followed up by your Sampling Officer, and he has received the co-operation of the dairymen in finding and eliminating the cause.

Under the Milk (Special Designations) Orders, 1936-46, the Local Authority is responsible for all these milks, except heat-treated and sterilised. These two classes are subject to licence by the Ministry of Food and failures are reported to the Area Milk Officer of the Ministry.

ICE CREAM.

NUTRITIVE QUALITY.—There is no standard of quality laid down for ice cream. The nutritive value and the palatability tend to move up and down, according to the allocations of fat, milk powder, sugar and cornflour which are available to the manufacturers. The rationing of sugar confectionery results in a ready sale for ice cream, and not all manufacturers

resist the temptation to produce a high gallonage of a low quality product. Some maintain a standard fat content of 10 to 12 per cent, but others produce a product containing less than the 3 per cent of fat which is present in milk.

During the year the results of the examination of one sample from each of sixteen different manufacturers was as follows: five samples over 8 per cent fat, two samples 3 to 8 per cent fat, nine samples less than 1 per cent fat.

The consumer has no means by which these widely differing qualities may be distinguished. The law permits the designation "ice-cream" to be applied to all, and the highest price may be charged for the poorest quality.

HYGIENIC QUALITY.—Ice cream is a first-class food supply for bacteria, and outbreaks of disease have been definitely traced to infected supplies. In May, 1947, the Ministry of Health introduced Regulations which enforced the pasteurisation of ice cream mix and provided for the storage of the frozen product at low temperatures at all times. The Regulations ensure that any pathogenic organisms in the mix will be destroyed, but there still remains the possibility of contamination of the frozen mix.

Pasteurisation may be avoided only if the ice cream is prepared from a mixture of complete cold mix powder and pure water, and if the mixture is frozen within one hour of reconstitution.

It is necessary to rely upon inspection to enforce the Regulations, but laboratory tests can indicate where inspection is most urgently required and, in particular, where there is unnecessary contamination between the time of manufacture and the time of sale to the consumer.

For this purpose the Ministry of Health has recommended a Methylene Blue test, which is claimed to be suitable for the routine examination of ice cream. The interpretation of the results is provisional only; a comparison with the plate count showed agreement in forty out of fifty-six samples which were examined by both tests.

Eighty-three samples were examined by the Methylene Blue test and gave the following results:—

24 samples (29%)	Grade I & II	..	Satisfactory
21 samples (25%)	Grade III	..	Inferior
38 samples (46%)	Grade IV	..	Unsatisfactory

This means that the thirty-eight unsatisfactory samples were contaminated with organisms from dust and dirt, but not necessarily those organisms which are responsible for disease. The tests for pathogenic organisms are too expensive and time-consuming for routine purposes and, therefore, ice cream must be regarded as unsatisfactory if any of the numerous types of bacteria are present in excessive numbers. Faulty methods are indicated, and it should be appreciated that the contamination may be harmless on one day and dangerous on the next.

Thirteen samples contained faecal *B. coli* in one-tenth of a millilitre. This organism normally inhabits the human and animal intestine. Its presence in ice cream may result from contamination from flies, dust of manure, or from handlers whose personal hygiene is not all that could be desired. The significance of this organism in food is of importance when considered with the fact that the germs of infectious disease leave the body of a sufferer or a "healthy carrier" in the faeces and urine. For this reason flies should not be permitted to touch ice cream; they carry infection, because they are as attracted by faeces as they are by ice cream, and they vomit and defaecate on the food they consume. For the same reason workers in the industry should use the soap, hot water and nail brushes which the Health Department insists shall be provided for all who are engaged in the manufacture and sale of ice cream.

There is no statutory bacteriological standard for ice cream; the matter is complicated because the ingredients used in the preparation may vary considerably. It is not composed of standard constituents and, in this respect, it differs from milk for which statutory tests for cleanliness have been prescribed.

The Minister of Health has been advised that, while bacteriological tests may be usefully employed as an indication of faulty methods, a statutory test for contamination with non-pathogenic organisms is impracticable at the present time.

The value of this laboratory work lies in the fact that it encourages manufacturers to improve the hygienic quality of their product, and it assists in the education of the personnel of the industry on the necessity for care and personal hygiene.

It is gratifying to note that, in this area, a number of manufacturers are keen to produce clean ice cream, and two manufacturers have employed this department, at their own expense, to report on the hygienic quality of their ice cream.

SAMPLES, OTHER THAN MILK, NOT IN ACCORDANCE WITH STANDARD

No.	Nature of Sample	Formal Informal Private	Nature of Offence	Observations
1	Orange Flavour Cordial ..	I	Deficient of 13% Sugar	Fined £8 with £2 2s. costs
159	Lime Flavoured Cordial ..	I	Deficient of 20% Sugar, 19% Citric Acid, 20% Saccharine	
160	Orange Flavoured Cordial ..	I	Deficient of 100% Saccharine	
201	Lime Flavoured Cordial ..	F	Deficient of 20% Sugar, 19% Citric Acid and 20% Saccharine	
205	Orange Flavoured Cordial ..	F	Deficient of 13% Sugar, 13% Citric Acid and 13% Saccharine	
508	Raspberry and Red Currant Jam ..	I	Deficient of 30% Fruit, mainly Red Currant ..	Caution
532	Savoury Meat ..	I	35% Meat	Designation Illegal Ministry of Food informed
534	" " ..	I	13% "	
535	" " ..	I	28% "	
580	" " ..	I	24% "	
581	" " ..	I	31% "	
583	Hamburgers ..	I	25% "	
708	Small Leaf Digestive Tea ..	I	Misleading description	Caution
709	" " " " ..	I	Misleading description	
M99	Pickled Red Cabbage	P	Contained fragment of broken glass ..	Caution
896	Powdered Salad Dressing ..	I	Misleading Label ..	Ministry of Food informed
922	Baking Powder ..	I	Deficient of 45% avail- able Carbon-dioxide ..	Retailer ceased business
934	Pork Sausage ..	I	Deficient of 16% Meat	Fined £5 with £5 5s. costs
952	" " ..	F	Deficient of 25% "	
991	" " ..	F	Deficient of 39% " ..	Fined £10 with £3 3s. costs
1032	Salad Cream ..	F	Deficient of 89% Vege- table Oil, 80% Egg Solids and preserved with Benzoic Acid ..	Fined £2 with £7 7s. costs
1158	Cooking Oil ..	I	Misleading description. Consists of paraffin oil and is deleterious to health ..	Ministries of Health, Food, and Fuel and Power infmd.

No.	Nature of Sample	Formal Informal Private	Nature of Offence	Observations
M189	Savoury Sausage ..	P	32% of Meat and Tripe. Designation illegal.	Ministry of Food informed
1129	Almond Substitute ..	F	Contained only 4.7% fixed oil instead of at least 20% ..	No action
21	Bronchial Elixir ..	I	Deficient of 22% of stated amount of Ammoniated Carbonate	Caution
242	Calcium Sodium Lactate Tablets ..	I	Label Offence ..	Caution
298	Cinnamon & Quinine	I	Deficient of 34% of stated amount of B.P. syrup	Caution
538	Ammoniated Tinc- ture of Quinine ..	I	Deficient of 17% of Ammonia ..	Caution
923	Glauber's Salt B.P...	I	Label Offence ..	Caution
1038	Bath Salts ..	I	Label Offence ..	Caution
1142	Balsam of Aniseed ..	I	Label Offence ..	Caution

ADULTERATED AND UNSATISFACTORY SAMPLES.

SAUSAGES.—Of the eight samples of beef and pork sausages, five were satisfactory and three samples contained only 30½ per cent and 42 per cent of meat instead of 50 per cent. Proceedings were taken against two vendors and each was fined.

SAVOURY MEAT.—Meat products are controlled by a Ministry of Food Order, which separates them into two classes, viz., specified foods and excepted products; each class is carefully defined, and it is clearly stated that no other meat products may be manufactured or sold.

The Order prescribes minimum limits for the meat content in specified foods, but it does so in such a complicated manner that a number of Portsmouth retailers were of the opinion that they could manufacture and sell a meat product of the type of sausage meat, at an uncontrolled price and with only 30 per cent meat, provided that they used a description other than beef or pork.

It must be admitted that the choice of words, and the presentation of the particular paragraphs concerned, are not so clear as they should be. A careful study of the Order shows, however, that only two types of uncooked sausages and sausage meat may be sold, *i.e.*, beef and pork. They must contain 50 per cent of meat and must be sold at the controlled price.

Seven samples of uncooked meat products, sold under the designations savoury meat, savoury sausage and hamburgers, were found to consist of

13 per cent to 35 per cent of meat mixed with bread rusk, onions and herbs. None of these designations is included in the list of specified foods or the list of excepted products and, therefore, the manufacture and sale was illegal. They were, of course, simply low grade sausage masquerading under a fancy name, and they were sold at a higher price than beef sausage with 50 per cent of meat.

Enforcement of the Order rests with the Ministry of Food and these results were referred to the Ministry. So far as Portsmouth is concerned the use of these fancy designations has ceased.

CORDIALS.—Five unsatisfactory samples were purchased from one retailer. One was deficient in sugar, one contained no saccharine whatever, and three samples were deficient of sugar, saccharine and citric acid.

Proceedings were taken against the retailer in respect of the two formal samples, No. 201 and 205, and at the hearing it was stressed on his behalf that, although the addition of water would account for the deficiencies in the formal samples, the deficiency of sugar and the absence of saccharine in two of the informal samples could only be due to the carelessness of the manufacturer. But the retailer was unable to produce a satisfactory warranty to the court, and consequently he failed to protect his customers and himself. In these circumstances proceedings could not be instituted against the manufacturer. The retailer was fined £8 and £2 2s. costs.

JAM.—A sample of raspberry and red currant jam contained insoluble solid matter, which indicated a deficiency of at least 30 per cent of fruit, and the proportion of raspberry seeds and redcurrant seeds suggested that the deficiency was mainly due to red currants. Three samples of the same make were also examined, and of these one was satisfactory and two were of border line quality. Representatives of the manufacturers were interviewed, and they claimed that the correct proportions of the two fruits were always used and that the analytical results were due to inadequate mixing of the jam at the time it was being transferred to jars. They undertook to give special instructions and supervision to the employees who were responsible for this operation.

SALAD CREAM.—Since 1945 the composition of salad cream has been standardised to contain not less than 25 per cent of edible vegetable oil and not less than 1.35 per cent of egg yolk solids. A substitute salad cream may be sold only if it is labelled with the statement "this product is not a salad cream or mayonnaise and does not comply with the statutory standard prescribed for these products".

Sample No. 1032 was purchased from a retailer, who sold it as "salad cream" from a bulk supply in the customer's own bottle. Analysis proved that the product was an imitation salad cream, and a statement should have been given that it did not comply with the standard. It was prepared from soya flour, acetic acid, mustard and spices. Although the presence of soya flour complicated an estimation of the egg yolk solids, it could be

definitely certified to be deficient of at least 80 per cent of egg yolk solids and 89 per cent of vegetable oil. The sample was also preserved with 200 parts per million of benzoic acid, contrary to the Preservative Regulations.

Investigations showed that the retailer had a warranty from the wholesaler, who, in turn, had a warranty from the manufacturer. Proceedings were therefore instituted against the manufacturer, who claimed in court that the sample No. 1032 was part of a certain batch for which he had already been fined heavily in London for the same offences. On appeal, although the fine had been reduced, the conviction had been upheld, and he therefore pleaded guilty in this case. The Magistrates, taking all the circumstances into consideration, imposed a fine of £2 with £7 7s. costs.

COOKING OIL.—A sample of oil sold as cooking oil at 2/9 per pint was found to consist entirely of mineral oil of the character of Light Liquid Paraffin of the British Pharmaceutical Codex. This oil is used in pharmacy as a vehicle for oily spray solutions; it is also used as an ingredient for hair creams and brilliantine. As a cooking oil it is both dangerous and undesirable. If used for frying food it would distil and produce a film of oil on all the cold surfaces of the kitchen. To successfully fry potatoes it would be necessary to maintain the oil at the temperature of its flash point, producing a very high fire risk. Finally, the oil has no food value; it passes through the body unchanged and therefore acts as a laxative. In my opinion, the introduction of a laxative into food is deleterious to health, especially to the health of children.

Investigation showed that both the distributor and the wholesaler had invoiced this oil as "technical oil", so that the suggestion that it was suitable for cooking purposes was a verbal one.

The facts were reported to the Ministry of Fuel and Power, who are responsible for the control of mineral oil, and their reply stated that they were glad to have the information, and they proposed to consult with the Ministry of Food regarding the sale of technical oil for cooking purposes.

Later in the year a sample of similar oil was purchased from a grocer, but in this case it was pre-packed and the bottle was correctly labelled as "mineral oil". The retailer verbally recommended it as being suitable for cooking purposes.

BRONCHIAL ELIXIR.—This sample contained, according to the label, a number of substances which included Ammonium Carbonate to the extent of 0.9 per cent. There was a deficiency of 22 per cent of the stated amount of this ingredient and, although the Pharmacy and Medicines Act requires only an approximate statement of the proportion of active ingredients in a medicine, this deficiency was regarded as excessive.

The manufacturers agreed, and they undertook to reorganise the operation methods of manufacture, so that the mixture would be bottled immediately after its preparation, together with improved corking and waxing of the bottles, so as to avoid volatilisation.

CINNAMON AND QUININE.—The prescription printed on the label of this sample stated that Quinine hydrochloride, Glycerine and Oil of Cinnamon were present, together with Syrup 17 per cent. Whilst the proportions of the active ingredients were in accordance with the label, the proportion of the excipient syrup was only two-thirds of the amount stated.

After much correspondence, in which the manufacturers disputed the analysis, it was finally agreed that the syrup was deficient to the extent of 34 per cent and that the contents should reasonably agree with the statements on the label. The final letter stated that "certain action has been taken in the department concerned which we think will result in those in charge taking their responsibilities more seriously".

AMMONIATED TINCTURE OF QUININE.—Sample No. 538 was deficient of 17 per cent of the minimum amount of Ammonia and, in my opinion, this was due to the inefficient cap with which the bottle was provided. The packers have undertaken to provide more efficient stoppers in the future.

LABEL OFFENCES.

SMALL LEAF DIGESTIVE TEA.—The labels on the packets of these samples only claimed the contents to be "Small leaf tea", but window displays were provided with a printed card, which advertised "Digestive Tea, 3/4 per lb."

Analysis indicated that the samples were ordinary tea of average composition and therefore the description "digestive" was misleading, in that it implied that the tea possessed medicinal properties. In my opinion, such a claim could not be substantiated. All stocks of the display cards were withdrawn and destroyed.

POWDERED SALAD DRESSING. SAMPLE NO. 896.—This sample consisted of gum, salt, pepper, flavour and colouring. It was a salad dressing substitute and should have been labelled as such. The label offended in two other respects: it claimed the contents to be "rich and creamy", a claim which obviously misleads as to the nutritional and dietary value. In addition, the label gave the list of ingredients as salt, pepper, gum, etc., whereas the gum, being present in the greatest proportion by weight, should have been specified first.

The Ministry of Food were informed and a reply stated that other Food and Drug Authorities had also drawn attention to the unsatisfactory label of this product.

CALCIUM SODIUM LACTATE TABLETS.—These tablets are distributed in considerable quantity by the Child Welfare Clinic to expectant and nursing mothers. Sample No. 242 was taken from the stock at the Clive Road Clinic and the label claimed that each tablet contained five grains of calcium sodium lactate.

My analysis indicated that each tablet consisted of 3.5 grains of calcium sodium lactate and 1.7 grains of calcium lactate, so that the description on the label was false.

The manufacturers, a firm of high repute, apologised for the discrepancy and readily agreed to withdraw all stocks for re-labelling in the manner suggested in my report.

GLAUBER'S SALT B.P. SAMPLE NO. 923.—The B.P. salt consists of crystals which contain over half their weight of water of crystallisation. This sample was labelled Glauber's Salt, B.P. but it consisted of the dry powder and should have been described as Exsiccated or Anhydrous Glauber's Salt. The official dose of the Anhydrous salt is only one half that of Glauber's Salt, B.P. Future labels will comply with the descriptions of the British Pharmacopoeia.

BATH SALT. SAMPLE NO. 1038.—The label on this sample claimed that it was "specially medicated for Rheumatism, Sciatica, Lumbago", and, as this constitutes a recommendation as a medicine, the label should also state the active ingredients present with the approximate proportions of each. No such statement was given. All stocks of the preparation were withdrawn from sale for relabelling.

BALSAM OF ANISEED. SAMPLE NO. 1142.—Objection was taken in 1946 to the label on this preparation on the ground that an unqualified reference to "affections of the lungs" implied that the substance was of value for the treatment of tuberculosis. The manufacturers then gave an undertaking to withdraw all stocks from various branches and re-label with a new one which omitted the offending phrase. They expressed regret that this sample of old stock should have been sold to the Sampling Officer and took prompt action to prevent further sales of the mixture bearing the old label.

WATER SUPPLY

During the year the water supply was examined each month for bacteriological purity and the high standard of previous years has been consistently maintained.

Some unusual high counts of bacteria were obtained from the water from one tap in a certain house in Southsea. The tap was removed and sterilised after which the water gave the normally low count for the City water. A contaminated washer seems to be the most likely explanation.

Chemical examinations also indicated a high degree of organic purity and the average hardness was equal to 22 parts of Calcium Carbonate per 100,000 parts of water. Residual chlorine, in the form of chloramine, was present on all occasions to the extent of 0.1 parts per million.

MISCELLANEOUS SAMPLES

The 180 samples of a miscellaneous character were submitted by various Corporation Departments, private persons and industrial concerns.

HEALTH DEPARTMENT.—Surface water, one; bleaching fluid, one; canned fish, one; effluent and deposit, two; swim-bath water, two; vinegar bottle, one; milk bottles, two. Of four samples of apples, two were

found to contain traces of arsenic from spray but the amounts present were not injurious to health. Eight samples of cyder were examined and in one sample, 40 parts per million of copper were found. The contamination was probably caused by passing the cyder through a copper pipe line in the bottling plant, the use of which has been discontinued.

CITY ENGINEER.—Damp courses for comparison with specification, four. Water for action on concrete, three. Sewage for strength and proportion of sea water, twenty; sand, gravel, clay, three; swim-bath water, six.

ELECTRICITY UNDERTAKING.—Coal, seventeen; ash, seventeen; degreasing crystals, one; effluent, one.

ST. JAMES HOSPITAL.—Soap powder, three; MINISTRY OF FOOD—Horse flesh, one; CORONER—Stomach washings, one; PARKS DEPARTMENT—effluent, one.

Thirty-one miscellaneous samples were examined for laboratory information and twenty-five samples of ice cream were examined for fat content. Experiments with a plant for the flash heat-treatment of milk showed the importance of maintaining a constant head of milk in the tipping tank and a constant head of steam. These two factors may result in variations of temperature, resulting in failure of the Phosphatase test. Experiments on the preparation of sausage meat indicated that it is easy to produce a uniform mixture of meat and rusk with efficient plant. Two samples prepared from 50% of meat gave analytical figures equivalent to 52½% and 53% of meat, showing that the analytical figures were in the vendor's favour.

PRIVATE PERSONS AND INDUSTRIAL CONCERNS.—Mortar, one; tea infusion, two; adhesive, one; ice cream, three; milk, ten; dehydrated whale meat, one; petrol, two; and sausage meat, four. Fees were charged for sixteen of these samples and a sum of £20 12s. 0d. has been received by the City Treasurer.

