**[Report 1949] / Medical Officer of Health, Portsmouth Borough.**



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*"SALUS POPULI SUPREMA LEX"*

CITY OF PORTSMOUTH

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# ANNUAL REPORT

of the

# MEDICAL OFFICER OF HEALTH

for the Year 1949

*including*

*THE REPORT OF THE PUBLIC ANALYST*

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GROSVENOR PRESS
PORTSMOUTH

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The Right Worshipful the Lord Mayor :

ALDERMAN JOHN PRIVETT, M.A.

## HEALTH SERVICES COMMITTEE
### 1949-50

*Chairman:*

ALDERMAN A. E. ALLAWAY, J.P.

*Vice-Chairman:*

COUNCILLOR H. G. COOK

*Aldermen:*

J. DAVIDSON ; J. P. D. LACEY, O.B.E., J.P. ; A. JOHNSON

*Councillors:*

| | | |
|---|---|---|
| R. C. PALMER | L. G. HYDE | R. MACK |
| F. W. PARKER | MRS. S. A. C. SHARPE | E. W. MARRIOTT |
| J. G. PALMER | N. HARRISON | G. J. HORTON |
| H. W. FORD | MRS. M. H. CHILDS | W. STUDD |
| G. S. FURNEAUX | J. T. TRIGGS | D. GAMMANS |

*Co-opted Members:*

| | |
|---|---|
| MRS. L. L. ALLAWAY | MISS E. H. KELLY, C.B.E., J.P. |
| MRS. R. PARKER, J.P. | MR. R. E. MORGAN |
| DR. H. K. CHILDS | MRS. C. E. ATKINS |
| DR. G. H. DUTHIE | MISS M. GAY, O.B.E. |
| MISS L. MURTOUGH | MRS. L. C. NICHOLSON |

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## HEALTH AND HOUSING COMMITTEE
### 1949-1950

*Chairman:*

COUNCILLOR FRANK MILES, J.P.

*Vice-Chairman:*

COUNCILLOR A. W. WEST

*Aldermen:*

| | |
|---|---|
| J. DAVIDSON | J. P. D. LACEY, O.B.E., J.P. |
| J. H. PRINCE | A. JOHNSON |

*Councillors:*

| | | |
|---|---|---|
| R. C. PALMER | G. M. O'RORKE | W. CLEMENTS |
| J. G. PALMER | W. H. POWELL, D.S.O., J.P. | MRS. A. E. M. OLIVER, M.B.E. |
| G. A. DAY | A. G. ASQUITH-LEESON | W. STUDD |
| J. FRENCH | F. J. ROSE | H. F. HELLIER |
| E. O. BATESON | L. P. GROVER | |

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

MRS. E. M. CLEAL ; MRS. A. E. FERGUSON-BAKER ; MRS. E. CROCKER

## SENIOR MEMBERS OF HEALTH DEPARTMENT STAFF

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

T. E. ROBERTS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

*Deputy Medical Officer of Health and Deputy School Medical Officer*

R. WOODROW, M.B., CH.B., D.P.H.

*Senior Assistant Medical Officer of Health for Maternity and Child Welfare*

RUBY N. E. PIKE, M.B., CH.B.

*Vaccination and Immunisation Medical Officer*

G. E. SHAND, M.D., CH.B., D.P.H.

*Assistant Medical Officer of Health and Assistant Maternity and Child Welfare Officer*

MARGARET N. LEA., M.B., CH.B., D.P.H.

*Veterinary Officer*

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

*Chief Sanitary Inspector*

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

*Administrative Assistant*

H. S. WOODCOCK

*Superintendent Health Visitor*

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

*Supervisor of Midwives*

MISS D. J. KINSEY, S.R.N., S.C.M., M.T.D.

*Supervisory Matron of Day Nurseries*

MISS M. MURDEN, S.R.N., S.R.F.N.

*Home Help Organiser*

MISS M. M. MORTIMER, M.B.E.

**Joint Appointments with Regional Hospital Board**

*Senior Chest Physician and Medical Director of Mass Radiography Unit*

J. D. LENDRUM, V.R.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.

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 1949, which at the request of the Ministry of Health is similar in form to those of recent years.

Figures in brackets represent the corresponding numbers or percentages for the previous year.

## HEALTH STATISTICS

(Pages 25–31)

The Registrar-General's return for the year 1949 reveals a further increase in the estimated civilian population to 218,250, as compared with 216,200 in the previous year. The total population including Service personnel is now estimated to be 240,550. Although by the end of the year some 4,252 houses had been completed under the Corporation's Housing Programme, an alarming amount of overcrowding still exists; indeed, there were still 10,167 applicants on the list for re-housing, the majority of whom were living in overcrowded conditions. This overcrowding is an important factor in the continued high incidence of such diseases as tuberculosis.

As will be seen from Table I on page 26, the following are the main features of interest for the year under review.

1. A further decrease in the birth rate from 21.06 in 1948 to 19.06 per thousand population, as compared with 16.7 for England and Wales in 1949.

2. A decrease in the maternal mortality rate from 1.50 per thousand total births in 1948 to 0.94, as compared with 0.98 for England and Wales in 1949.

3. A slight increase in the neo-natal mortality rate from 14.06 per thousand live births in 1948 (the lowest ever recorded), to 14.18.

4. A slight increase in the infant mortality rate from 23.28 per thousand live births in 1948 (the lowest ever recorded), to 24.04, as compared with 32 for England and Wales in 1949.

5. An increase in the general death rate from 11.01 per thousand population in 1948 (almost the lowest ever recorded), to 12.05, as compared with 11.7 for England and Wales in 1949.

6. A slight increase in the death rate from the principal infectious diseases from 0.06 per thousand population in 1948 (the lowest ever recorded), to 0.07.

7. A decrease in the death rate from all forms of tuberculosis from 0.60 per thousand population in 1948 to 0.49 (the lowest ever recorded), as compared with 0.45 for England and Wales in 1949.

8. An increase in the death rate from cancer from 1.82 per thousand population in 1948 to 2.16.

Detailed consideration of the Statistical Summaries for 1949 and the various tables included in that section of the Report (pages 25–31) reveals many features of interest, and confirms with certainty that during the past three years the vital statistics relative to the health of Portsmouth citizens have been exceptionally favourable.

From Table II it will be seen that in 1947 the birth rate reached its post-war peak of 24.29 per thousand population—the highest figure since 1920—and it is still well above the average for the country generally, although there has been a decrease in each subsequent year. In 1948 the general death rate, 11.01 per thousand population, was the lowest ever recorded with the single exception of that for 1923 (10.93), and the death rate from zymotic diseases (notifiable infections), 0.06 per thousand population, reached a level never before attained. The infant mortality rates for 1948 and 1949—respectively 23.28 and 24.04 per thousand live births—have established fresh records and are indeed less than half the rates of only ten years ago.

Table III shows clearly that Portsmouth occupies a high position so far as health is concerned amongst the twenty large towns of England and Wales—its adjusted death rate being the third lowest, and infant mortality rate surpassed by a narrow margin by only one city—Leicester. The cancer death rate unfortunately continues at a high level and is now the only unfavourable feature of the local statistics.

## FIFTY YEARS' PROGRESS IN PUBLIC HEALTH

Tables IV and V record graphically the remarkable decline over the past fifty years in the infant mortality and pulmonary tuberculosis death rates; the latter indeed, one is glad to report, in 1949 reached the lowest level ever recorded in Portsmouth, and this rate now for the first time approaches more closely the average for England and Wales.

In Table VI statistical details are given for a similar period, 1900–1949, of the population, births, deaths and incidence of the principal zymotic diseases which illustrate in striking fashion the immense advances in the control of infectious disease and in safeguarding the public health that have been made during the past half century. To take but a few examples:—in 1905, there were 218 deaths from measles—last year, four; in 1910, 30 deaths from scarlet fever—during the past four years, none; in 1912, 124 deaths from diphtheria—during the past four years, two; in 1902, 92 deaths from whooping cough—last year, one; in 1900, 1,083 cases of typhoid and paratyphoid fever with 93 deaths—last year, 11 cases with no deaths; in 1901, 311 deaths from infantile diarrhoea—last year, nine.

A comparison of the deaths from infectious diseases during the first two and the last two years of this half-century period is given below :—

| | 1900 | 1901 | 1948 | 1949 |
|---|---|---|---|---|
| Measles .. .. | 3 | 82 | 1 | 4 |
| Scarlet Fever .. .. | 11 | 15 | – | – |
| Diphtheria .. .. | 104 | 70 | – | 1 |
| Whooping Cough .. | 87 | 21 | 2 | 1 |
| Typhoid & Paratyphoid | 93 | 43 | 1 | – |
| Infantile Diarrhoea .. | 159 | 311 | 9 | 9 |
| Total Deaths .. | 457 | 542 | 13 | 15 |

Thus, during the two years 1900–1901, 999 persons died of infectious diseases, while in 1948–1949 there were only 28 deaths from these causes—truly a remarkable achievement in public health.

## NUTRITION

The standard of nutrition amongst school children which, as stated in previous reports, was considered better than in pre-war years, has been fully maintained and there can be no doubt as to the benefits received by children partaking of school milk and meals, or of the good foundations laid by the priority supply of welfare foods and vitamin preparations to mothers and young children. There are no statistics available on this subject except for the school child, and in respect of this group the report of the School Medical Officer shows that there has been a decided increase during 1949 of the proportion of children, 44.4%, classed at medical inspection as in "good condition", with a corresponding decrease to 4.1% of those in "poor condition". So far as the general population is concerned, from personal observation and the comments of medical officers attending ante-natal and child welfare clinics, the standard of nutrition remains satisfactory, except perhaps amongst the more elderly, especially those who live alone and therefore have difficulty in living on the limited rations allowed for one person, and find other foods which elderly people favour too expensive.

## METEOROLOGY

A study of the meteorological statistics on pages 32–34 reveals that last year was the sunniest since 1890 (when records were commenced) with the exception of the year 1911 ; 2094.8 hours of bright sunshine were recorded. Only thirteen other places in the British Isles recorded more sunshine during 1949, and these were not all seaside resorts. In fact, amongst the genuine holiday resorts on the mainland, that is, excluding the Channel Islands and the Isle of Wight, Portsmouth and Southsea held the fifth place.

The rainfall for the year, 23.11 inches, was much below the normal.

Altogether it can be said that the climate of Portsmouth and Southsea is both healthy and agreeable, the winters being comparatively mild and the sea breezes sufficiently bracing to obviate excessive heat in summer. The city is sheltered to a large extent by the Isle of Wight on the south and by Portsdown Hill on the north, as a result of which it is reasonably free from strong winds and storms of any intensity.

## NATIONAL HEALTH SERVICE ACT 1946

Details have been given in the two previous Reports of the changes which took place in the administration of the Health Services and of the responsibilities devolving upon the Local Health Authority when this Act came into operation on the 5th July, 1948. The Health Services Committee has been authorised to carry out on behalf of the City Council all the powers and duties of the Corporation under the Act, and all statutory rules and orders made thereunder; these include:—Provision of Health Centres; Care of Mothers and Young Children; Midwives Service, Health Visiting and Home Nursing; Vaccination and Immunisation; Ambulance Services; Prevention of Illness, Care and After-Care; Domestic Help Service; also duties under the Lunacy, Mental Treatment and Mental Deficiency Acts; Nurseries and Child Minders Regulation Act, etc. So far as the Public Health Department is concerned, the principal changes which took place on the "appointed day" involved transfer of the administration of Saint Mary's and the Infectious Diseases Hospitals, and part of the Tuberculosis Service, including the City's Mass Radiography Unit and Langstone Sanatorium, to the Regional Hospital Board. Liaison with the hospitals has been maintained by the appointment of the Chairman and other members of the Health Services Committee to the Portsmouth Group Hospital Management Committee and the House Committees of the individual hospitals.

Duties under Part III of the National Health Service Act which now devolve upon the Public Health Department, and in respect of which proposals were submitted to the Minister of Health in 1947–1948, were set out in last year's Report, and subsequent developments are referred to in each of the following sections:—

### (1) SECTION 21 (HEALTH CENTRES)

Although the curtailment of capital expenditure had postponed indefinitely the comprehensive scheme for the establishment of post-war health centres set out in the Report for 1945, proposals were approved by the Health Services Committee in November, 1948, for a Health Centre to be provided on the new Corporation housing estate at Paulsgrove, where there is a population of between 8,000 and 8,500 within a radius of one mile of the site of two-thirds of an acre allocated for this purpose by the Planning Committee. It was felt that the need for a subsidiary Health Centre on this estate was particularly urgent owing to the complete lack, at that time, of any facilities for Local Health Authority Services, and the absence of any doctors' surgeries. The Local Executive Council had been consulted with regard to the Part IV services to be provided and favoured the proposals which were ready for submission to the Ministry of Health. Unfortunately, the Finance and General Purposes Committee at their meeting in January, 1949, resolved that these proposals stand over, in view of the need to maintain the local rate at its present level.

Subsequent to this decision, the following interim arrangements were made to provide medical services for the residents on the Paulsgrove estate, as far as this is possible in the absence of a complete health centre.

1. Child Welfare Services.

Arrangements were made for a child welfare session to be held on Tuesday afternoons at the St. Michael and All Angels' Church Hall, which is situated in a central position on the Paulsgrove estate. The first session was held on the 31st May, 1949.

2. IMMUNISATION SERVICE.

Arrangements were made for the Medical Officer in charge of Immunisation to attend the above-mentioned child welfare clinic once a month. All schools in the neighbourhood are also visited monthly to provide immunisation facilities for children of all ages.

3. SCHOOL HEALTH SERVICE.

The medical inspection rooms provided in the Junior Girls' Department of the new Hillside School will be used as a branch clinic for the treatment of minor ailments, and it is anticipated that this new clinic will be opened in September, 1950. It will not, however, be possible to provide any facilities for dental treatment at this clinic, but such have been available since a dental surgeon was appointed in December, 1949, at the recently opened branch school clinic, Northern Road, Cosham, approximately 1½ miles distant.

4. GENERAL MEDICAL PRACTITIONER SERVICE.

The Health and Housing Committee agreed to a Council house on this estate being let at an economic rental to a medical practitioner nominated by the Local Executive Council, so that he may reside upon the estate and thus provide General Medical Practitioner Services, conveniently accessible, to those residing in the vicinity. A doctor has accordingly occupied a Council house at 40 Elkstone Road as from the 11th July, 1949.

Approval in principle was given by the Ministry of Health in October, 1946, to 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. Building operations could not be commenced until August, 1948, the contract price for the work of adaptation being £3,789, and for this relatively insignificant sum a most pleasant and useful Local Authority health centre has been provided in a district where better facilities were greatly needed. The first session was held on the 3rd June, 1949, and the Centre was officially opened by the Lady Mayoress of Portsmouth on 29th September, 1949. The Ministry of Health have also approved the adaptation of the former Civil Defence First Aid Post at Portsea as a Local Authority Health Centre, providing similar services for that area, and it is expected that the work will be commenced in the autumn of 1950.

## (2) SECTION 22 (CARE OF MOTHERS AND YOUNG CHILDREN) SECTION 23 (MIDWIFERY) SECTION 24 (HEALTH VISITING)

(Pages 35–46)

The high post-war birth rate, which reached its peak in the second quarter of 1947, has subsequently declined to an average of rather more than 1,000 births in each quarter. Thus, the total live births in 1949 numbered 4,160, a decrease of 393 compared with 4,553 in the previous year, and 5,149 in 1947 when the highest birth rate since 1920 was recorded.

The conditions of overcrowding in which a large section of the population is still living, coupled with the fact that from the second half of 1948 hospital treatment was provided free of cost to the patient, resulted in a further increase in the number of confinements in the Maternity Section of Saint Mary's Hospital, which numbered 2,422, compared with 2,071 in the previous year. The number of beds now available for maternity cases is 86 at Saint Mary's Hospital and 17 at the Royal Naval and Marine Maternity Home.

The increasing preference of mothers for institutional accommodation for their confinement has resulted in the Maternity Section of Saint Mary's Hospital being taxed to its utmost capacity, and the discharge of some maternity patients ten days after delivery, a practice at present unavoidable, is far from desirable. The remedy appears to be two-fold, firstly an increase in the number of maternity beds available in the area, and secondly improved housing conditions which would allow more normal births to take place in the home. Additional beds are now available for maternity cases from the Portsmouth area at Northlands Maternity Home, Emsworth (15 beds) and Blackbrook House, Fareham (19 beds), which were opened on the 1st October, 1949, and the 1st April, 1950, respectively.

As a result of the lower birth rate and the increase of cases being delivered in Saint Mary's Hospital and the associated maternity homes, there was a further decrease in the number of confinements attended by the Domiciliary Service of Midwives, 1,269 compared with 1,293 in the previous year and 1,710 in 1947. The first figure is equivalent to an average of 78.4 (73.1) cases delivered annually by each midwife, the total number of whom employed during the year averaged 18.

### Maternal Mortality.

The maternal death rate during 1949 decreased from 1.50 to 0.94 per thousand births, as compared with an average maternal mortality rate of 2.7 for the ten years 1929–1938, and with 0.98 for England and Wales in 1949. Thus, in the year under review there were four deaths in respect of which pregnancy was considered to be the primary cause, compared with seven in 1948. In each year only one death was ascribed to sepsis, the remainder being due to other causes connected with pregnancy. An analysis of the maternal deaths occurring in 1949 shows that three out of the four would fall within the category of "unavoidable accidents of pregnancy".

As will be seen from the table on page 41, the number of patients attending the eight ante- and post-natal clinics held weekly at Saint Mary's Hospital was practically the same as in the previous year; both of these figures, however, showed an increase of about 350 as compared with the attendances in 1947. At the six municipal ante-natal clinics, the number of patients attending showed a very slight decrease—1,520 , as compared with 1,553 in the previous year, and 1,799 in 1947. This decrease in attendances has been noticeable since July, 1948, as a result of expectant mothers who had engaged the services of their own doctors under the National Health Service Act no longer attending the municipal ante-natal clinics. A letter has since been addressed to all medical practitioners by the local Obstetrical Committee to ensure that expectant mothers obtaining Maternity Medical Services under Part IV of the Act will still continue to attend the municipal ante-natal clinics.

### Infant Mortality.

The downward trend of infant mortality—perhaps the most sensitive index of the health of a community—which has been particularly noticeable since 1941 when the rate was 56.15 per thousand live births, reached its lowest level of 23.28 per thousand in 1948. The rate for last year was 24.04 —still a highly satisfactory figure, surpassed by a narrow margin by only one of the "Twenty Large Towns" of England and Wales (Table III, page 28), and less than half that of some County Boroughs. Although the infant mortality rate increased by a small fraction, there were in 1949 only 100 deaths under the age of one year—the lowest number ever recorded—as compared with 106 in the previous year, and 172 in 1947.

Credit is certainly due to Portsmouth mothers for the high standard of child-care which has been, in the main, responsible for these excellent results. Despite the handicap in so many cases of unsatisfactory housing conditions, with but few exceptions they maintain a real interest in the health of their children and are ever ready to take advantage of the mothercraft teaching and other help given at child welfare centres. Attendances of over 70,000 annually at these centres are a measure of the mothers' appreciation of these services.

### Day Nurseries.

The number of applications for the admission of children to the local day nurseries, which now provide accommodation for 221 children under five years of age, increased during the past year, and out of the 785 applications dealt with 322 children were admitted. The percentage of applications from young married couples, so that the mother might work to supplement the family income and thereby get a home together, continued to be high. Applications from mothers whose husbands became unemployed, and applications for temporary admission in the case of children presenting behaviour and feeding difficulties were considerable. A careful system of selection to ensure that the most necessitous cases received priority admission continued to be applied. The main admissions were made in the case of the mother who must work to support herself and child, the children of widows, separated, divorced and deserted mothers, and those whose mothers were dead. Twenty-three admissions were made in the case of the mothers who were to be confined, or admitted to hospital for operation or other treatment.

Every endeavour continued to be made to increase, and in the case of Garfield Road, to provide alternative day nursery accommodation. In connection with the latter the proposal to acquire and adapt the premises known as "Holmbush", 33 Grove Road South, was abandoned when the premises were sold privately. The application for the extension of Cliffdale Day Nursery, Cosham, to provide additional accommodation for 30 toddlers was approved in principle by the Ministry of Health.

Routine medical examinations of all day nursery children, including immunisation against diphtheria and whooping cough, are regularly carried out by medical officers of the Health Department.

Of the ten student nurses entered for the examination of the National Nursery Examination Board during the year nine were successful in securing their certificates.

### Nurseries and Child Minders Regulation Act, 1948.

During 1949 nine premises were visited, inspected and registered under the Nurseries and Child Minders Regulation Act, 1948. These premises provide private day nursery accommodation for 118 children in the 2–5 years age group, thereby affording some relief to pressure on the accommodation provided by the Local Authority.

### Health Visiting.

During the year the number of health visitors employed increased to 19, as compared with 15 in 1948, and the total number of visits paid to children under five years was 49,027, compared with 31,912 in the previous year. The low infant mortality during the last two years in this area is, without doubt, largely due to the help given by the health visitors to mothers in the care of their children, and to the teaching of mothercraft in the home and at child welfare centres over a number of years.

The whole-time Health Department Almoner resigned on the 23rd April, 1949, and a successor was not appointed. The many problems of unmarried mothers and their children were dealt with by the Superintendent Health Visitor, and the duties of the Almoner connected with venereal diseases were carried out by one of the senior health visitors. This work included both attendances at the Hospital Venereal Diseases Clinic and district visits. Follow-up visits outside the City area were made by Sister Trimble of the Portsmouth Diocesan Council for Moral Welfare.

An entirely new venture was started in 1948 when the Committee agreed to assist in financing a course for health visitors at University College, Southampton, in co-operation with four other local authorities. Accordingly, student health visitors have no longer been sent to the course at Battersea Polytechnic, and during 1949 four pupils from Portsmouth attended the Southampton course. All Portsmouth nominated students have been successful in their examinations, and it is from this source that permanent members of the health visiting staff will be recruited. Many of the lectures in this course have been given by members of the Health Department.

### (3) SECTION 25 (HOME NURSING)

Arrangements were made for the Portsmouth Victoria Nursing Association, which for a number of years had provided a very efficient service of home nursing in the area, to continue this service after the "appointed day", under the general control of the Local Health Authority. As will be seen from the report of the Secretary (pages 47–48), an average of 30 nurses were employed, 18 at Radnor House and 12 at Beddow House, the total number of cases attended being 4,927 and of visits paid 83,867. Under the new régime cordial relations have been estbalished between the Health Department and the Nursing Superintendents, so that the standard of work carried out by the Association has been fully maintained. Nursing equipment is supplied on loan to patients from a stock held by the Victoria Nurses; this is additional to that issued from the medical loan depots of the St. John Ambulance Brigade and the British Red Cross Society.

### (4) SECTION 26 (VACCINATION AND IMMUNISATION) (Pages 49–53)

In accordance with this Section of the Act, arrangements have been made whereby most local medical practitioners undertake vaccination against smallpox (now voluntary, the Vaccination Acts being repealed), and immunisation against diphtheria, a fee being paid for completed records. The comprehensive Immunisation Scheme, approved by the Health Committee in 1935 and since then carried out by medical officers of this Department, has been further extended to include vaccination at several fixed clinics held weekly.

Although the proportion of babies vaccinated—approximately 42%—is inadequate to protect the community fully against smallpox, this figure compares favourably with the average of 16% for the country generally.

Despite the continuance of the diphtheria immunisation effort, the figures for 1949 show a decrease over those for the previous year—7,772, compared with 10,369. This reduction cannot be attributed to any lessening in the immunisation campaign, but is mainly due to a decrease in the number of children who could be immunised. The decline in the number of births means that there are fewer babies to be protected, and the high level of immunisation of the previous two or three years has resulted in fewer children becoming due for supplementary injections (i.e., four years after the primary). The continued reduction in the incidence of diphtheria, however, is sufficient evidence of the success of immunisation during the past few years.

Immunisation against whooping cough has continued, although this form of protection has not yet been attempted on any large scale, as it is still to some extent in the experimental stage. There is no doubt, however, that such measures as have been undertaken have helped to diminish the severity of attack, and it is hoped that it will soon prove as efficient as diphtheria immunisation in reducing the incidence of the disease.

### (5) SECTION 27 (AMBULANCE SERVICE) (Pages 54–56)

The most notable feature of this service is the increased amount of work carried out since the inception of the National Health Service Act. During 1949—the first full year of the Act—there was an increase in the mileage of patient-carrying journeys by 82.7% over the previous year ; the total mileage for all purposes, however, was only 21.1% higher, due to the cessation of ancillary work previously carried out on behalf of other departments. The total number of patients carried increased by 33.8% and the calls by 50.8%.

The service continued to work smoothly in spite of the greater demands upon it and, as most of the old vehicles were replaced during the year, there was little mechanical difficulty—the new vehicles have proved most satisfactory. The link-up of the Portsmouth Service with those of neighbouring authorities has led to greater ambulance efficiency throughout the area by reducing overlapping and duplication of journeys ; especially is this so with regard to accident calls.

### (6) SECTION 28 (PREVENTION OF ILLNESS, CARE AND AFTER-CARE)

This Section, as its title implies, authorises the Local Health Authority, with the approval of the Minister, to provide a comprehensive service for the improvement of public health in its area. This provision is permissive unless the Minister otherwise directs, and up to the present such directions have been given in respect of tuberculosis alone.

The proposals submitted to and approved by the Ministry of Health provided for the facilities of the Mass Radiography Unit being utilised to the full in the diagnosis of chest diseases, the supply of milk to tuberculous patients, and the development of occupational therapy and rehabilitation in co-operation with the Tuberculosis Voluntary Care Committee. The system of domiciliary visiting has been extended by the appointment of tuberculosis visitors. Towards the end of the year a scheme was approved under this Section of the Act for vaccination against tuberculosis by B.C.G., a method of which we had already some experience, as this preventive measure was commenced locally in 1946.

### Tuberculosis (pages 57–64).

It is again pleasing to record a decrease in the mortality from tuberculosis as compared with last year. The relative figures, as corrected by the Registrar General for 1949 are :— pulmonary 98 (116), non-pulmonary 9 (13), giving a total of 107 (129) deaths from all forms of the disease. These figures give corrected death rates as follows :— pulmonary 0.45 (0.60), non-pulmonary 0.04 (0.06), a total of 0.49 (0.73) per thousand population. The corrected death rate for England and Wales is 0.45. The greatest decrease was in the age group 15–44, where there were only 46 deaths, as compared with 68 in the same group last year. Death rates in the other groups remain practically constant. It must also be noted that the number of new cases notified during 1949 has decreased, figures being 473 for 1948 and 432 for 1949. This decrease is in spite of the fact that the Mass Radiography Unit was working in Portsmouth for a longer period during 1949.

As stated in last year's Report the appointments of chest physicians are joint ones with the Regional Hospital Board, and the administrative arrangements as detailed remain the same. The close liaison between the Health Department and the Chest Clinic is still maintained. Towards the end of the year the appointment of a chest physician of consultant status was recommended by the Regional Hospital Board who, in their report on the Chest (Tuberculosis) Services of the region envisage that in time the present chest clinics at Havant and Gosport will be based on the Portsmouth Clinic. At the time of writing the consultant has just been appointed.

The appointment of two tuberculosis visitors, mentioned in last year's Report, was made during 1949 ; that their work has already been successful is shown by the fact that 250 additional contacts were persuaded to attend the Chest Clinic for examination.

There was no change in the number of beds available for the treatment of tuberculosis, and the position as regards the waiting list has, unfortunately, become worse during the year. Portsmouth, in common with many other areas, has had to curtail the length of stay in an institution in order to treat as many cases as possible. The only real solution to this problem would appear to be a very substantial increase in the number of beds available for the treatment of this disease.

The Health and Housing Committee have continued their practice of allocating one in twenty-five of all new houses completed to open cases of tuberculosis, and this has been of assistance in diminishing the risk of infection due to bad housing conditions.

Portsmouth is fortunate in having one of the most active and efficient Voluntary Care Committees in the country, and during the year they continued to carry out their good work, which I am sure is deeply appreciated by persons suffering from tuberculosis, many of whom have to spend months, even years, confined to their beds.

I am indebted to the Senior Chest Physician, Dr. Lendrum, for his excellent report which appears on pages 57–64, and is worthy of special attention.

B.C.G. Vaccination Against Tuberculosis.

The trial of B.C.G. vaccine mentioned in previous reports has continued, and towards the end of the year the Minister of Health approved proposals submitted under Section 28 of the National Health Service Act setting out a scheme for vaccination against tuberculosis by B.C.G. It has not been possible too bring this scheme into operation yet, due to difficulty in obtaining supplies of vaccine from the official source, but Portsmouth is one of a few cities in the country having experience in this field, due largely to the generosity of Dr. Wassen of Sweden in supplying vaccine for our use.

Mass Radiography (pages 65–71).

In common with the greater part of the Tuberculosis Service, the Mass Radiography Unit was transferred on the "appointed day" to the Regional Hospital Board, and the Portsmouth Group Hospital Management Committee, through the Chest Services House Committee, now acts as agents for the Board for day-to-day management. The newly-built headquarters in the grounds of Saint Mary's Hospital were formally handed over by the Chairman of the Health Services Committee, Alderman A. E. Allaway, J.P., to Mr. F. H. Elliott, Chairman of the Regional Board, at the official opening on 21st September, 1948.

Details of the work of the Unit during 1949 will be found in the most interesting and comprehensive report of the Medical Director on pages 65–71. In Portsmouth 26,416 individuals were X-rayed, compared with 23,661 in the previous year, of whom 1,739 (1,561) or 6.6% (6.6%) were recalled for a large film to be taken, and 721 (393) or 2.7% (1.7%) for a clinical examination. During the public sessions 2,721 (6,893) persons attended for examination. The total number of examinations undertaken by the Unit, including surveys occupying seven weeks outside the City boundaries at Eastleigh, Hamble, etc., was 30,555. It is encouraging to note that medical practitioners in the City have made still greater use of the facilities offered by the Unit ; some 1,258 individuals were referred during 1949 and 47 cases of active tuberculosis were diagnosed in this way. As the Medical Director points out, the ready availability of an X-ray plays a most important part, by providing early diagnosis, in preventing the spread of pulmonary tuberculosis. Our ultimate objective should be to afford facilities for regular chest X-ray examination to the entire population ; by this means alone can an early case be found and treated at the most hopeful stage of the disease, and the infectious case isolated so that others may not become infected.

Through the work of the Unit in Portsmouth, 135 (122) previously unsuspected but active cases of pulmonary tuberculosis were revealed at a stage when the prospects of cure were much more favourable, and 1,467 (783) inactive cases of the disease were found and placed under observation. The total combined incidence of active and inactive cases was 6.1%—for males 6.3%, females 5.8%. The incidence of active pulmonary tuberculosis, as found by the Unit, was 5.1 per thousand individuals (males 4.8, females 5.4), compared with 5.2 per thousand in the previous year and 5.0 per thousand in 1947—a remarkably consistent average over the three years. As will be seen from Table IV, the highest incidence of pulmonary tuberculosis in men was found in the over 45 group, and in women, as in previous years, in the age group 15–24 ; in both sexes the over 60 group showed a high incidence. If all the cases specially referred by medical practitioners are excluded, the total incidence rates fall to 3.0 per thousand for men and 4.0 per thousand for women. As the Medical Director states : "this is the lowest figure recorded by the Unit for Portsmouth, and is evidence that in the groups normally examined by the Unit, the incidence is falling".

Portsmouth was one of seventeen areas selected by the Medical Research Council to take part in a nation-wide tuberculin survey of school children and adolescents. The object of this survey was to determine what proportion of this section of the population had ever been infected with tuberculosis. This entailed a great deal of hard and very meticulous work on the part of the staff of the Tuberculosis Service, some 5,350 individuals aged 5–20 years being examined in the course of the survey by X-ray and skin testing. Advantage was taken by the Medical Director of this opportunity to undertake some original research work into the value of different types of tuberculin tests, the results of which may be published independently from the report of the Medical Research Council whose findings will be available shortly. These investigations could not have been undertaken without the co-operation received from the Chief Education Officer and the staffs of the schools selected to take part in the survey. The suggestion of the Medical Director that the Mass Radiography Unit should be used in conjunction with B.C.G. vaccination, particularly in the schools, is of great interest ; indeed, his recommendation that all negative reactors to tuberculin should be protected by vaccination during their last year at school is worthy of special consideration.

VENEREAL DISEASE (pages 72).

There has again been a decline in the incidence of these diseases ; in particular it is noted from the detailed analysis of cases that more than half of those who attended the Special Clinic required no treatment for venereal disease, that the case incidence is lower than before the late war and that the number of cases of syphilis of all stages has decreased very markedly.

The defaulter rate is again low—the work of the Health Department Almoner is now done by one of the health visitors who attends clinics and carries out welfare work there.

In July new notices giving details of times, etc., of the V.D. clinics were prepared (in a laminated plastic material) and fixed in all the public conveniences in the City, in place of the existing dilapidated metal placques.

HEALTH EDUCATION.

Throughout the year the important routine activities continued as before. Leaflets were distributed. Posters and display sets were made available to schools and were exhibited in the child welfare centres (two of which have been fitted with large wall-boards for this purpose). Lectures were given to sundry Associations. Visits to the child welfare centres, day nurseries, etc., were organised for bodies of students studying hygiene and the health services.

In addition, special mention may be made of the following :—

*Window Displays.*

This series of displays prepared by various sections of the Department, which commenced in November, 1948, continued into February, and the display prepared by the Ambulance Section was judged to be the most effective.

*Food Hygiene.*

The campaign was carried on ; meetings being arranged with representatives of the local Food Traders' Associations and, in particular, a personal letter being sent to all members of the Master Butchers' Association. A one-day course for canteen staffs was given in April by Dr. Parfitt, and sanitary inspectors attended a Regional Course in Food Hygiene (both promoted by the Central Council for Health Education).

*Display Stand.*

In May an exhibition stand was received on permanent loan from the Central Council for Health Education. Topics are changed every two months, and the stand is housed for a week at a time at various places throughout the City. In particular, I would like to thank the management of the Apollo Cinema and the Southdown Motor Company for their co-operation.

*Exhibition.*

In June, for the second year, a stand was prepared at the Ideal Home Exhibition held on Southsea Common, and thanks are due to the organisers for the free use of the space.

*Summer School.*

In August a representative attended the Summer School held by the Central Council for Health Education.

*Cleanliness Notices.*

At the end of the year small perspex-covered reminders "Be clean—now wash your hands" were obtained and fitted in w.c.s in the various Corporation occupied buildings.

**(7) SECTION 29 (DOMESTIC HELP)** (Pages 39)

Under this Section the Local Health Authority may, with the approval of the Minister, provide domestic help for households where such assistance 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". A Maternity Home Help Scheme for women during confinement came into operation in Portsmouth in May, 1943, and this was extended in April, 1945, to provide domestic help in cases of emergency arising from sickness or similar cause.

The scope of the existing schemes has been extended to include any household where help is required for the reasons mentioned above; the need for such help is particularly felt by elderly persons and in cases of tuberculosis, many of whom are being nursed at home owing to lack of sufficient hospital accommodation. There can be no doubt of the benefit to individual families of the Home Help Service, as it is now called, but extension of the scheme is limited by the amount of money which the Committee has allowed for this purpose.

**(8) SECTIONS 28 & 51—PART V OF THE ACT (MENTAL HEALTH SERVICES)** (Pages 73–75)

The proposals approved included the formation of a Mental Health Sub-Committee of the Health Services Committee which is 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 have been 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. Further details regarding the Portsmouth Mental Health Service are given on pages 73–75.

## CARE OF THE AGED

There is still 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 have increased as a result of the war, and some progress has been made during 1949 in meeting this need. The Old People's Welfare Committee acquired a large property, Sunbury Court, Festing Road, which has been converted for use as an old people's hostel for 26 persons; these premises were opened in August 1950. Their 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.

In accordance with their responsibilities under Section 21 of the National Assistance Act, 1948, to provide "residential accommodation for persons who, by reason of age, infirmity or any other circumstance, are in need of care and attention which is not otherwise available", the Welfare Services Committee acquired the property, St. Vincent Lodge, Kent Road, which is now being adapted as a hostel for the aged; it is hoped these premises will be ready for occupation early in 1951. More recently, this Committee has purchased two other large houses, 10 and 12 Merton Road, Southsea, which will shortly be adapted for a similar purpose.

### SECTION 47, NATIONAL ASSISTANCE ACT, 1948

It was not found necessary during 1949 to invoke the above section of the National Assistance Act. Several cases were investigated where it was thought that action might be taken, but in each case the elderly persons who were in need of care and attention and to whom the above legislation would have been applicable were persuaded to enter institutions of their own accord. Cases particularly brought to mind are as follows :— that of an elderly man living in a broken-down stable in a builder's vehicle yard where he had no facilities at all and developed a severe gangrene of the foot. The other case was that of another elderly man living in one room unable to get about because of infirmity and severely crippled by arthritis.

The need for accommodation for the care of these elderly people is still a most pressing one. It is estimated that about 600 beds would be required in Portsmouth alone to cope with this problem, whereas in actual fact there are only 490 beds to serve the whole of the Portsmouth Group Hospital Management Committee area. The total needed for the area is 950 beds.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

(Pages 76–83)

During the year under review there were the usual periodical fluctuations in the incidence of certain infectious diseases ; thus there was a considerable increase in the number of cases of measles notified, 4,010 compared with 1,009 in 1948, with four deaths. Whooping cough and scarlet fever were also prevalent, notifications numbering 323 and 454 respectively, compared with 336 and 363 in the previous year. Five confirmed cases of cerebro-spinal meningitis occurred amongst Portsmouth residents, compared with two in 1948. There were three confirmed cases of typhoid, eight of para-typhoid fever, and five of dysentery. Known typhoid carriers were kept under observation during the year, and once again a warning was circulated to City schools regarding the danger of drinking water from any source other than a tap connected to a mains supply.

The incidence of diphtheria continued to be low, seven confirmed cases occurring, compared with six in the previous year. There was one death from diphtheria. This was the case of a woman who apparently contracted the disease in Germany, although she did not become ill until after her arrival in this country. On investigation of the contacts of this case, it was found that the patient's son was a diphtheria carrier, and he was treated for this condition. The continued low incidence of this disease is undoubtedly due to the very high proportion of children who have been immunised since the inception of the immunisation scheme.

There were twenty-nine confirmed cases of acute anterior poliomyelitis, with one death, compared with eleven cases (one fatal) in 1948. Although the 1949 figure shows an increase over the previous year, Portsmouth was again fortunate in comparison with many other large towns. In this connection, reference should be made to the Table on page 79 showing the incidence of poliomyelitis and polio-encephalitis in the twenty large towns of England and Wales during the years 1944–1949 ; this table clearly reveals the great increase in cases of infantile paralysis during the last three years, as compared with the first half of this six-year period, and the wide annual variations in the incidence of this disease between towns of comparable size.

No case of smallpox occurred in the City but, as in previous years, all employees of the Corporation who might be associated with a case were offered vaccination or re-vaccination.

The Infectious Diseases Hospital treated 1,331 cases during the year, including 240 cases from outside the City boundary and one Service case; this in spite of the continued staff difficulties. Cases are sent from all over the country to the Streptomycin Unit at the Infectious Diseases Hospital, which is one of a small number of such units established in England for the treatment of tuberculosis with this drug.

**CANCER** (Page 80)

During the year 78 more persons died from this disease than in 1948, the relative death rates being 2.16 per thousand population, as compared with 1.82. The greatest increase in deaths was in males over the age of forty-five; there was also an increase in the number of deaths from cancer of the uterus.

As noted last year, the death rate from this disease will continue to be high whilst the population is weighted unfavourably as regards age, i.e., while the proportion of elderly persons in the population continues to remain comparatively high.

**PARASITIC INFESTATION** (Pages 81–83)

The rescinding of the Scabies Order at the end of 1947 at first made the control of infestation more difficult, as the Medical Officer of Health no longer had power to require the attendance of contacts for examination and treatment, although they remain potential sources of re-infestation. The effectiveness of the work of the Disinfestation Clinic has not been impaired, however, thanks to the vigorous follow-up of the contacts undertaken by the Medical Officer in Charge, who often achieves his end by personal persuasion in the absence of statutory powers. In certain cases use had been made of the rather limited powers given under Section 85 of the Public Health Act, 1936.

(*a*) SCABIES.

The further decline in the incidence of this disease noted last year has continued; 160 actual cases were treated, compared with 357 in the previous year and 656 in 1947.

(*b*) PEDICULOSIS (LICE).

The incidence of this condition shows some increase, 234 families and 1,003 individuals being dealt with, compared with 187 families and 731 persons in 1948; 35 (45) families had been treated on at least one previous occasion.

## PUBLIC BATHS

The installation of the new break-point chlorination and filtration plant in March, 1949, has without doubt contributed to the increase of £1,504 in the revenue of the baths which, as detailed in the Report of the Baths Superintendent (pages 84–85) totalled £3,543 6s. 0d. The number of persons using the baths increased by 20,324 to 95,252, of whom 56,962—24,026 men, 9,619 women, 22,836 school children under tuition and 483 spectators—patronised the swimming bath and 38,290 the private slipper baths. It is certainly evident from the frequent visits to the baths and from the reports of water analysis supplied by the Public Analyst that the general appearance of the bath water and its purity have been greatly improved.

A little difficulty was at first experienced with regard to eye irritation because of the new method of chlorination, but this was soon overcome as a result of experiments which were made by the City Analyst, the City Engineer and a representative of the makers of the plant. The experiment of keeping the baths open for swimming during the winter of 1949–50 proved a great success, and justifies the continuance of this practice.

There was some decrease in revenue from the washing bath section, probably mainly due to the fact that all houses are now being built with baths. It is recognised that the condition of the washing bath section is not all that could be desired, but proposals are in hand for the installation of new slipper baths which, when completed, will be a vast improvement.

### MUNICIPAL DISINFECTANT STATION

During 1948, 9,900 gallons of hypochlorite solution were manufactured at this station by electrolysis of sea water, and 6,520 gallons were supplied to the adjoining Public Baths to purify the swimming bath water by hand chlorination. Following the installation of the modern purification and filtration plant at the Park Road swimming bath in March, 1949, disinfectant fluid was no longer required for this purpose ; the Municipal Disinfectant Station, originally opened in 1914, was accordingly closed in July, 1949—some saving in expenditure being thereby effected.

## INSPECTION AND SUPERVISION OF FOOD

(Pages 86–90 and 95–97)

The total number of samples of food and drugs taken was 1,676, an increase of 245 when compared with the number taken in 1948.

The percentage of samples found to be adulterated, incorrectly labelled or otherwise unsatisfactory, 7.8%, was slightly less than that for the previous year, 7.9%.

A scheme for the provision of a regional abattoir near Fareham has been under consideration by the Southampton, Portsmouth and other interested authorities in conjunction with the Ministry of Food. It is now anticipated that the Ministry of Works will shortly be able to proceed with the erection of an experimental government abattoir on a site at Fontley, and that the work may be completed by August, 1951.

### FOOD AND DRINK INFECTIONS

It was recommended by the Health and Housing Committee that the Council should adopt the Model Bye-Laws, Series I, which were issued by the Ministry of Food in October, 1949.

Although the bye-laws are somewhat vague, they should be of great assistance in connection with the Clean Food Campaign. When adopted, they will undoubtedly aggravate the staff difficulties which exist in the Sanitary Inspectors' section of the Department whose function it would be to put the bye-laws into operation and secure improvement in hygienic conditions in the food trades, all of which are covered by the Model Bye-Laws.

### FOOD POISONING

Three cases of food poisoning were notified by medical practitioners and in all of these salmonella typhi murium was isolated from the patients' excreta. Although specimens of various foods were submitted for bacteriological examination no specific organisms were isolated from any of them. In one case duck eggs came under suspicion, in another sausages, and in the third dried egg and potted meat. All the patients recovered, although two required hospital treatment.

Additional cases not officially notified included :— an infant whose foster-parents were found to be carriers of salmonella Newport—the original source of infection being uncertain, although pigeons' droppings were suspected ; a school child and her mother who had partaken of pressed beef from which B. proteus and streptococcus faecalis were isolated ; and a woman with acute diarrhoea in whose excreta salmonella typhi murium was found, although the medium of infection could not be conclusively proved.

In January an outbreak of diarrhoea and vomiting with severe stomach pains, involving 33 out of a total of 104 persons, was reported in a students' hostel after a meal of cottage pie, trifle and macaroni cheese had been consumed. No samples of the first two dishes remained and examination of the macaroni cheese and other foods which came under suspicion was negative, except that the macaroni cheese yielded coliform bacilli and coagulase negative staphylococcus albus. Most of the victims recovered within twenty-four hours. Although the cause of this outbreak was not finally settled, it seemed probable that organisms had multiplied in an article of food which had been prepared some time before it was required and was then re-heated at a temperature insufficient to sterilise. An outbreak connected with a school meals centre and affecting seventeen children, who developed acute abdominal pain and severe diarrhoea, was reported in May by the Chief Education Officer. All specimens submitted from the patients yielded negative results, but B. proteus was isolated from some sliced roast beef which had been served with gravy, and the same organisms together with streptococcus faecalis and a heavy growth of coliform bacilli from samples of a "Ten-Minute Pudding Powder" from which a custard had been made. All the children recovered within about twenty-four hours. Later in the same month a Portsmouth family suffered intestinal upset, and in their diet figured the same brand of "Ten-Minute Pudding Powder" which had been purchased from their grocer. On this occasion the laboratory recovered organisms of the paracolon group from the powder and, while there were no definite indications as to their pathogenicity, it was presumed that they might have caused the diarrhoea and other symptoms from which several members of the family had suffered.

## SANITARY CIRCUMSTANCES

(Pages 91–100)

### WATER SUPPLY

The water supply continues to be excellent both in quality and quantity.

Monthly analyses are made by the Public Analyst of the water as supplied to consumers, and the results are given on page 122. Samples are submitted fortnightly to an independent laboratory by the Water Company of the raw water and that going into supply. The results have been uniformly satisfactory, residual chlorine amounting to an average of 0.12 ppm. The number of dwelling houses supplied by public water mains is at present 63,909.

### HOUSING

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

1. Contracts placed total 4,761 dwellings, of which 4,317 were completed.
2. Of the above contracts, four groups of houses, totalling 204 in number, were being built by private enterprise under Circular 92/46.
3. At Leigh Park, contracts were placed for 676 houses, of which 346 were completed, and 236 under construction.

## DISPOSAL OF THE DEAD

### Mortuary Accommodation.

The number of bodies received into Park Road Mortuary during the year was 210, compared with 144 in 1948. In October, 1949, consideration was given by the Health and Housing Committee to proposals submitted by the Regional Hospital Board to extend and modernise the existing mortuary at Saint Mary's Hospital, additional accommodation and refrigeration being provided. The capital cost of this Central Mortuary, which would afford greatly improved facilities for pathological investigations, was estimated to be £5,000 and it was suggested that the Council should contribute half of this sum, together with an annual contribution not exceeding the present expenditure towards the maintenance of the existing mortuary at Park Road as a viewing room for the Coroner's Court. Unfortunately, the Regional Hospital Board has found it necessary, owing to the need for economy in capital expenditure, to defer this proposal for the time being.

### Crematorium

The need for a crematorium to serve an area of this size and to reduce the demand for land for cemetery purposes has been mentioned in many previous reports. In November, 1949, the Parks, Open Spaces and Cemeteries Committee recommended that a site of fourteen acres on the south side of Park Lane, Cowplain, be reserved for the erection of a crematorium, and that authority be given for the preparation of the necessary scheme, plans and estimates for submission, in due course, to the Council and the appropriate Government departments. It is to be hoped that the erection of an up-to-date crematorium can proceed as soon as conditions permit.

## ACKNOWLEDGMENTS

In conclusion, I would express my appreciation of the willing service given by the whole staff of the Health Department, who have responded without hesitation to the many demands made upon them. Special thanks are due for their valuable assistance to my Deputy (Dr. Woodrow), to the Chief Sanitary Inspector (Mr. Appleton) and to my Administrative Assistant (Mr. Woodcock), who was appointed to this position on 1st January, 1949.

Although they are no longer directly linked to the Public Health Service, the same friendly relations continue with our former colleagues in the Hospital and Specialist Services. The cordial co-operation which continues between the Medical Superintendent of the Infectious Diseases Hospital and myself is of special value in connection with epidemiological investigations; full advantage has also been taken of the expert help available in connection with enquiries into infectious disease through the recently formed Public Health Section of the Portsmouth and Isle of Wight Pathological Service.

I am again greatly indebted to the Chairmen and members of the Health Services Committee and of the Health and Housing Committee for their interest and encouragement; I would also acknowledge with gratitude the helpful co-operation of my medical colleagues in the City, the assistance freely given by the Town Clerk and the chief officials of other Departments of the Corporation, the Medical Director of the Pathological Service, and the various voluntary organisations in Portsmouth.

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

Your obedient Servant,

August, 1950. T. E. ROBERTS.

# ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

## STATISTICAL SUMMARIES FOR 1949

| | |
|---|---|
| Civilian population (estimated by the Registrar-General) | 218,250 |
| Total population (estimated by the Registrar-General) | 240,550 |

### GENERAL STATISTICS

| | |
|---|---|
| Area in acres (land and inland water) | 9,223 |
| Population (Census 1931) | 252,421 |
| Number of inhabited houses (including pre-fabricated bungalows) | 53,961 |
| Rateable value (1st April, 1949) | £1,821,240 |
| Nett product of a Penny Rate (estimated for year ending 31st March, 1950) | £7,250 |
| Average number of persons in each house (Census 1931) | 4.5 |
| Average number of persons per acre (Census 1931) | 31.3 |
| Total rainfall | 23.11 inches |

### EXTRACTS FROM VITAL STATISTICS

| | Total | Male | Female | |
|---|---|---|---|---|
| LIVE BIRTHS: | | | | |
| Legitimate | 3,905 | 1,928 | 1,977 | Rate per 1,000 population 19.06 |
| Illegitimate | 255 | 124 | 131 | |
| Total | 4,160 | 2,052 | 2,108 | |
| STILLBIRTHS: | | | | |
| Legitimate | 72 | 41 | 31 | Rate per 1,000 total births 18.17 |
| Illegitimate | 5 | 3 | 2 | |
| Total | 77 | 44 | 33 | |
| DEATHS | 2,631 | 1,353 | 1,278 | Rate per 1,000 population 12.05 |

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 | 0.23 |
| From other maternal causes | 0.71 |
| Total | 0.94 |

Death rate of infants under one year of age:

| | |
|---|---|
| All infants per 1,000 live births (100) | 24.04 |
| Legitimate infants per 1,000 legitimate live births (91) | 23.30 |
| Illegitimate infants per 1,000 illegitimate live births (9) | 35.29 |

## TABLE I

### COMPARISON WITH PREVIOUS YEAR (1948)

| | 1949 Population 218,250 | | 1948 Population 216,200 | |
|---|---|---|---|---|
| | Number | Rate per 1,000 living | Number | Rate per 1,000 living |
| Births .. .. .. | 4,160 | 19.06 | 4,553 | 21.06 |
| Deaths .. .. .. | 2,631 | 12.05 | 2,381 | 11.01 |
| ,, Principal Zymotic Diseases .. | 15 | 0.07 | 13 | 0.06 |
| ,, Smallpox .. .. | — | — | — | — |
| ,, Measles .. .. | 4 | 0.02 | 1 | 0.00 |
| ,, Scarlet Fever .. | — | — | — | — |
| ,, Diphtheria .. .. | 1 | 0.00 | — | — |
| ,, Whooping Cough .. | 1 | 0.00 | 2 | 0.01 |
| ,, Fever (Typhoid and Para-Typhoid) .. | — | — | 1 | 0.00 |
| ,, Diarrhoea (under 2) | 9 | 0.04 | 9 | 0.04 |
| ,, Pulmonary Tuberculosis .. .. | 98 | 0.45 | 116 | 0.54 |
| ,, Other forms of Tuberculosis .. | 9 | 0.04 | 13 | 0.06 |
| ,, Cancer .. .. | 472 | 2.16 | 394 | 1.82 |
| ,, Influenza .. .. | 9 | 0.04 | 4 | 0.02 |
| | Number | Rate per 1,000 live births | Number | Rate per 1,000 live births |
| Deaths under 1 year of age | 100 | 24.04 | 106 | 23.28 |
| | Number | Rate per 1,000 total births | Number | Rate per 1,000 total births |
| Deaths—Maternal : | | | | |
| Sepsis .. .. .. | 1 | 0.23 | 1 | 0.21 |
| Other Causes .. .. | 3 | 0.71 | 6 | 1.29 |
| Total .. .. .. | 4 | 0.94 | 7 | 1.50 |

## TABLE II

### TABLE SHOWING BIRTH-RATE, DEATH-RATES AND POPULATION FOR YEAR 1949 AND THE TEN PRECEDING YEARS

| Year | Birth-rate per 1,000 population | Death-rate per 1,000 population | Death-rate from zymotic diseases per 1,000 population | Deaths of children under 1 year—percentage of total deaths | Deaths of children under 1 year—per 1,000 live births | Population (R.-G.'s estimate) |
|---|---|---|---|---|---|---|
| 1949 | 19.06 | 12.05 | 0.07 | **3.80** | 24.04 | 218,250 |
| 1948 | 21.06 | **11.01** | **0.06** | 4.45 | **23.28** | 216,200 |
| 1947 | **24.29** | 12.98 | 0.12 | 6.25 | 33.40 | 212,020 |
| 1946 | 23.69 | 12.13 | 0.07 | 6.65 | 34.05 | 204,540 |
| 1945 | 23.40 | 13.80 | 0.17 | 7.23 | 42.67 | 179,240 |
| 1944 | 23.53 | 15.23 | 0.17 | 6.95 | 44.98 | 155,860 |
| 1943 | 21.54 | 15.50 | 0.08 | 6.58 | 47.32 | 149,080 |
| 1942 | 20.68 | 14.68 | 0.09 | 5.88 | 41.77 | 143,500 |
| 1941 | 16.64 | 18.75 | 0.16 | 4.34 | 56.15 | 153,600 |
| 1940 | 18.19 | 16.99 | 0.10 | 5.11 | 49.21 | 199,200 |
| 1939 | 14.72 | 12.49 | 0.17 | 6.44 | 52.23 | 260,300 |
| Average for 10 years 1939–48 | 20.77 | 14.36 | 0.12 | 5.99 | 42.51 | — |

(The most favourable figures in the statistics are shewn in heavy type)

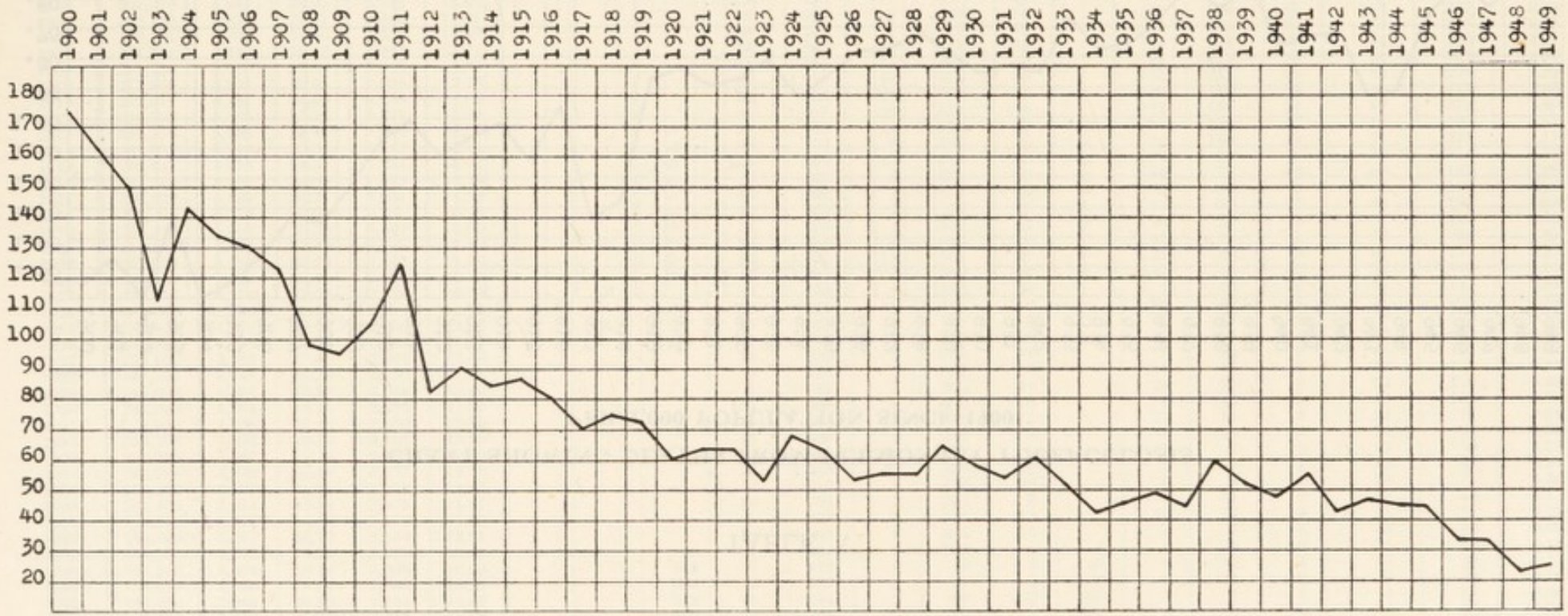
## TABLE III—TABLE SHEWING POPULATION, BIRTH-RATE, DEATH-RATE, ZYMOTIC DEATH-RATES, INFANT AND MATERNAL MORTALITY RATES OF THE 20 LARGE TOWNS OF ENGLAND AND WALES FOR 1949.

| Name of Authority | Population | | Comparability Factor | Rates per 1,000 population | | | Death-rates per 1,000 population from : | | | | | | | | | | | | | | Infantile Mortality Rate (per 1,000 live births) | Maternal Mortality Rate (per 1,000 total births) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Civilian | Total | | Birth | Crude Death | Adjd. Death | Typhoid and Paratyphoid Fever | Cerebro-spinal Fever | Scarlet Fever | Whooping Cough | Diphtheria | Influenza | Measles | Acute polio-myelitis and encephalitis | Acute infectious encephalitis | Smallpox | Diarrhoea (under two years) | Tuberculosis Pulmonary | Tuberculosis Other forms | Cancer | | Sepsis | Other Causes | Total |
| CROYDON .. .. | 249,740 | 250,040 | 0.94 | 16.1 | 10.95 | 10.29 | — | — | — | 0.008 | 0.004 | 0.132 | 0.004 | 0.008 | 0.004 | — | 0.028 | 0.352 | 0.024 | 1.862 | 29.0 | 0.24 | 0.98 | 1.22 |
| BRISTOL .. .. | 439,740 | 439,840 | 0.98 | 17.07 | 11.11 | 10.88 | 0.002 | 0.002 | — | 0.005 | — | 0.14 | 0.009 | 0.011 | 0.014 | — | 0.011 | 0.44 | 0.05 | 1.87 | 26.0 | 0.26 | 0.78 | 1.04 |
| **PORTSMOUTH** | **218,250** | **240,550** | **0.97** | **19.06** | **12.05** | **11.69** | — | **0.01** | — | **0.005** | **0.005** | **0.04** | **0.02** | **0.005** | **0.005** | — | **0.04** | **0.45** | **0.04** | **2.16** | **24.04** | **0.23** | **0.71** | **0.94** |
| LEICESTER .. | 283,400 | 283,400 | 1.02 | 17.91 | 11.55 | 11.78 | — | 0.004 | — | 0.018 | — | 0.056 | 0.004 | 0.011 | 0.014 | — | 0.021 | 0.50 | 0.078 | 1.80 | 23.83 | 0.58 | 0.96 | 1.54 |
| COVENTRY .. | 254,400 | 254,900 | 1.27 | 18.6 | 9.4 | 11.9 | 0.00 | 0.012 | 0.00 | 0.008 | 0.008 | 0.12 | 0.004 | 0.00 | 0.00 | 0.00 | 0.082 | 0.50 | 0.10 | 1.44 | 39.4 | 0.00 | 0.8 | 0.8 |
| SOUTHAMPTON .. | 180,330 | 180,930 | 1.03 | 18.79 | 11.65 | 11.99 | — | — | — | 0.03 | — | 0.1 | 0.01 | 0.03 | — | — | 0.07 | 0.43 | 0.04 | 1.91 | 37.66 | 0.59 | 0.88 | 1.47 |
| BIRMINGHAM .. | 1,106,800 | 1,107,200 | 1.13 | 18.1 | 10.7 | 12.1 | 0.00 | 0.01 | — | 0.02 | 0.00 | 0.19 | 0.01 | 0.01 | 0.00 | — | 0.06 | 0.54 | 0.05 | 1.75 | 31.0 | 0.05 | 0.44 | 0.49 |
| CARDIFF .. .. | 243,300 | 243,500 | 1.07 | 19.56 | 11.44 | 12.24 | 0.004 | 0.004 | — | 0.016 | — | 0.069 | 0.004 | 0.016 | 0.012 | — | 0.069 | 0.64 | 0.04 | 1.93 | 31.0 | 0.61 | 1.22 | 1.83 |
| NOTTINGHAM .. | 300,640 | 301,240 | 1.09 | 18.96 | 11.8 | 12.86 | — | 0.01 | — | 0.0 | — | 0.09 | 0.01 | 0.009 | — | — | 0.12 | 0.625 | 0.043 | 1.73 | 38.0 | 0.17 | 0.34 | 0.51 |
| PLYMOUTH .. | 190,860 | 206,960 | 0.99 | 19.75 | 13.14 | 13.01 | — | 0.01 | — | 0.03 | 0.00 | 0.05 | 0.00 | 0.01 | 0.01 | 0.00 | 0.07 | 0.62 | 0.03 | 1.98 | 34.23 | — | 1.54 | 1.54 |
| SHEFFIELD .. | 513,700 | 513,800 | 1.08 | 15.7 | 12.5 | 13.5 | — | 0.006 | 0.002 | 0.008 | — | 0.199 | 0.004 | 0.029 | 0.019 | — | 0.056 | 0.440 | 0.074 | 1.993 | 35.0 | — | 0.60 | 0.60* |
| LEEDS .. .. | 504,900 | 505,400 | 1.08 | 16.7 | 12.8 | 13.8 | — | 0.002 | 0.002 | 0.01 | — | 0.15 | 0.01 | 0.02 | 0.01 | — | 0.03 | 0.48 | 0.06 | 1.99 | 30.0 | 0.12 | 0.93 | 1.04 |
| LIVERPOOL .. | 800,800 | 802,000 | 1.20 | 20.7 | 11.6 | 13.9 | 0.004 | 0.019 | — | 0.071 | 0.005 | 0.127 | 0.015 | 0.005 | — | — | 0.119 | 0.677 | 0.085 | 1.726 | 44.0 | 0.237 | 0.295 | 0.532 |
| KINGSTON-u-HULL | 296,400 | 296,600 | 1.15 | 20.95 | 12.1 | 13.97 | 0.00 | 0.00 | 0.00 | 0.02 | — | 0.08 | — | 0.00 | 0.00 | — | 0.11 | 0.62 | 0.05 | 1.84 | 42.0 | — | 1.26 | 1.26 |
| NEWCASTLE-u-TYNE | 294,540 | 295,240 | 1.10 | 18.27 | 12.76 | 14.04 | 0.00 | 0.01 | 0.00 | 0.01 | 0.00 | 0.075 | 0.00 | 0.00 | 0.03 | 0.00 | 0.105 | 0.764 | 0.068 | 1.929 | 39.61 | 0.365 | 1.095 | 1.460 |
| BRADFORD .. | 291,600 | 291,600 | 0.98 | 17.3 | 14.5 | 14.2 | 0.00 | 0.01 | 0.003 | 0.003 | 0.006 | 0.26 | 0.01 | 0.024 | 0.003 | 0.00 | 0.058 | 0.40 | 0.07 | 1.95 | 37.0 | 0.19 | 1.15 | 1.34 |
| MANCHESTER .. | 699,600 | 700,700 | 1.12 | 18.77 | 12.91 | 14.46 | — | 0.01 | — | 0.04 | — | 0.15 | 0.01 | 0.01 | 0.01 | — | 0.09 | 0.60 | 0.05 | 2.00 | 38.24 | 0.45 | 0.74 | 1.19 |
| SUNDERLAND .. | 181,340 | 181,340 | 1.14 | 19.9 | 13.1 | 14.9 | — | 0.04 | — | 0.04 | 0.01 | 0.15 | — | — | 0.03 | — | 0.15 | 0.68 | 0.10 | 1.77 | 57.0 | — | 1.61 | 1.61 |
| SALFORD .. .. | 178,900 | 178,900 | 1.15 | 20.3 | 13.0 | 14.95 | — | 0.001 | — | 0.006 | 0.001 | 0.020 | — | 0.001 | 0.001 | — | 0.020 | 0.6 | 0.12 | 1.9 | 53.0 | — | — | — |
| STOKE-ON-TRENT | 274,500 | 274,500 | 1.22 | 18.7 | 11.5 | 15.13 | 0.00 | 0.015 | 0.00 | 0.007 | 0.004 | 0.236 | 0.004 | 0.007 | 0.007 | 0.00 | 0.047 | 0.566 | 0.043 | 1.932 | 34.0 | 0.378 | 1.136 | 1.514 |

* Excluding Abortion

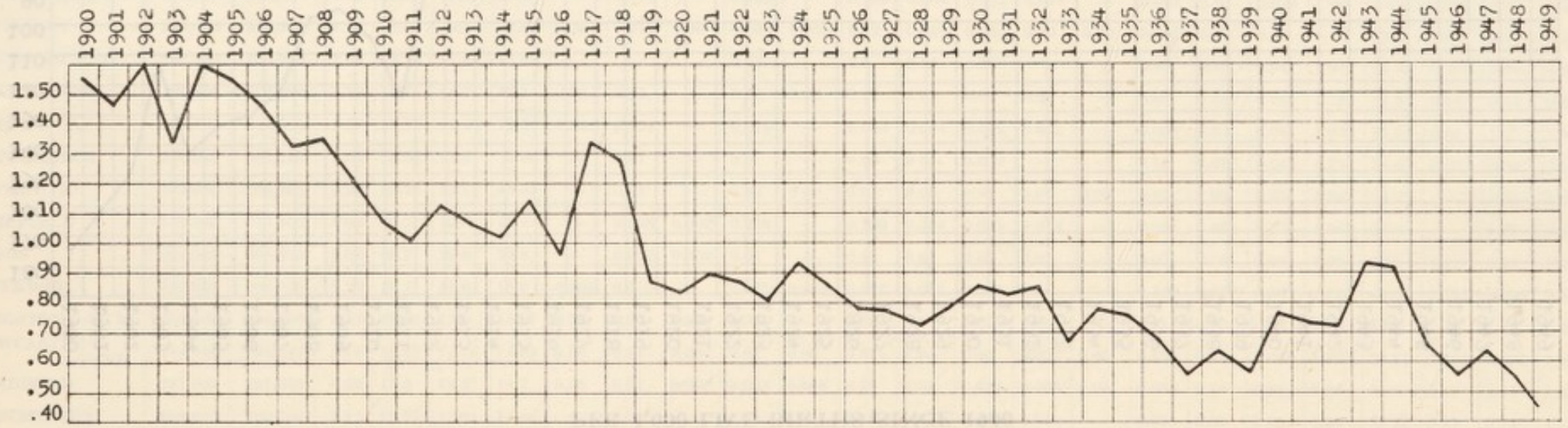
## TABLE IV

### CHART SHOWING DEATHS OF INFANTS UNDER ONE YEAR OF AGE PER 1,000 LIVE BIRTHS SINCE 1900



## TABLE V

### CHART SHOWING DEATHS FROM PULMONARY TUBERCULOSIS PER 1,000 POPULATION SINCE 1900



## TABLE SHOWING POPULATION, BIRTHS, DEATHS AND INCIDENCE OF THE PRINCIPAL ZYMOTIC DISEASES DURING THE PAST 50 YEARS

| YEAR | POPULATION | BIRTHS | | DEATHS | | ZYMOTIC DISEASES | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | SMALLPOX | | MEASLES | | SCARLET FEVER | | DIPHTHERIA | | WHOOPING COUGH | | TYPHOID, PARA-TYPHOID FEVER | | DIARRHOEA | TOTAL ZYMOTIC |
| | | Number | Rate | Number | Rate | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Deaths | Deaths | Rate per 1,000 pop. |
| 1900 | 194,955 | 4,995 | 25.62 | 3,359 | 17.22 | | | | 3 | 348 | 11 | 568 | 104 | | 87 | 1,083 | 93 | 159 | 457 | 2.46 |
| 1901 | 189,907 | 5,267 | 27.50 | 3,367 | 17.55 | 1 | | | 82 | 452 | 15 | 454 | 70 | | 21 | 324 | 43 | 311 | 542 | 2.87 |
| 1902 | 191,909 | 5,584 | 27.53 | 3,269 | 17.03 | 8 | | | 70 | 603 | 14 | 495 | 62 | | 92 | 448 | 54 | 159 | 451 | 2.32 |
| 1903 | 194,960 | 5,431 | 27.95 | 2,867 | 14.75 | 2 | | | 17 | 1,167 | 27 | 633 | 75 | | 34 | 216 | 23 | 115 | 291 | 1.46 |
| 1904 | 198,038 | 5,579 | 28.27 | 3,333 | 16.88 | | | | 1 | 726 | 22 | 601 | 71 | | 76 | 223 | 34 | 213 | 417 | 2.06 |
| 1905 | 201,975 | 5,641 | 28.02 | 3,345 | 16.62 | | | | 218 | 530 | 11 | 457 | 69 | | 45 | 165 | 18 | 173 | 534 | 2.58 |
| 1906 | 205,118 | 5,870 | 27.71 | 3,049 | 14.91 | | | | 8 | 383 | 3 | 430 | 60 | | 63 | 146 | 17 | 226 | 377 | 1.79 |
| 1907 | 208,291 | 5,796 | 27.90 | 3,332 | 16.02 | | | | 169 | 282 | 4 | 423 | 61 | | 57 | 233 | 30 | 60 | 381 | 1.77 |
| 1908 | 211,493 | 6,110 | 28.40 | 2,957 | 13.77 | | | | 14 | 597 | 8 | 434 | 49 | | 55 | 207 | 26 | 48 | 200 | 0.91 |
| 1909 | 214,726 | 5,820 | 27.20 | 3,045 | 14.20 | | | | 104 | 1,165 | 19 | 494 | 66 | | 27 | 274 | 33 | 54 | 303 | 1.35 |
| 1910 | 217,986 | 5,801 | 26.65 | 2,995 | 13.78 | | | | 64 | 1,276 | 30 | 470 | 56 | | 52 | 251 | 39 | 54 | 295 | 1.29 |
| 1911 | 232,211 | 5,787 | 24.99 | 3,255 | 14.06 | | | | 28 | 855 | 21 | 554 | 72 | | 40 | 159 | 26 | 290 | 477 | 2.05 |
| 1912 | 236,732 | 5,605 | 23.75 | 3,255 | 12.85 | | | | 95 | 1,407 | 29 | 1,051 | 124 | | 52 | 140 | 22 | 57 | 379 | 1.60 |
| 1913 | 241,256 | 5,989 | 24.44 | 3,044 | 12.23 | | | | 25 | 1,166 | 20 | 959 | 87 | | 16 | 126 | 23 | 112 | 283 | 1.17 |
| 1914 | 245,827 | 5,714 | 23.31 | 3,149 | 12.45 | | | | 39 | 703 | 5 | 767 | 79 | | 50 | 189 | 29 | 71 | 273 | 1.11 |
| 1915 | 202,441 | 4,975 | 24.47 | 3,284 | 16.22 | | | | 123 | 885 | 17 | 923 | 68 | | 36 | 97 | 18 | 52 | 314 | 1.55 |
| 1916 | 197,843 | 5,186 | 24.09 | 2,875 | 14.53 | | | | 15 | 428 | 3 | 689 | 52 | | 46 | 78 | 10 | 65 | 191 | 0.96 |
| 1917 | 198,527 | 4,584 | 20.71 | 3,081 | 14.52 | | | | 44 | 496 | 7 | 372 | 40 | | 36 | 30 | 4 | 48 | 179 | 0.90 |
| 1918 | 203,396 | 4,778 | 20.96 | 3,730 | 16.96 | | | | 52 | 359 | 4 | 531 | 48 | | 43 | 32 | 5 | 40 | 192 | 0.94 |
| 1919 | 224,846 | 5,300 | 22.30 | 3,006 | 12.60 | | | | 14 | 274 | 2 | 536 | 42 | | 20 | 21 | 0 | 37 | 115 | 0.51 |
| 1920 | 233,805 | 6,508 | 25.90 | 2,705 | 11.10 | | | | 32 | 445 | 3 | 684 | 40 | | 41 | 27 | 1 | 22 | 139 | 0.59 |
| 1921 | 233,929 | 5,651 | 22.90 | 2,612 | 11.20 | | | | 23 | 1,992 | 13 | 561 | 30 | | 21 | 33 | 3 | 87 | 177 | 0.75 |
| 1922 | 236,630 | 5,529 | 22.11 | 2,874 | 12.14 | | | | 12 | 1,342 | 12 | 605 | 48 | | 42 | 17 | 3 | 32 | 149 | 0.61 |
| 1923 | 230,718 | 5,314 | 21.06 | 2,524 | 10.93 | | | | 39 | 709 | 5 | 693 | 46 | | 9 | 42 | 11 | 31 | 141 | 0.61 |
| 1924 | 232,000 | 5,002 | 20.10 | 2,977 | 12.58 | | | | 16 | 576 | 8 | 501 | 18 | | 38 | 49 | 4 | 21 | 105 | 0.44 |
| 1925 | 232,900 | 4,770 | 19.07 | 2,866 | 12.30 | | | | 20 | 984 | 6 | 768 | 43 | | 30 | 47 | 5 | 9 | 123 | 0.52 |
| 1926 | 231,500 | 4,496 | 18.20 | 2,703 | 11.67 | | | | 11 | 549 | 7 | 947 | 66 | | 17 | 14 | 3 | 36 | 140 | 0.60 |
| 1927 | 232,100 | 4,230 | 17.08 | 2,945 | 12.68 | | | | 40 | 620 | 3 | 742 | 47 | | 18 | 16 | 0 | 15 | 123 | 0.52 |
| 1928 | 240,700 | 4,445 | 17.20 | 2,730 | 11.30 | | | | 9 | 776 | 3 | 866 | 53 | | 12 | 13 | 2 | 22 | 101 | 0.41 |
| 1929 | 242,000 | 4,394 | 16.80 | 3,345 | 13.80 | | | | 1 | 787 | 7 | 766 | 24 | | 19 | 11 | 2 | 67 | 120 | 0.49 |
| 1930 | 242,000 | 4,261 | 16.30 | 2,856 | 11.80 | | | | 101 | 689 | 9 | 605 | 16 | | 6 | 40 | 1 | 40 | 173 | 0.71 |
| 1931 | 228,900 | 4,336 | 17.40 | 2,950 | 12.80 | | | | 1 | 601 | 12 | 345 | 12 | | 21 | 11 | 3 | 24 | 73 | 0.31 |
| 1932 | 253,100 | 4,092 | 16.20 | 3,101 | 12.20 | | | | 48 | 669 | 5 | 244 | 2 | | 6 | 13 | 0 | 30 | 91 | 0.36 |
| 1933 | 251,200 | 3,864 | 15.30 | 3,125 | 12.40 | | | | 4 | 864 | 10 | 194 | 9 | | 17 | 7 | 0 | 19 | 59 | 0.23 |
| 1934 | 248,900 | 3,948 | 15.86 | 3,077 | 12.36 | | | | 28 | 1,349 | 10 | 339 | 29 | | 7 | 6 | 1 | 12 | 87 | 0.34 |
| 1935 | 250,200 | 3,707 | 14.81 | 2,959 | 11.82 | | | | 0 | 617 | 6 | 422 | 39 | | 9 | 8 | 1 | 16 | 71 | 0.28 |
| 1936 | 251,400 | 3,914 | 15.56 | 2,971 | 11.81 | | | | 14 | 701 | 2 | 244 | 8 | | 1 | 11 | 2 | 17 | 44 | 0.17 |
| 1937 | 256,200 | 3,812 | 14.88 | 2,947 | 11.50 | | | | 5 | 958 | 5 | 310 | 13 | | 10 | 12 | 3 | 21 | 57 | 0.22 |
| 1938 | 258,400 | 3,807 | 14.73 | 3,154 | 12.21 | | | | 10 | 1,005 | 8 | 306 | 15 | | 1 | 5 | 1 | 48 | 83 | 0.32 |
| 1939 | 260,300 | 3,832 | 14.72 | 3,058 | 12.49 | | | 6 | 1 | 404 | 0 | 137 | 6 | 6 | 4 | 2 | 0 | 31 | 42 | 0.17 |
| 1940 | 199,200 | 3,624 | 18.19 | 3,386 | 16.99 | | | 185 | 0 | 112 | 1 | 56 | 4 | 40 | 0 | 10 | 1 | 17 | 23 | 0.10 |
| 1941 | 153,600 | 2,556 | 16.64 | 2,880 | 18.75 | | | 694 | 2 | 107 | 1 | 67 | 9 | 280 | 6 | 11 | 0 | 7 | 25 | 0.16 |
| 1942 | 143,500 | 2,968 | 20.68 | 2,107 | 14.68 | | | 958 | 0 | 144 | 2 | 68 | 2 | 165 | 4 | 1 | 1 | 4 | 13 | 0.09 |
| 1943 | 149,080 | 3,212 | 21.54 | 2,312 | 15.50 | | | 878 | 3 | 231 | 0 | 19 | 1 | 253 | 6 | 0 | 0 | 3 | 13 | 0.08 |
| 1944 | 155,860 | 3,668 | 23.53 | 2,375 | 15.23 | | | 936 | 4 | 229 | 0 | 24 | 1 | 339 | 2 | 6 | 1 | 20 | 28 | 0.17 |
| 1945 | 179,240 | 4,195 | 23.40 | 2,474 | 13.80 | | | 1,546 | 5 | 216 | 1 | 13 | 2 | 245 | 3 | 9 | 0 | 19 | 30 | 0.17 |
| 1946 | 204,540 | 4,846 | 23.69 | 2,481 | 12.13 | | | 272 | 1 | 275 | 0 | 17 | 0 | 358 | 2 | 3 | 0 | 11 | 14 | 0.07 |
| 1947 | 212,020 | 5,149 | 24.29 | 2,754 | 12.98 | | | 2,031 | 5 | 282 | 0 | 15 | 1 | 241 | 4 | 0 | 0 | 16 | 26 | 0.12 |
| 1948 | 216,200 | 4,553 | 21.06 | 2,381 | 11.01 | | | 1,009 | 1 | 363 | 0 | 6 | 0 | 336 | 2 | 5 | 1 | 9 | 13 | 0.06 |
| 1949 | 218,250 | 4,160 | 19.06 | 2,631 | 12.05 | | | 4,010 | 4 | 454 | 0 | 7 | 1 | 323 | 1 | 11 | 0 | 9 | 15 | 0.07 |

NOT NOTIFIABLE — NIL — NOT NOTIFIABLE

## METEOROLOGY — 1949

BAROMETER. The mean barometric pressure for the year was 30.11 inches. The highest observed reading corrected to sea-level was 30.72 on 3rd February, and the lowest 29.032 on 2nd January.

TEMPERATURE. The mean temperature in the shade was 53.8°.

*Maximum.* The mean maximum temperature in the shade was 59.8°, the highest being 85° on 28th June.

*Minimum.* The mean minimum temperature was 47.0°, the lowest being 29° on 12th December.

*Minimum on grass.* The mean minimum temperature on the grass was 42.5°, the lowest being 20° on the 12th and 20th of December.

*Earth Temperature.* The mean temperature at one foot below the ground was 54.7°, and at four feet 54.6°

BRIGHT SUNSHINE. 2,094 hours 48 minutes of sunshine were registered by the Campbell-Stokes recorder. The greatest amount registered on one day was 15.1 hours on 24th June.

FROSTS. The minimum temperature in the shade, four feet above the ground, fell to and below freezing point on 16 days, and that on the ground on 39 occasions.

HUMIDITY. The mean humidity of the air (saturation 100) was 69.9.

RAINFALL. The total rainfall was 23.11 inches. The greatest fall of rain in twenty-four hours was 1.19 inches on 20th October.

HAIL. Hail occurred on 2 occasions.

SNOW. Snow or sleet fell on 6 occasions.

THUNDER. Thunder occurred on 8 occasions.

FOGS. Fogs occurred on 20 occasions.

GALES. Gales occurred on 13 occasions (10 fresh ; 3 moderate).

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AVERAGES FOR THE PAST EIGHT YEARS (1942–49)

| Rainfall | Hours of Bright Sunshine | Mean Temperature |
|---|---|---|
| 26.58 inches | 1773.1 | 52.4 |

TABLE VII

## MONTHLY METEOROLOGICAL SUMMARY FOR THE YEAR 1949

| Month | Mean Pressure ins. | Mean Temp. F. | Absolute | | Mean | | Mean Daily Range | Sunshine | | Rainfall | | | Relative Humidity (Saturation 100) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Max. F. | Min. F. | Max. F. | Min. F. | | Total No. of Hours | Days of 0.5 hrs. or more | Total mm. | Total ins. | Days of 0.01 ins. or more | |
| January .. .. | 30.159 | 43.8 | 54 | 32 | 49.1 | 39.5 | 9.6 | 85 hrs. 54 mins. | 21 | 15.8 | 0.62 | 6 | 71.7 |
| February .. .. | 30.290 | 44.4 | 55 | 30 | 50.2 | 38.6 | 11.6 | 128 ,, 36 ,, | 24 | 24.3 | 0.96 | 6 | 69.9 |
| March .. .. | 30.127 | 43.7 | 63 | 30 | 50.0 | 37.4 | 12.6 | 128 ,, 24 ,, | 21 | 39.1 | 1.54 | 5 | 60.5 |
| April .. .. | 30.012 | 51.3 | 68 | 35 | 57.6 | 45.1 | 12.5 | 220 ,, 0 ,, | 26 | 28.4 | 1.12 | 8 | 64.6 |
| May .. .. | 29.940 | 54.0 | 66 | 39 | 61.0 | 47.1 | 13.9 | 264 ,, 36 ,, | 31 | 37.9 | 1.49 | 8 | 61.9 |
| June .. .. | 30.074 | 61.2 | 85 | 49 | 68.4 | 54.0 | 14.4 | 269 ,, 48 ,, | 30 | 15.4 | 0.61 | 5 | 64.9 |
| July .. .. | 30.071 | 65.9 | 83 | 50 | 73.3 | 58.5 | 14.8 | 300 ,, 54 ,, | 30 | 5.9 | 0.23 | 3 | 59.7 |
| August .. .. | 30.074 | 65.8 | 81 | 50 | 72.8 | 58.8 | 14.0 | 244 ,, 6 ,, | 29 | 29.4 | 1.16 | 7 | 61.2 |
| September .. | 29.982 | 65.2 | 79 | 52 | 71.2 | 59.1 | 12.0 | 169 ,, 18 ,, | 26 | 55.5 | 2.18 | 11 | 73.5 |
| October .. .. | 29.950 | 57.5 | 72 | 38 | 62.4 | 52.7 | 9.7 | 133 ,, 12 ,, | 25 | 206.1 | 8.09 | 16 | 78.4 |
| November .. .. | 29.734 | 47.4 | 58 | 33 | 51.7 | 43.1 | 8.6 | 80 ,, 48 ,, | 23 | 82.4 | 3.22 | 15 | 82.2 |
| December .. .. | 29.911 | 45.2 | 54 | 29 | 49.8 | 40.6 | 9.2 | 67 ,, 12 ,, | 18 | 48.0 | 1.89 | 12 | 82.2 |
| TOTAL .. .. | — | — | — | — | — | — | — | 2,094 hrs. 48 mins. | 304 | 587.0 | 23.11 | 102 | — |
| MEAN .. .. | 30.110 | 53.8 | 68.1 | 38.9 | 59.8 | 47.0 | 13.6 | 174 hrs. 30 mins. | 25 | 48.9 | 1.92 | 8 | 69.9 |

# TABLE VIII

## TABLE SHOWING SUNSHINE, RAINFALL AND EXTREMES OF TEMPERATURE SINCE 1890.

| Year | Total Sunshine | Total Rainfall in inches | Highest Maximum in shade | | Lowest Minimum in shade | | Lowest Minimum on grass | |
|---|---|---|---|---|---|---|---|---|
| | | | °F. | Date | °F. | Date | °F. | Date |
| 1890 | 1,350 | 21.71 | 77 | May 24th | 18 | December 31st | 10 | January 7th |
| 1891 | 1,247 | 31.43 | 78 | May 16th, September 12th | 19 | January 18th | 8 | January 10th, January 11th |
| 1892 | 1,371 | 22.27 | 77 | July 27th | 19 | January 10th | 13 | December 27th |
| 1893 | 1,412 | 23.14 | 85 | June 18th | 20 | January 2nd | 12 | January 5th |
| 1894 | 1,600 | 35.89 | 82 | July 1st | 14 | Jan. 5th, 6th | 13 | Jan. 5th, 6th |
| 1895 | 1,811 | 27.26 | 79 | September 28th | 17 | Feb. 6th, 7th | 5 | February 13th |
| 1896 | 1,566 | 25.79 | 81 | July 21st | 24 | February 26th | 19 | February 26th |
| 1897 | 1,569 | 28.48 | 86 | July 16th | 24 | January 24th | 16 | December 4th |
| 1898 | 1,454 | 22.67 | 81 | August 16th | 27 | February 21st | 19 | February 21st |
| 1899 | 1,929 | 25.26 | 84 | August 3rd | 22 | December 14th | 16 | March 25th |
| 1900 | 1,608 | 25.96 | 85 | July 25th | 22 | February 10th | 16 | Feb. 8th, 10th |
| 1901 | 1,843 | 23.41 | 84 | July 19th | 20 | January 9th | 14 | January 9th |
| 1902 | 1,501 | 25.27 | 82 | July 19th | 23 | December 7th | 15 | February 12th, 13th, 16th |
| 1903 | 1,702 | 34.88 | 80 | June 1st, July 9th | 23 | January 15th | 12 | December 3rd |
| 1904 | 1,732 | 26.64 | 79 | July 17th | 25 | January 1st | 13 | January 21st |
| 1905 | 1,685 | 24.05 | 80 | July 21st, 26th | 24 | November 24th | 15 | January 9th November 21st |
| 1906 | 1,705 | 28.74 | 79 | September 1st | 25 | January 24th | 13 | February 14th |
| 1907 | 1,594 | 25.33 | 79 | July 16th | 20 | January 24th | 14 | January 25th |
| 1908 | 1,951 | 20.53 | 83 | July 2nd | 17 | December 30th | 11 | January 6th |
| 1909 | 1,902 | 32.28 | 85 | August 12th | 20 | March 3rd | 10 | January 27th |
| 1910 | 1,691 | 31.66 | 76 | May 23rd | 21 | January 27th | 13 | January 16th |
| 1911 | 2,108 | 30.06 | 90 | August 14th | 25 | January 16th | 17 | February 3rd |
| 1912 | 1,561 | 31.94 | 89 | July 15th | 20 | February 3rd | 12 | December 25th |
| 1913 | 1,584 | 29.96 | 81 | June 29th | 29 | January 13th, April 13th, Dec. 29th, 31st | 19 | January 24th |
| 1914 | 1,914 | 33.13 | 79 | Aug. 13th, 14th | 25 | January 23rd | 14 | November 27th |
| 1915 | 1,776 | 37.41 | 79 | July 2nd | 27 | February 26th | 18 | December 17th |
| 1916 | 1,628 | 28.48 | 82 | August 2nd | 25 | February 25th | 17 | February 3rd |
| 1917 | 1,718 | 25.93 | 78 | July 16th, 17th | 20 | February 5th | 13 | February 18th |
| 1918 | 1,874 | 25.80 | 83 | August 22nd | 23 | January 9th | 16 | December 17th |
| 1919 | 1,784 | 29.06 | 82 | August 10th, August 13th | 24 | January 25th, Feb. 8th, 9th | 17 | December 16th |
| 1920 | 1,584 | 28.00 | 78 | May 24th | 22 | January 7th | 22 | November 13th |
| 1921 | 2,065 | 14.00 | 89 | July 19th | 26 | November 15th | 18 | November 13th |
| 1922 | 1,809 | 30.24 | 79 | May 23rd, 24th | 26 | Jan. 24th, 25th | 19 | January 18th |
| 1923 | 1,770 | 29.54 | 89 | July 12th | 23 | November 26th | 17 | November 16th |
| 1924 | 1,760 | 36.59 | 77 | July 12th | 27 | Feb. 18th, 29th | 21 | February 15th |
| 1925 | 1,923 | 38.10 | 82 | June 7th | 26 | March 19th | 17 | November 14th |
| 1926 | 1,688 | 26.40 | 85 | July 14th | 22 | January 15th, 17th | 18 | Jan. 15th, 17th, December 28th |
| 1927 | 1,653 | 34.00 | 80 | July 10th | 24 | December 19th | 15 | January 20th |
| 1928 | 1,923 | 32.51 | 88 | July 15th | 25 | Mar. 12th, 14th, December 15th | 17 | December 9th, 15th |
| 1929 | 1,986 | 28.00 | 87 | September 5th | 16 | February 15th | 7 | February 15th |
| 1930 | 1,730 | 30.65 | 83 | August 28th | 24 | March 20th | 16 | November 17th |
| 1931 | 1,503 | 27.76 | 77 | August 3rd, 5th | 21 | March 10th | 16 | March 9th |
| 1932 | 1,512 | 26.77 | 84 | August 18th | 26 | January 1st, February 11th, March 13th | 18 | January 1st |
| 1933 | 2,086 | 21.07 | 85 | August 7th | 23 | January 27th | 19 | December 9th |
| 1934 | 1,818 | 29.85 | 85 | July 18th | 25 | February 3rd | 18 | February 3rd |
| 1935 | 1,764 | 36.29 | 86 | July 14th | 24 | December 21st. | 20 | December 21st |
| 1936 | 1,629 | 28.81 | 80 | June 19th | 28 | February 12th Dec. 8th, 13th | 17 | December 11th |
| 1937 | 1,654 | 33.33 | 87 | August 7th | 28 | March 9th, 10th | 18 | Dec. 6th, 11th |
| 1938 | 1,679 | 32.22 | 86 | August 3rd | 21 | December 20th | 12 | December 23rd |
| 1939 | 1,773 | 28.75 | 85 | June 7th | 24 | Dec. 12th, 30th | 19 | December 23rd, 25th, 31st |
| 1940 | 1,860 (*No record 23/3/41 to 22/7/41*) | 29.52 | 83 | June 18th | 19 | Jan. 20th, 21st | 12 | January 21st |
| 1941 | 705 | 25.88 | 84 | July 9th, 10th | 23 | January 3rd | 17 | Jan. 16th, 17th |
| 1942 | 1,566 | 29.65 | 83 | June 5th | 21 | January 12th | 17 | February 22nd |
| 1943 | 1,817 | 25.28 | 81 | July 31st | 28 | December 14th | 21 | February 8th |
| 1944 | 1,728 | 29.09 | 85 | May 29th | 25 | February 7th, March 6th | 13 | December 25th, 26th |
| 1945 | 1,690 | 22.51 | 81 | June 19th, July 13th | 17 | January 26th, 29th | 7 | January 29th |
| 1946 | 1,663 | 31.72 | 78 | July 3rd, 12th, 13th, 24th | 22 | December 21st | 12 | December 21st |
| 1947 | 1,734 | 25.41 | 91 | August 16th | 12 | January 29th | 11 | February 25th |
| 1948 | 1,892 | 25.89 | 87 | July 28th | 18 | February 22nd | 19 | Feb. 21st, 22nd |
| 1949 | 2,095 | 23.11 | 85 | June 28th | 29 | December 12th | 20 | Dec. 12th, 20th |

# MATERNITY AND CHILD WELFARE

*By the Senior Assistant Medical Officer of Health*
*(Maternity and Child Welfare)*

## CARE OF MOTHERS AND YOUNG CHILDREN

### Maternal Mortality

The maternal mortality rate showed a decrease from 1.50 per 1,000 births in 1948 to 0.94. An analysis of the causes of all maternal deaths is as follows :—

| | | |
|---|---|---|
| (*a*) | Haemorrhage, ruptured ectopic gestation .. | 1 |
| (*b*) | Internal haemorrhage, following ruptured ectopic gestation. Natural causes .. .. .. | 1 |
| (*c*) | Pulmonary embolism, due to crural thrombosis, following childbirth .. .. .. .. | 1 |
| (*d*) | Myocardial failure, due to toxaemia from pregnancy, aggravated by a Caesarian operation and the effects of an anaesthetic (nitrous oxide, oxygen and ether) .. .. .. .. .. | 1 |

It will be seen that three out of the four deaths, (*a*), (*b*) and (*c*), fall within the category of accidents of pregnancy which are especially difficult to prevent. It is felt that the fourth death (*d*) should have been avoided as the toxaemia was diagnosed at its commencement at one of the Local Authority's ante-natal clinics. The patient, however, absolutely refused to enter hospital for ante-natal treatment in spite of all efforts to persuade her to do so by the staffs of both the Local Authority's ante-natal clinic, and the Hospital Consultant's clinic. Fortunately, such refusals to undergo treatment is extremely rare.

### Infant Mortality

There was a slight increase in the number of deaths of infants under one year per thousand live births, namely 24.04, as compared with 23.28 in 1948. The latter rate was the lowest so far reached in the city, indeed it was probably the lowest infantile death rate amongst the large towns in this country. It is considered creditable that such a low death rate has been maintained. The analysis of deaths shows that there is comparatively little variation in the main causes of infant deaths, namely prematurity, respiratory diseases and gastro-enteritis. The deaths from violence have increased from three to six and investigation into the causes of these six deaths shows the disquieting feature that all were due to suffocation, although in no case was the child sleeping with its parents. In four cases the suffocation was caused by bed clothes, in one by a dummy blocking the child's mouth and in another by a feather pillow. The danger of suffocation is continuously being stressed by health visitors and midwives, both in mothercraft lectures and during home visits.

### Premature Births

Premature babies have again been given special supervision by the health visitors.

The total number reported during 1949 was 243 (137) ; 31 (40) of these were born at home and 212 (137) in nursing homes and hospital. Of those born at home, 3 (0) died during the first 24 hours, 1 was transferred to hospital and 27 (37) were still surviving at the end of one month. Of those born in hospital or nursing homes 21 (7) died during the first 24 hours, 10 between the 2nd and 8th days, 3 between the 8th and 28th day, and 178 (86) survived at the end of one month.

It is hoped that closer liaison may be arranged between the hospital and the Health Department, whereby health visitors will report on the home conditions of a premature baby prior to its discharge, so that account may be taken thereof before deciding when this shall be. Local housing conditions in many cases prevent the suitable nursing of premature babies at home.

### Ophthalmia Neonatorum

During the year only three cases of ophthalmia neonatorum were notified. In no case was there any resultant impairment of vision.

### Attendance at Ante-Natal and Post-Natal Clinics

There was a very slight decrease in the number of patients attending the Municipal ante-natal clinics in 1949—namely 1,520 against 1,553 in 1948. During the year these patients made a total of 10,486 attendances, as against 10,527 in 1948.

This is the first complete year in which the Local Authority's Maternity Services have been in operation since the introduction of the National Health Service Act, 1946. It is felt that these figures are satisfactory as they show the co-operation existing between the Local Authority and General Practitioner Maternity Services.

The figures regarding attendances at post-natal clinics show a decrease. Although this decrease has been influenced by mothers going to their own doctors for their post-natal examination, it is felt that much still remains to be done in the education of mothers concerning the necessity of this examination.

These clinics are staffed by whole-time Local Authority medical officers and by two part-time general practitioners.

### Child Welfare Clinics

On June 3rd, 1949, a new Health Centre was opened in the Cosham area of Portsmouth. This has been built for use as an ante-natal clinic and also as a child welfare clinic with adjoining store for the sale of dried milk, vitamins, etc.

Another child welfare clinic held in the church hall of St. Michael and All Angels, Hempsted Road, Paulsgrove, was opened on the 31st May, 1949. This was urgently needed owing to the increasing population of the new estate.

### Supply of Vitamins

Facilities continue to be available at the child welfare and ante-natal clinics for the issue of vitamins, etc., as supplied by the Ministry of Food.

The uptake in Portsmouth of orange juice (vitamin C) is 30.6% (37.9%) of the potential, of A and D tablets 35.6% (40.2%), and of Government cod liver oil 23.9% (33.5%) of the potential.

The foregoing statistics do not present the total percentage of vitamins distributed to mothers and children, as the more palatable forms of vitamin preparations continue to be issued in large quantities at the child welfare clinics.

### Day Nurseries

Admissions to the local day nurseries at (*a*) Garfield Road, (*b*) Cliffdale, London Road, (*c*) St. Peter's Institute, Somers Road, (*d*) Twyford Avenue, and (*e*) Anglesea Road, which provide accommodation for 221 children under five years of age, continued throughout the year, 785 applications being received and 322 children admitted. At the end of the year 445 children were still on the waiting list, as compared with 619 at the end of 1948. The steady demand for accommodation reflects the confidence which the public have in the high standard of care and attention that children receive in these establishments. There are now places for 118 children aged two to five years in private day nurseries registered under the Nurseries and Child Minders Regulation Act, 1948. These nurseries undoubtedly serve a useful purpose and afford some relief to the pressure on the limited accommodation available in the day nurseries provided by the Local Authority.

### Residential Nurseries

When Annesley House, a residential nursery for 35 children, which had been in course of preparation by the Health Committee since 1946, was on the point of being opened, a Home Office circular was issued stating that all residential nurseries were to come under the Children's Committee, and this nursery was accordingly transferred on the 1st November, 1949.

### Mother and Baby Homes

The property "Eastlands," Kent Road, had been under consideration as a possible home for mothers and babies since 1947, but in October, 1949, the site was appropriated by the Welfare Services Committee.

As there is no local mother and baby home, financial assistance was given to four applications which were received from the Portsmouth Diocesan Council for Moral Welfare. These cases were sent to residential homes outside the City.

### Dental Treatment

Dental care of expectant and nursing mothers, and of young children, continues to be carried out by the hospital authorities to which they are referred from the Local Authority's clinics. During the year 646 cases were referred.

## MIDWIVES SERVICE

The total number of domiciliary midwives who sent in their notification to practise during 1949 was 25. Of this number 18 belong to the Portsmouth Municipal Service, three are district midwives who reside permanently in the City, and four are midwives who have only been temporarily resident. The total number of cases delivered by municipal midwives was 1,269 and by independent midwives 73. The former figure represents an average of 78.4 (73.1) cases per midwife per annum.

Domiciliary midwives are continuing to visit their cases for twenty-eight days after delivery of the baby. In normal cases three visits are paid during the third week and two during the fourth week. The supervision of the mother and baby for twenty-eight days is proving of great benefit, especially to primiparae, as it gives the midwife an opportunity of teaching the mother the practical care of her infant, the theoretical care of whom the mother should have acquired during her ante-natal period. It gives, too, a much greater chance for the successful establishment of breast feeding.

The decrease in the number of domiciliary confinements is the result of more mothers seeking and gaining admission to hospital. Portsmouth Health Department continued after the introduction of the National Health Service Act to act on behalf of the Portsmouth Group Hospital Management Committee in making the maternity bookings for Saint Mary's Hospital. This has given the department the unusual, if not unique, opportunity of observing the situation as a whole regarding respective applications for hospital and domiciliary confinements. The result of many interviews and home visits by the Supervisor of Midwives shows that in the vast majority of cases the reason for desiring a hospital maternity booking is that this service is entirely free. As the situation now stands, the same benefit (maternity grant £4 and attendance allowance £4) is given to the mother, whether she has her confinement in hospital or at home. While medical and maternity services are free in the home, a domiciliary confinement inevitably causes extra expenses, such as provision of extra fuel, light, laundry, domestic help and board of the mother. Until an adjustment is made in this benefit to the effect that the attendance allowance of £4 is only given in the case of a domiciliary confinement, the application for hospital maternity beds is likely to continue.

As so many maternity cases now delivered in hospital could safely be delivered at home, it is felt that a revision of the eligibility of applications for maternity beds might be of benefit, especially as it would have the effect of allowing those cases which genuinely need hospital treatment to remain in the hospital a minimum of fourteen days.

The Domiciliary Service of Midwives, in conjunction with the Blake Maternity Home, Gosport, and the Grange Maternity Home, Liss, was approved by the Central Midwives Board as a Part II Training School for midwives, each pupil spending three months at either of the two Homes and three months on the district in Portsmouth. Eight Portsmouth domiciliary midwives were approved as teachers and it is hoped to increase this number. Approval of the district for Part II Training is encouraging as it shows the standard of work in the Domiciliary Service to be high. The pupil midwives come from Saint Mary's Hospital, Portsmouth, and the Royal Hampshire County Hospital, Winchester.

### Gas and Air Analgesia

The administration of gas and air analgesia on the district continues to increase in popularity ; the percentage of cases to whom analgesia was administered in 1949 was 81.8, as compared with 74.2 in 1948.

All the midwives on the staff of the Domiciliary Service are trained in the administration of gas and air analgesia. The high percentages of successful administration is felt in no small measure to be due to the fact that expectant mothers are taught how to use the analgesia machine during their ante-natal period, so that on commencing labour they are already familiar with it.

## MATERNITY HOME HELP AND DOMESTIC HELP SCHEMES

With the advent of the National Health Service Act these two schemes became amalgamated under Section 29 (Domestic Help). It was decided locally to name the combined services "The Home Help Service". A whole-time Home Help Organiser was appointed, commencing duty on the 4th October, 1948, but owing to ill-health, she resigned in March, 1950. Visiting by the Organiser in the homes of applicants for home help showed that there is a wide field of service in this branch of work, notably with regard to the aged and those suffering from tuberculosis. Since the resignation of the Organiser, health visitors have investigated applications for assistance, so that there has been no loss of efficiency. The Association of Municipal Corporations scale of assessment was adopted in November, 1948, and has proved satisfactory.

An analysis of the statistics of the Home Help Service for the year 1949 is as follows :—

| | |
|---|---|
| Number of Home Helps at the end of the year .. | 57 |
| Number of maternity cases helped .. .. .. | 109 |
| Total number of cases helped .. .. .. | 509 |
| Number of hours worked for maternity cases .. | 7,511¼ |
| Total number of hours worked .. .. .. | 64,181¼ |

## HEALTH VISITING

The number of health visitors now employed is 19, as compared with 15 in 1948. As a result of this increase in staff the total number of visits paid by them to children under five years during 1949 was 49,027, as compared with 31,912 in the previous year.

Health visitors are gradually extending the scope of their visits to include all members of the household, not only mothers and children under five years of age—the latter, however, must continue to figure largely in their work for some time to come ; health visitors also investigate applications for "home help". This has a dual advantage, as not only is a health visitor able to gauge the amount of help required, but she is also able to advise, when required, on health and social matters appropriate to the case.

During the year a regular series of "mothercraft" lectures was commenced. These are proving increasingly popular and the lectures are given by both health visitors and midwives.

The Assisted Health Visitor Course held at Southampton University has proved most encouraging. All Portsmouth nominated students have been successful at their first attempt in the examination and it is from this source that permanent members of the health visitors' staff will be recruited. Many of the lectures in this course are given by the members of the Health Department and Portsmouth provides a section of the practical work of the course. It is found that this has been an added stimulus to the permanent members of the staff.

### Child Life Protection

Child Life Protection duties continued to be carried out by the Health Department until 3rd October, 1949, by which time the Children's Department had obtained sufficient staff to take over their responsibilities under the Children's Act.

## MATERNITY AND CHILD WELFARE STATISTICS

### 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) .. | 11,806 | 898 | 1,437 |
| Epworth Road (one afternoon per week) .. | 10,708 | 572 | 996 |
| Wymering (one afternoon per week until May 27th) .. .. .. .. | 3,020 | 222 | 411 |
| Drayton Institute (one afternoon per week) | 4,138 | 173 | 593 |
| Eastney (two afternoons per week) .. | 17,124 | 810 | 1,560 |
| Portsea (one afternoon per week) .. .. | 4,993 | 300 | 615 |
| Stamshaw (one afternoon per week) .. | 7,975 | 378 | 864 |
| Tangier Road (one afternoon per week) .. | 5,573 | 206 | 624 |
| Cosham (one afternoon per week, commenced June 3rd) .. .. .. .. | 1,819 | 198 | 521 |
| Paulsgrove (one afternoon per week, commenced May 31st) .. .. .. | 3,670 | 276 | 484 |
| Totals .. .. .. .. | 70,826 | 4,033 | 8,105 |
| Totals for 1948 .. .. .. | 76,456 | 4,149 | 8,274 |

Dried milk was issued from the Child Welfare Centres to expectant mothers, nursing mothers and infants, at a total cost of £5,055 (£9,405). Of this sum £5,399 (£6,991) was recovered from the patients.

Attendances at Child Welfare Centres during the year 1949, classified according to the age of the child concerned, were as follows :—

| | |
|---|---|
| Children from 0 to 1 year of age .. .. .. | 52,828 |
| ,, ,, 1 to 2 years of age .. .. .. | 11,207 |
| ,, ,, 2 to 5 years of age .. .. .. | 6,791 |
| Total .. .. .. .. | 70,826 |
| Total for 1948 .. .. .. | 76,456 |

### 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) | 57 | 40 | 445 Total |
| Cliffdale Day Nursery .. .. .. (Complement 60) | 59 | 57 | |
| St. Peter's Day Nursery .. .. (Complement 46) | 86 | 45 | |
| Twyford Avenue Day Nursery .. (Complement 40) | 66 | 45 | |
| Anglesea Road Day Nursery .. .. (Complement 35) | 54 | 35 | |

## Midwives

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

| | 1949 | 1948 |
|---|---|---|
| Number of midwives practising in the City on December 31st .. | 41 | 37 |
| Total number of cases attended .. .. .. .. | 2,313 | 2,499 |
| Number of cases attended as midwives .. .. | 1,761 | 1,993 |
| Number of cases attended as maternity nurses .. .. | 552 | 506 |
| No. of midwives' cases in which medical assistance was sought .. | 436 | 633 |
| Showing a percentage of .. .. .. .. | 24.8 | 31.8 |

## Domiciliary Service of Midwives

| | | |
|---|---|---|
| Number of municipal midwives employed in Portsmouth .. | 18 | 18 |
| Number of cases booked .. .. .. .. .. | 1,649 | 1,641 |
| Number of patients delivered .. .. .. .. | 1,269 | 1,293 |
| Excluding holidays and sickness : | | |
| Percentage of cases per midwife per month .. .. | 6.5 | 6.1 |
| Equivalent percentage of cases per midwife per annum .. | 78.4 | 73.1 |
| Average weekly number of bookings .. .. .. | 31.9 | 31.6 |

## Ante-Natal and Post-Natal Clinics

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

| | ANTE-NATAL | | | | POST-NATAL | | | |
|---|---|---|---|---|---|---|---|---|
| | No. of Patients | | Attendances | | No. of Patients | | Attendances | |
| | 1949 | 1948 | 1949 | 1948 | 1949 | 1948 | 1949 | 1948 |
| Fratton (five clinics weekly) | 917 | 971 | 6115 | 6575 | 460 | 555 | 460 | 555 |
| Cosham (one clinic weekly) | 371 | 380 | 2692 | 2443 | — | — | — | — |
| Portsea (one clinic weekly) | 232 | 202 | 1679 | 1509 | — | — | — | — |
| Saint Mary's Hospital (eight clinics weekly) .. | 2946 | 2960 | 24853 | 24953 | 1397 | 1372 | 2793 | 2803 |
| Totals .. .. .. | 4466 | 4513 | 35339 | 35480 | 1857 | 1927 | 3253 | 3358 |

The number of patients attending Ante-Natal Clinics in Portsmouth represents 94.3 (96.7) per cent of the women confined during the year.

## Institutional Treatment of Maternity Cases

| | Saint Mary's Hospital | Royal Naval Maternity Home |
|---|---|---|
| No. of Maternity beds (exclusive of isolation and labour) | 86 | 17 |
| No. of Patients admitted | 2,415 | 318 |
| Average duration of stay | 9 days | 14 days |
| No. of cases delivered by— | | |
| (*a*) Midwives | 2,212 | 278 |
| (*b*) Doctors | 210 | 29 |
| Cases in which Medical assistance was sought by Midwife | Doctor always available | Doctor always available |
| No. of cases notified as Puerperal Pyrexia | 3 | – |
| No. of cases of Pemphigus Neonatorum | – | – |
| No. of Infants not entirely breast-fed while in Institution | 522 | 13 |
| No. of cases notified as Ophthalmia Neonatorum | – | – |
| No. of Maternal deaths | 7 | 1 |
| No. of Foetal deaths— | | |
| (*a*) Stillborn | 67 | – |
| (*b*) Within 28 days of birth | 50 | 3 |

## Home Visiting

The health visitors paid 50,696 (33,242) visits during the year :—

| | Total Number of Visits | |
|---|---|---|
| | 1949 | 1948 |
| First Visits | 5,539 | 6,223 |
| Subsequent visits to Children from 0 to 1 year of age | 11,164 | 7,058 |
| ,, ,, ,, from 1 to 2 years of age | 9,006 | 6,474 |
| ,, ,, ,, from 2 to 3 years of age | 9,093 | 4,558 |
| ,, ,, ,, from 3 to 5 years of age | 14,225 | 7,599 |
| Other visits | 1,669 | 1,330 |

## INFANT MORTALITY, 1949

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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Measles .. .. .. .. | – | – | – | – | – | 1 | – | – | – | 1 |
| Miliary Tuberculosis .. .. | – | – | – | – | – | – | 1 | – | – | 1 |
| Cerebral Haemorrhage .. .. | – | – | – | – | – | 1 | – | – | – | 1 |
| Bronchitis .. .. .. .. | – | – | – | – | – | 2 | – | 1 | – | 3 |
| Broncho-pneumonia .. .. | 3 | – | 1 | – | 4 | 5 | 3 | 5 | 1 | 18 |
| Gastro-enteritis .. .. .. | – | 1 | – | – | 1 | 2 | – | 3 | 2 | 8 |
| Congenital Malformations .. .. | 2 | – | – | 1 | 3 | – | 1 | – | 1 | 5 |
| Prematurity .. .. .. | 26 | 2 | – | – | 28 | – | – | – | – | 28 |
| Injury at Birth .. .. .. | 4 | 1 | 1 | – | 6 | – | – | – | – | 6 |
| Atelectasis .. .. .. .. | 14 | – | – | – | 14 | – | – | – | – | 14 |
| Haemolytic Disease of the Newly-Born .. .. .. .. | 1 | – | – | – | 1 | – | – | – | – | 1 |
| Marasmus .. .. .. .. | – | – | – | – | – | 1 | – | – | – | 1 |
| Violence .. .. .. .. | – | – | – | – | – | 1 | 4 | 1 | – | 6 |
| Other Causes .. .. .. | 1 | 1 | – | – | 2 | 3 | 1 | 1 | – | 7 |
| TOTALS .. .. | 51 | 5 | 2 | 1 | 59 | 16 | 10 | 11 | 4 | 100 |
| Previous Year (1948) .. .. | 45 | 8 | 5 | 4 | 62 | 16 | 15 | 9 | 4 | 106 |

## COMPARISON OF THE MATERNAL AND INFANTILE MORTALITY RATES IN PORTSMOUTH AND ENGLAND & WALES DURING THE PAST 25 YEARS

| Year | *MATERNAL MORTALITY | | | *INFANTILE MORTALITY | |
|---|---|---|---|---|---|
| | PORTSMOUTH | | ENGLAND & WALES | PORTSMOUTH | ENGLAND & WALES |
| | From Sepsis | Total | Total | | |
| 1925 | 0.63 | 2.51 | 4.08 | 62 | 75 |
| 1926 | — | 3.11 | 4.12 | 55 | 70 |
| 1927 | 2.12 | 4.49 | 4.11 | 55 | 70 |
| 1928 | 3.15 | 5.4 | 4.42 | 55 | 65 |
| 1929 | 1.59 | 3.4 | 4.33 | 66 | 74 |
| 1930 | 1.64 | 2.3 | 4.40 | 59 | 60 |
| 1931 | 0.44 | 2.3 | 4.11 | 55 | 66 |
| 1932 | 0.93 | 2.34 | 4.04 | 60 | 65 |
| 1933 | 0.99 | 1.98 | 4.23 | 51 | 64 |
| 1934 | 1.96 | 4.66 | 4.41 | 44 | 59 |
| 1935 | 2.87 | 3.91 | 3.93 | 46 | 57 |
| 1936 | 0.73 | 2.21 | 3.65 | 49 | 59 |
| 1937 | — | 1.51 | 3.11 | 44 | 58 |
| 1938 | 0.25 | 2.28 | 3.08 | 60 | 53 |
| 1939 | 0.77 | 3.08 | 2.93 | 52 | 50 |
| 1940 | — | 1.70 | 2.16 | 49 | 55 |
| 1941 | 1.30 | 2.61 | 2.23 | 56 | 59 |
| 1942 | 1.30 | 3.91 | 2.01 | 42 | 49 |
| 1943 | 0.90 | 1.81 | 2.29 | 47 | 49 |
| 1944 | 0.52 | 1.32 | 1.25 | 45 | 46 |
| 1945 | 0.23 | 0.69 | 1.25 | 43 | 46 |
| 1946 | 0.40 | 1.00 | 1.43 | 34 | 43 |
| 1947 | 0.19 | 0.57 | 1.01 | 33 | 41 |
| 1948 | 0.21 | 1.50 | 1.02 | 23 | 34 |
| 1949 | 0.23 | 0.94 | 0.98 | 24 | 32 |

*The Maternal Mortality Rate is calculated per 1,000 total births, and the Infantile Mortality Rate per 1,000 live births.

## DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

*By the Senior Dental Officer*

It is still impossible to carry out the Ministerial recommendation contained in Circular No. 118/47 to secure joint user with the Education Committee of the School Dental Service for the treatment of expectant and nursing mothers. In fact, staff fluctuations during 1949 in that service reduced the time devoted to the treatment of school children by about 300 sessions, as compared with 1948.

Because of the public-spirited gesture of the local Dental Committee in asking practitioners to give some priority to expectant and nursing mothers, these patients do not appear to have experienced much difficulty in obtaining dental treatment under the General Dental Service.

For various reasons 434 (336) women were treated by Mr. H. C. Lawrence at Saint Mary's Hospital dental clinic and details of the treatment given in the appended table are submitted by him.

At this clinic also arrangements exist for the supply of dentures, and the facilities of the hospital's X-ray department are available.

The position regarding children under five is rendered more difficult by the reluctance of many practitioners to treat them. A few practitioners are treating very young children at the patient's home, doing extractions under a general anaesthetic in conjunction with the family doctor.

Those attending child welfare clinics are usually referred to Mr. Lawrence for treatment at Saint Mary's Hospital, and an equal or somewhat larger number, consisting of those approaching school age and those whose elder brothers or sisters are School Dental Service patients, find their way to one of the clinics of the department. There are also an appreciable number of children under five admitted to school who come under the School Dental Service—a total between 200 and 300 were seen by the school dentists. As this is less than 2% of the children treated, separate records are not kept of them.

## SAINT MARY'S HOSPITAL DENTAL CLINIC

### DENTAL TREATMENT PROVIDED FOR EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

(*a*) NUMBERS PROVIDED WITH DENTAL CARE :

| | Examined | Needing treatment | Treated | Made Dentally fit |
|---|---|---|---|---|
| Expectant and Nursing Mothers .. .. | 503 | 455 | 434 | 434 |
| Children under five .. | 234 | 206 | 202 | 202 |

(*b*) FORMS OF DENTAL TREATMENT PROVIDED :

| | Extractions | Anaesthetics | | Fillings | Scaling or Scaling & Gum Treatment | Silver Nitrate Treatment | Dressings | Radiograph | Dentures provided | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Local | General | | | | | | Complete | Partial |
| Expectant and Nursing Mothers .. .. | 380 | 3 | 373 | 31 | 14 | Nil | 10 | Nil | 3 | 9 |
| Children under five .. | 247 | 2 | 245 | 2 | – | – | 2 | – | – | – |

## HOME NURSING

The arrangements made in 1948 with the Portsmouth Victoria Nursing Association have been continued and the standard of work carried out by the nurses has been fully maintained. Co-operation with the Health Department is entirely satisfactory.

The Secretary, Mr. H. H. Stride, has kindly supplied the following report :—

"I have much pleasure in presenting on behalf of the Council the following report of their proceedings and the work of the nursing staff during the year.

The arrangement made with the Portsmouth Corporation and approved by the Ministry of Health, under which the Association administers the Service of Home Nursing in the County Borough of Portsmouth under the National Health Service Act, has worked very smoothly and satisfactorily.

A summary of the cases and visits during the year is appended. This shows an increase in the number of patients, more particularly in the Southsea area, where there appears to be a larger number of aged people who want continual attention. The nurses have had a very busy year and have given splendid service.

The Association has continued its responsibilities for the training of nurses for district work at the two Key Training Homes. Eighteen state registered nurses have taken the six months' course to fit them for home nursing and qualify them for Queen's Badges. Two of these were male nurses and five were staff candidates. All the candidates were successful in their examinations.

During the year we were fortunate in being able to obtain two additional motor cars for the nurses. More cars are still urgently needed as some of those we have are old and should be replaced.

We have endeavoured to maintain the Homes in good condition but the interior decoration of Radnor House really wants attention.

Miss L. M. Zipfel was appointed as an Assistant Superintendent on the Beddow House staff in March and has proved very helpful.

In conclusion, the Council desire to thank our superintendents and the nurses for the devoted and efficient way in which they have carried out their work.

The thanks of the Council are also due to the representatives of the Corporation—Councillors Mrs. Childs and Ford—who are serving on our Committee, for their sympathetic help and assistance and also to the doctors for their ready help in giving lectures to the candidates for the Queen's Roll."

## PORTSMOUTH VICTORIA NURSING ASSOCIATION

STATISTICS FOR 1949

| | Nurses' Home | | |
|---|---|---|---|
| | *Radnor House* | *Beddow House* | TOTAL |
| Number of Nurses employed for visiting (average) | 18 | 12 | 30 |
| Minimum in any one month .. .. | 17 | 11 | |
| Maximum in any one month .. .. | 20 | 13 | |
| Number of cases visited in 1949 : | | | |
| (*a*) Maternity cases .. .. .. | 7 | 13 | 20 |
| (*b*) Pre-School Children .. .. | 462 | 378 | 835 |
| (*c*) School Children .. .. .. | 106 | 82 | 188 |
| (*d*) Tuberculosis cases .. .. .. | 24 | 12 | 36 |
| (*e*) Other cases .. .. .. | 2,783 | 1,065 | 3,848 |
| | 3,382 | 1,545 | 4,927 |
| Total number of visits in respect of these cases : | | | |
| (*a*) Maternity .. .. .. .. | 46 | 121 | 167 |
| (*b*) Pre-School Children .. .. | 2,746 | 3,114 | 5,860 |
| (*c*) School Children .. .. .. | 528 | 590 | 1,118 |
| (*d*) Tuberculosis .. .. .. | 904 | 286 | 1,190 |
| (*e*) Other cases .. .. .. | 45,085 | 30,447 | 75,532 |
| | 49,309 | 34,558 | 83,867 |

## VACCINATION AND IMMUNISATION

*By the Medical Officer in Charge*

In accordance with arrangements made under Section 26 (Vaccination and Immunisation) of the National Health Service Act, eighty-four medical practitioners in the City have co-operated, but the numbers vaccinated and immunised by them as at the end of the year were disappointing. At the time of writing, however, many more record cards have come in and the overall result is likely to be much more favourable than at first thought.

Doctors taking part in the Local Authority's scheme of vaccination against smallpox obtain their lymph, free of charge, as and when required, from the Royal Hampshire County Hospital, Winchester.

Diphtheria antigen and the Glaxo pertussis antigen are supplied free to practitioners, and 69 bottles of diphtheria and 47 of pertussis antigen were issued to them during the year.

### Vaccination

Vaccination was carried out at a two-hour clinic on three mornings a week at the Infectious Diseases Hospital. In addition, a half-hour clinic operating one morning a week, was opened at the new Health Centre, Northern Road, Cosham.

The number of vaccinations done at these clinics was 580 primary and 333 re-vaccinations—a total of 913. In addition, private practitioners did 1,195 primary and 295 re-vaccinations—a total of 1,490. This gives an overall total of 1,775 primary and 628 re-vaccinations which is encouraging, although not entirely satisfactory. Out of this total 1,664 were in babies ; as there are about 4,000 births a year in the City, this gives approximately 42% primary vaccinations—by no means an adequate proportion, but good as compared with the 16% general throughout the country.

The occurrence of smallpox on the liner *Mooltan*, and a suspected case at Saint Mary's Hospital gave a 'boost' to vaccination. 191 individuals (97 primary and 94 re-vaccinations) were vaccinated as contacts of the latter case. This was a boy of eight who was eventually diagnosed as suffering from "generalised vaccinia" ; he had never been vaccinated and had suffered from eczema all his life. An infant with whom he had played had recently been vaccinated and the boy was apparently infected from her and developed a generalised vaccinia from which he died.

TABLE OF VACCINATIONS

| | 1949 | | | 1948 | | |
|---|---|---|---|---|---|---|
| | Primary | Re-vacc. | Total | Primary | Re-vacc. | Total |
| Health Department | 580 | 333 | 913 | 209 | 41 | 250 |
| Practitioners .. | 1,195 | 295 | 1,490 | 412 | 73 | 485 |
| Total .. .. | 1,775 | 628 | 2,403 | 621 | 114 | 735 |

The above figures show a gratifying increase in the numbers vaccinated.

## Diphtheria Immunisation

It is pleasing to report that the percentage of children under five immunised has risen from 56.5 to 61.06. This is due very largely to the closer co-operation of the health visitor and immunisation staffs. If a child's record card shows no immunisation at age one, the name is passed to the health visitor concerned. She visits and makes a report giving the reasons why the immunisation has not been carried out. In most cases the parents have just not bothered, but quite a number of them come along when the necessity for immunisation is brought specially to their notice. Often, too, it is possible to help mothers who have two or three other children under five, by visiting the home to do the immunisation.

The proportion of children under five immunised at the schools is rather less—17% as compared with 20.8% in the previous year. Practitioners, however, have increased their percentage from 3.5 to 12.9, which is a very pleasing sign.

The proportion immunised by the various agencies concerned (shown as a percentage of the total number immunised) was as follows :—

| | 1949 | 1948 |
|---|---|---|
| Clinics .. .. .. | 65.1 | 69.6 |
| Schools .. .. .. | 17.0 | 20.8 |
| Mobile Unit .. .. .. | 2.4 | 3.2 |
| Day Nurseries .. .. .. | 2.6 | 2.9 |
| General Practitioners .. .. | 12.9 | 3.5 |

The percentage of school children immunised remains at the very satisfactory figure of 96.6. Much of this success is due to the enthusiasm and help of the head teachers, and I am again very grateful for their continued support.

Private schools are visited on request, and practically all the private schools in the City take advantage of this service.

The Mobile Unit again toured the Paulsgrove Estate, and, in addition, we now have a monthly clinic held in the church hall of St. Michael and All Angels at Paulsgrove. Apart from this addition and the opening of two branches of schools already on the list, the number of schools and day nurseries visited remains the same. The Sixth Avenue clinic is now replaced by the new one at Northern Road, Cosham ; the other fixed clinics function as usual.

A.P.T. in doses of 0.3 and 0.5 ml. is used for children up to the age of eleven and P.T.A.P. for children over that age.

### Reactions

Careful record has again been kept of reactions and a note made of 57 reported during the year. Most of these were mild, but in two cases paresis of the deltoid followed. One of these cases, notified as poliomyelitis and admitted to hospital, showed paresis coming on within a month of the third injection. The first two injections were diphtheria and pertussis combined, and the third pertussis alone.

The other case was not notified as poliomyelitis nor admitted to hospital, but was treated as a paresis of the deltoid in the out-patients' department. The paresis followed a month after the second combined injection.

I have again classified the reactions as mild, moderate and severe ; the moderate are those showing some rise of temperature, sickness and general malaise.

TABLE OF REACTIONS

| | 1st Dip. | 2nd Dip. | Supp. Dip. | 1st Pert. | 2nd Pert. | 3rd Pert. | 1st Comb. | 2nd Comb. | Total |
|---|---|---|---|---|---|---|---|---|---|
| Mild .. | 3 | 5 | 13 | 5 | 2 | 0 | 7 | 8 | 43 |
| Moderate | 1 | 2 | 5 | 1 | 0 | 1 | 2 | 0 | 12 |
| Severe .. | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 |
| Total | 4 | 7 | 18 | 6 | 2 | 2 | 9 | 9 | 57 |

It will be seen that supplementary diphtheria gave the greatest number of reactions (18) with combined 1st and 2nd 9 each (18). Last year the figures were 18 and 25 respectively, so that the combined diphtheria and pertussis shows some little improvement. It should be remembered that some twenty to twenty-five thousand injections are given during a year, so that the percentage of reactions is infinitesimal.

## Incidence of Diphtheria

Seven confirmed cases of diphtheria were admitted to hospital—all children except one. This was a lady who had just come from Germany and whose son was also admitted. The mother died but the son recovered—neither had been immunised. Of the other five children, three had been immunised and two not. All recovered.

STATISTICS RELATING TO DIPHTHERIA IMMUNISATION

Number of children who received the complete course :—

| | 1949 | 1948 |
|---|---|---|
| Under five .. .. .. .. | 3,620 | 4,145 |
| Five to fifteen .. .. .. | 812 | 761 |
| Over fifteen.. .. .. .. | 5 | 11 |
| Total .. .. .. | 4,437 | 4,917 |
| Supplementary doses.. .. .. | 3,335 | 5,452 |

Total number of children immunised under the scheme—63,521.

The percentage of school children fully immunised at the end of the year was 96.6, and that of the under-fives 61.06.

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

| Year | Admitted to Hospital | Died | Year | Admitted to Hospital | Died |
|---|---|---|---|---|---|
| 1938 | 302 | 14 | 1944 | 17 | 2 |
| 1939 | 133 | 6 | 1945 | 13 | 2 |
| 1940 | 79 | 4 | 1946 | 17 | 0 |
| 1941 | 110 | 9 | 1947 | 15 | 1 |
| 1942 | 75 | 2 | 1948 | 6 | 0 |
| 1943 | 31 | 1 | 1949 | 7 | 1 |

**Whooping Cough (Pertussis) Immunisation**

Immunisation against whooping cough has been continued with the Glaxo A.P.T. We advise parents to commence immunisation at six months and, at the eighth or ninth month, diphtheria antigen is added. Most parents, however, bring their children along at nine or ten months and request the combined immunisation. We do not use the combined vaccine as sold, but combine the whooping cough and diphtheria in the syringe. I think this is important as quite a number of parents do not come for the third whooping cough. Of 3,184 children who commenced a course of injections, 2,801 completed the immunisation.

A careful note is being made of whooping cough occurring in immunised children, but it is not possible to give reliable figures as many of the cases are not notified. It is also a fact that a mother brings along a child with the remark that the child next door has got whooping cough. The chances are that her child is already infected. It can, however, be said that very few cases of the disease have occurred in immunised children.

STATISTICS RELATING TO WHOOPING COUGH IMMUNISATION

| | | |
|---|---|---|
| Completed cases : | Under five .. .. | 2,503 |
| | Five to fifteen .. .. | 298 |
| | Total .. .. | 2,801 |

Treatment of all cases admitted to the Infectious Diseases Hospital has been continued with considerable success ; 65 cases were treated in hospital and three at their homes. The Glaxo dissolved vaccine is used in four or five doses (varying from 0.5 to 1.0 ml. according to age) spread over a week or ten days.

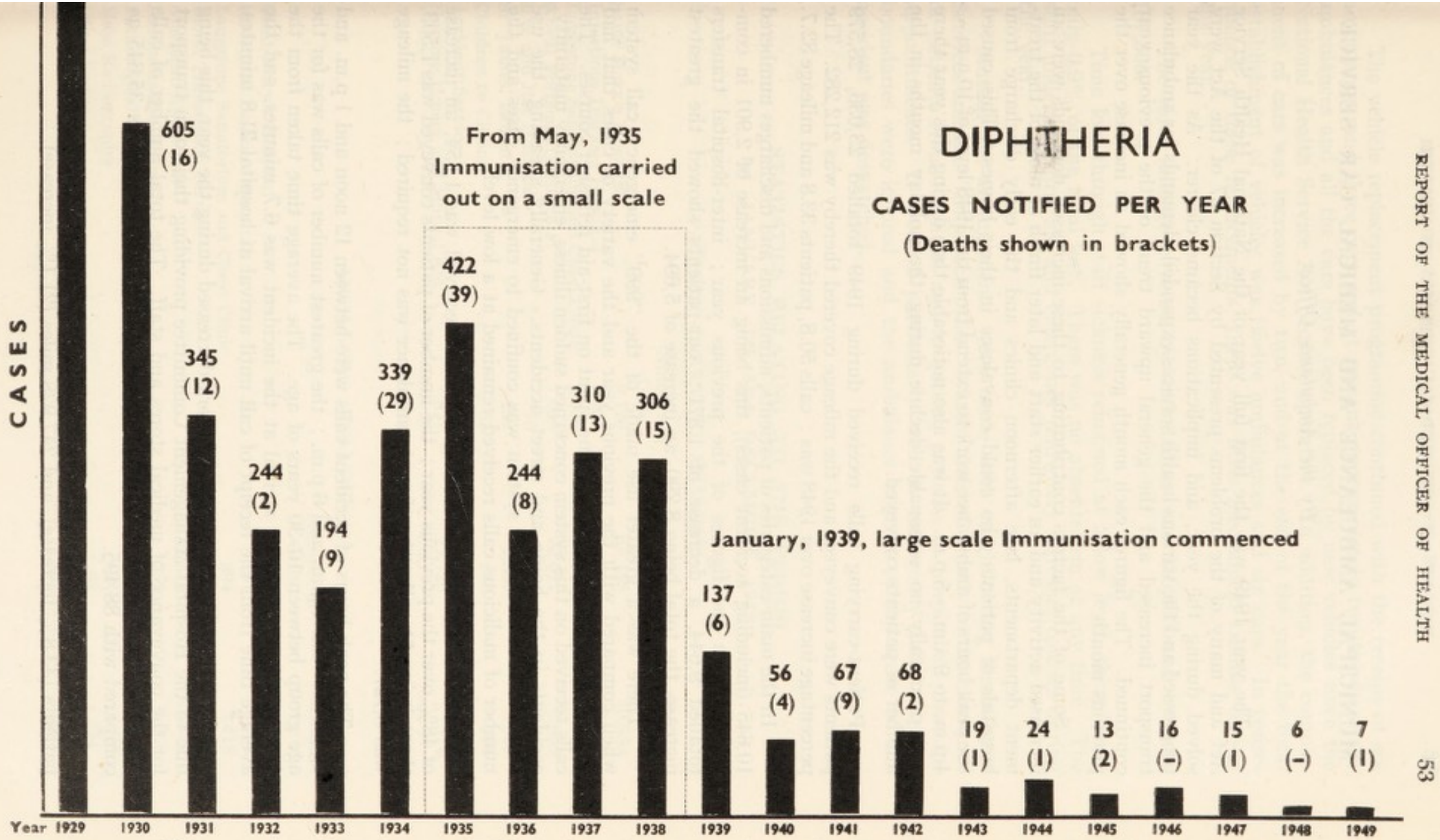
Since this treatment of whooping cough was commenced three years ago, there have been no deaths amongst those treated, and in most of the cases the stay in hospital was shortened. The whoop and sickness were much lessened.

**Cold Vaccine**

Seventeen persons, mostly members of the staff, were given the Glaxo anti-catarrhal vaccine in four doses spread over a fortnight. The results have been better this year as all the individuals treated remained free from catarrh.

**Typhoid, Tetanus, Typhus, Cholera and Plague**

184 persons were given anti-typhoid injections, 30 anti-cholera and 6 anti-typhus. All these were individuals going abroad and in each case (220 in all) a certificate of inoculation (on the international form where required) was given.




The annual number of cases of Diphtheria in Portsmouth is now 1/100th the numbers occurring 20 years ago

## MUNICIPAL AMBULANCE AND MEDICAL CAR SERVICE

*By the Ambulance Officer*

The year 1949 was the first full year of the National Health Service Act and many of the problems presented by Section 27 of the Act were solved during the year, and implications became clearer. As the year progressed and the various health services expanded, demands for ambulance transport increased and the general upward trend of the previous year continued. The figures each month generally showed an increase over the previous month.

Some of the factors contributing to these increased demands were an increased activity and an earlier start and later finish of most of the treatment departments, late afternoon clinics and the early discharge from hospitals of patients who could convalesce in their homes. This caused the peak hours of ambulance work to extend from the 1948 level of 10 a.m.—4 p.m. to 9 a.m.—5 p.m. It was also noticeable that during this year there was practically no seasonable decline during the holiday months in the number of patients conveyed.

Patient-carrying calls received during 1949 totalled 23,036, 28,579 patients were conveyed, and the mileage covered thereby was 212,282. The percentage increase over 1948 was : calls 50.8, patients 33.8 and mileage 82.7.

In the main categories of patients, admissions and discharges numbered 10,645 (including accident cases), this being an increase of 2,901 in comparison with the figures of the previous year ; inter-hospital transfers totalled 9,644, a decrease of 1,371 ; out-patients showed the greatest increase, the total being 8,290, an increase of 5,694.

There was a greater use made of the "999" emergency call system when compared with the previous year and the variety of cases that had to be dealt with justified the time spent on first-aid refresher courses. The calls received on this system concerned sudden illness, emergency maternity, accidents in the home and street accidents. Generally speaking, the use made of the "999" call system was confined to emergency cases and the number of malicious calls received remained at a low level.

The total number of emergency calls received was 1,554, an increase of 48% over the previous year ; the number of patients conveyed was 1,503, there being 51 calls wherein an ambulance was not required ; the mileage was 8,127.

The peak hours of accident calls were between 12 noon and 1 p.m. and again between 4 p.m. and 6 p.m. ; the greatest number of calls was for the age group between 10–30 years of age. The average time taken from the receipt of the call until arrival at the incident was 6.7 minutes, and the average time from the receipt of call until arrival at hospital 21.8 minutes.

Ambulance Service ancillary work decreased during the year, this being due to the Hospital Management Committee providing their own transport for the conveyance of medical stores and staff. The total number of calls was 4,921, compared with 10,289 in 1948, and the mileage was 35,645 as compared with 88,495.

The overall total of all work was 27,957 calls (9.3% increase), 28,579 patients (33.8% increase), and 247,928 miles (21.1% increase).

The vehicle replacement programme continued with the receipt of six ambulances and three cars and at present approximately two-thirds of the ambulances and all the cars have been replaced by new vehicles since the National Health Service Act became operative. In addition, the complement of cars was increased by two, and at the end of the year the total establishment of vehicles was twelve ambulances and six cars. In consequence of these replacements, there was little mechanical trouble during the year.

The total mileage covered by ambulances was 110,563 and by cars 137,365.

Time lost through staff sickness remained at a low level, there being only 0.9% of the total lost. There was no absenteeism at any time. The staff underwent first aid and emergency midwifery refresher courses during the year.

Mutual aid arrangements were made with neighbouring Ambulance Services and this "help each other" system assisted greatly in the clearance of patients from hospitals and in getting patients to hospital in time for appointments. It worked particularly well in emergency calls whereby boundaries were ignored and the ambulance nearest to the scene of the accident was despatched.

## STATISTICS RELATING TO THE PERIOD 1st JANUARY TO 31st DECEMBER, 1949

### PATIENT CARRYING ANALYSIS

| | Number of Calls | Mileage Covered | Patients Carried |
|---|---|---|---|
| Saint Mary's Hospital .. .. | 9,126 | 65,455 | 10,953 |
| Infectious Diseases Hospital .. | 1,634 | 14,601 | 2,045 |
| Langstone Sanatorium and Chest Clinic | 2,036 | 14,723 | 3,670 |
| Royal Portsmouth Hospital .. | 7,099 | 72,071 | 8,636 |
| Eye and Ear Hospital .. .. | 570 | 6,023 | 476 |
| St. James' Hospital .. .. | 289 | 2,880 | 336 |
| Children to Clinics .. .. | 57 | 682 | 286 |
| Accident Service .. .. | 1,554 | 8,127 | 1,503 |
| Nursing Homes and Mutual Aid .. | 671 | 27,720 | 674 |
| | 23,036 | 212,282 | 28,579 |

### ANCILLARY ANALYSIS

| | Number of Calls | Mileage Covered |
|---|---|---|
| Saint Mary's Hospital .. .. .. .. | 946 | 5,445 |
| Infectious Diseases Hospital .. .. .. | 161 | 576 |
| Langstone Sanatorium and Chest Clinic .. .. | 894 | 3,418 |
| Blood Transfusion Service .. .. .. | 136 | 1,123 |
| Analgesic Apparatus .. .. .. .. | 2,341 | 13,462 |
| Immunisation Team .. .. .. .. | 252 | 3,549 |
| Pathological Service .. .. .. .. | 156 | 6,743 |
| Mass Radiography .. .. .. .. | 24 | 75 |
| Other Services .. .. .. .. .. | 93 | 1,254 |
| | 4,921 | 35,645 |

## ACCIDENT SERVICE

(1,554 calls, 1,503 patients)

### Distribution by Days and Months

| 1949 | Mon. | Tues. | Weds. | Thurs. | Fri. | Sat. | Sun. | Total |
|---|---|---|---|---|---|---|---|---|
| January .. | 10 | 17 | 13 | 11 | 13 | 30 | 6 | 100 |
| February .. | 16 | 9 | 16 | 8 | 14 | 15 | 7 | 85 |
| March .. | 13 | 18 | 24 | 19 | 12 | 13 | 11 | 110 |
| April .. | 14 | 9 | 12 | 16 | 24 | 23 | 14 | 112 |
| May .. .. | 19 | 17 | 13 | 20 | 15 | 10 | 8 | 102 |
| June.. .. | 22 | 13 | 20 | 19 | 19 | 31 | 25 | 149 |
| July .. .. | 27 | 22 | 24 | 17 | 35 | 29 | 28 | 182 |
| August .. | 36 | 17 | 22 | 19 | 25 | 34 | 20 | 173 |
| September .. | 18 | 17 | 23 | 21 | 27 | 22 | 18 | 146 |
| October .. | 13 | 18 | 15 | 20 | 15 | 17 | 6 | 104 |
| November .. | 17 | 16 | 15 | 11 | 15 | 16 | 8 | 98 |
| December .. | 25 | 18 | 15 | 21 | 24 | 21 | 12 | 136 |
| | 230 | 191 | 212 | 202 | 238 | 261 | 163 | 1,503 |

### Analysis of Calls in Three-Hourly Periods

(1,554 calls)

| Time | No. of Calls | Time | No. of Calls |
|---|---|---|---|
| 12 mdt. — 3 a.m. .. | 61 | 12 noon — 3 p.m. .. | 331 |
| 3 a.m. — 6 a.m. .. | 33 | 3 p.m. — 6 p.m. .. | 356 |
| 6 a.m. — 9 a.m. .. | 83 | 6 p.m. — 9 p.m. .. | 219 |
| 9 a.m. — 12 noon .. | 251 | 9 p.m. — 12 mdt. .. | 220 |

### Analysis of Patients by Age Groups

(1,503 patients)

| Age | No. of Patients | Age | No. of Patients |
|---|---|---|---|
| 0 — 10 .. .. | 195 | 50 — 60 .. .. | 86 |
| 10 — 20 .. .. | 294 | 60 — 70 .. .. | 106 |
| 20 — 30 .. .. | 272 | 70 — 80 .. .. | 86 |
| 30 — 40 .. .. | 144 | Over 80 .. .. | 26 |
| 40 — 50 .. .. | 163 | Age unknown .. .. | 131 |

### Average Timing

| Area | From Time of Call to Arrival at Incident | From Time of Call to Arrival at Hospital |
|---|---|---|
| Paulsgrove, Cosham, Farlington .. .. | 9.2 minutes | 28.5 minutes |
| Hilsea, Stamshaw, North End .. .. | 5.3 minutes | 19.2 minutes |
| Copnor, Baffins, Kingston .. .. | 3.6 minutes | 15.3 minutes |
| Landport, Portsea, Old Portsmouth .. .. | 6.4 minutes | 18.1 minutes |
| Southsea .. .. .. | 5.6 minutes | 22.1 minutes |
| Fratton, Milton, Eastney .. .. | 3.3 minutes | 12.5 minutes |
| General Average .. .. | 6.7 minutes | 21.8 minutes |

## WORK OF THE TUBERCULOSIS SERVICE

*By the Senior Chest Physician*

### Administration

The Service is under the administration of the South West Metropolitan Regional Hospital Board, through the Portsmouth Group Hospital Management Committee who are the employers of all staff except the Health Visitors and Almoner (Medical Officer of Health) and the Chest Physicians ; the latter having a joint appointment with the Board and the Local Authority.

### Medical Staff

There has been no change during the year ; two further appointments were recommended in the Survey Board's Report, but neither has been made.

I would like to take this opportunity to thank both Dr. White and Dr. Landau for their hard work and co-operation ; the work has been very heavy, but has been carried out with their usual efficiency.

### Death Rate

The Death Rate for 1949 was 0.49 per 1,000 and shows a decrease compared with previous years :—

Table 1

| | Rate for Respiratory | Rate for Non-Respiratory | Total Rate |
|---|---|---|---|
| 1947 .. .. | 0.64 | 0.09 | 0.73 |
| 1948 .. .. | 0.54 | 0.06 | 0.60 |
| 1949 .. .. | 0.45 | 0.04 | 0.49 |

TABLE 2

DEATHS BY YEARS

| | RESPIRATORY | | | NON-RESPIRATORY | | | TOTAL | | |
|---|---|---|---|---|---|---|---|---|---|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| 1945 | 83 | 46 | 129 | 13 | 12 | 25 | 96 | 58 | 154 |
| 1946 | 79 | 50 | 129 | 5 | 7 | 12 | 84 | 57 | 141 |
| 1947 | 84 | 60 | 144 | 10 | 10 | 20 | 94 | 70 | 164 |
| 1948 | 69 | 51 | 120 | 7 | 3 | 10 | 76 | 54 | 130 |
| 1949 | 62 | 36 | 98 | 5 | 4 | 9 | 67 | 40 | 107 |

TABLE 3

DEATHS BY AGE GROUPS

| AGE GROUP | RESPIRATORY | | | | NON-RESPIRATORY | | | | COMBINED | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M. | | F. | | M. | | F. | | M. | | F. | | GR. TOTAL |
| 0—1 | – | (1) | – | (1) | 1 | (–) | – | (–) | 1 | (1) | – | (1) | 1 (2) |
| 1—4 | 2 | (–) | – | (–) | 2 | (1) | – | (1) | 4 | (1) | – | (1) | 4 (2) |
| 5—14 | – | (–) | – | (–) | 1 | (2) | 2 | (–) | 1 | (2) | 2 | (–) | 3 (2) |
| 15—24 | 5 | (3) | 10 | (13) | – | (2) | 1 | (1) | 5 | (5) | 11 | (14) | 16 (19) |
| 25—34 | 7 | (8) | 8 | (17) | – | (1) | – | (–) | 7 | (9) | 8 | (17) | 15 (26) |
| 35—44 | 9 | (15) | 6 | (7) | – | (–) | – | (1) | 9 | (15) | 6 | (8) | 15 (23) |
| 45—54 | 22 | (22) | 3 | (7) | – | (–) | – | (–) | 22 | (22) | 3 | (7) | 25 (29) |
| 55—64 | 10 | (12) | 6 | (6) | 1 | (1) | 1 | (–) | 11 | (13) | 7 | (6) | 18 (19) |
| 65+ | 7 | (8) | 3 | (–) | – | (–) | – | (–) | 7 | (8) | 3 | (–) | 10 (8) |
| TOTAL | 62 | (69) | 36 | (51) | 5 | (7) | 4 | (3) | 67 | (76) | 40 | (54) | 107 (130) |

(Figures in brackets are those for 1948)

Of the 98 deaths from respiratory tuberculosis, a total of 10 cases (10.2%) were not notified during life.

## INCIDENCE

The number of notified new cases of active disease has fallen, in spite of the fact that the Mass Radiography Unit spent more time in Portsmouth than in previous years. This may be regarded as an encouraging sign; for the first time for many years the number of cases on the Register shows a decline.

## TABLE 4

### NOTIFICATIONS BY AGE GROUPS

| AGE GROUP | *NEW CASES | | | | | | |
|---|---|---|---|---|---|---|---|
| | RESPIRATORY | | NON-RESPIRATORY | | COMBINED | | |
| | M. | F. | M. | F. | M. | F. | GR. TOTAL |
| 0—1 | 1 (1) | – (–) | – (–) | – (–) | 1 (1) | – (–) | 1 (1) |
| 1—4 | 5 (1) | 4 (1) | 5 (2) | – (–) | 10 (3) | 4 (1) | 14 (4) |
| 5—14 | 6 (5) | 10 (12) | 5 (10) | 4 (5) | 11 (15) | 14 (17) | 25 (32) |
| 15—24 | 59 (59) | 80 (70) | 2 (6) | 1 (4) | 61 (65) | 81 (74) | 142 (139) |
| 25—34 | 52 (71) | 40 (55) | 3 (6) | 2 (2) | 55 (77) | 42 (57) | 97 (134) |
| 35—44 | 46 (53) | 17 (19) | 1 (2) | 1 (2) | 47 (55) | 18 (21) | 65 (76) |
| 45—54 | 35 (38) | 12 (12) | – (–) | – (–) | 35 (38) | 12 (12) | 47 (50) |
| 55—64 | 15 (20) | 11 (5) | – (1) | – (–) | 15 (21) | 11 (5) | 26 (26) |
| 65+ | 11 (9) | 4 (2) | – (–) | – (–) | 11 (9) | 4 (2) | 15 (11) |
| TOTAL | 230 (257) | 178 (176) | 16 (27) | 8 (13) | 246 (284) | 186 (189) | 432 (473) |

*Includes all primary notifications and new cases coming to the notice of the Medical Officer of Health by other means.

(Figures in brackets are those for 1948)

## TABLE 5

### NOTIFICATIONS BY YEARS

| | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 |
|---|---|---|---|---|---|---|
| Respiratory .. .. | 404 | 498 | 450 | 414 | 433 | 408 |
| Non-Respiratory .. | 37 | 62 | 77 | 50 | 40 | 24 |
| TOTAL .. .. | 441 | 560 | 527 | 464 | 473 | 432 |

## TABLE 6

### SUMMARY OF CASES OF TUBERCULOSIS ON DISPENSARY REGISTER 1949

| DIAGNOSIS | RESPIRATORY | | | NON-RESPIRATORY | | | TOTAL | | | GRAND TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| | MEN | WM. | CH. | MEN | WM. | CH. | MEN | WM. | CH. | |
| *A.* (1) No. of definite cases of Tuberculosis on Dispensary Register 1st January, 1949 | 1,111 | 771 | 78 | 60 | 61 | 131 | 1,171 | 832 | 209 | 2,212 |
| (2) Transfers from Authorities outside Portsmouth | 39 | 31 | 1 | – | – | 2 | 39 | 31 | 3 | 73 |
| (3) Lost sight of cases returned during the year | 1 | – | – | – | – | – | 1 | – | – | 1 |
| *B.* No. of **New Cases** diagnosed as Tuberculosis during the year: | | | | | | | | | | |
| (1) CLASS A (T.B. minus) | 104 | 78 | 22 | 6 | 4 | 12 | 110 | 82 | 34 | 226 |
| (2) CLASS B (T.B. plus) | 73 | 56 | 3 | – | – | – | 73 | 56 | 3 | 132 |
| *C.* No. of cases included in *A* and *B* written off the Dispensary Register during the year as: | | | | | | | | | | |
| (1) Recovered | 48 | 47 | 10 | 9 | 6 | 11 | 57 | 53 | 21 | 131 |
| (2) Dead (all causes) | 72 | 40 | 2 | 1 | 1 | 7 | 73 | 41 | 9 | 123 |
| (3) Removed to other Areas | 65 | 39 | 3 | 3 | 1 | 4 | 68 | 40 | 7 | 115 |
| (4) For other reasons | 38 | 23 | 1 | 6 | 4 | 2 | 44 | 27 | 3 | 74 |
| *D.* No. of definite cases of Tuberculosis on the Dispensary Register 31st December, 1949 | 1,105 | 787 | 88 | 47 | 53 | 121 | 1,152 | 840 | 209 | 2,201 |

## TABLE 7

### SUMMARY OF CASES OF TUBERCULOSIS ON DISPENSARY REGISTER 1948

| DIAGNOSIS | RESPIRATORY | | | NON-RESPIRATORY | | | TOTAL | | | GRAND TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| | MEN | WM. | CH. | MEN | WM. | CH. | MEN | WM. | CH. | |
| *A.* (1) No. of definite cases of Tuberculosis on Dispensary Register 1st January, 1948 | 1,012 | 721 | 65 | 51 | 60 | 128 | 1,063 | 781 | 193 | 2,037 |
| (2) Transfers from Authorities outside Portsmouth | 43 | 24 | – | 2 | – | 3 | 45 | 24 | 3 | 72 |
| (3) Lost sight of cases returned during the year | 1 | 1 | – | – | – | – | 1 | 1 | – | 2 |
| *B.* No. of **New Cases** diagnosed as Tuberculosis during the year : | | | | | | | | | | |
| (1) CLASS A (T.B. minus) | 124 | 102 | 18 | 13 | 8 | 14 | 137 | 110 | 32 | 279 |
| (2) CLASS B (T.B. plus) | 82 | 36 | 2 | – | – | – | 82 | 36 | 2 | 120 |
| *C.* No. of cases included in *A* and *B* written off the Dispensary Register during the year as : | | | | | | | | | | |
| (1) Recovered | 10 | 18 | 1 | 2 | 2 | 4 | 12 | 20 | 5 | 37 |
| (2) Dead (all causes) | 77 | 51 | 2 | 4 | 3 | 5 | 81 | 54 | 7 | 142 |
| (3) Removed to other Areas | 36 | 28 | 2 | – | 1 | 3 | 36 | 29 | 5 | 70 |
| (4) For other reasons | 28 | 16 | 2 | – | 1 | 2 | 28 | 17 | 4 | 49 |
| *D.* No. of definite cases of Tuberculosis on the Dispensary Register 31st December, 1948 | 1,111 | 771 | 78 | 60 | 61 | 131 | 1,171 | 832 | 209 | 2,212 |

TABLE 8

NUMBER OF CASES ON THE REGISTER ON 31ST DECEMBER

| | 1945 | 1946 | 1947 | 1948 | 1949 |
|---|---|---|---|---|---|
| Respiratory . . . . | 1,675 | 1,781 | 1,844 | 2,003 | 1,980 |
| Non-Respiratory . . | 125 | 167 | 193 | 209 | 221 |
| TOTAL . . . . | 1,800 | 1,948 | 2,037 | 2,212 | 2,201 |

THE CHEST CLINIC

As can be seen, the work is very heavy. A total of 1,170 new cases were referred to the clinic by practitioners for diagnosis, treatment or advice, almost wholly Portsmouth residents.

The increase in clerical staff referred to in the previous report, necessary to cope with the increased work, and that connected with the new Act, has been obtained. Our thanks are due to all members of the staff for the efficient and cheerful manner in which the work has been done.

CONTACT EXAMINATIONS

I am glad to be able to report an increase in the number of contacts examined. This is partly due to the policy of employing Tuberculosis Visitors, of whom there are now two, and we welcome Miss Pearce and Miss Bowring to the clinic. The health visitors for the Cosham districts continue to include tuberculosis visiting as a part of their work. Another factor in the increase of contact examinations is the policy that the Mass Radiography Unit, which is a part of the Tuberculosis Service, now examines contacts of cases found by the Unit.

Figures are as follows :—

1947 . . 694, or 1.7 contacts per new case.
1948 . . 427, or 1 contact per new case.
1949 . . 678, or 1.7 contacts per new case.

X-RAY EXAMINATIONS

The film shortage, present in 1948, continued in 1949, but the position improved and fewer patients missed adequate control. The Mass Radiography Unit increased its share of the work in this connection.

A diagnostic X-ray plant, to be installed in the clinic, has been recommended by the Survey Board ; this will reduce trouble for patients as well as relieve the burden on other hospitals. The area served by the clinic may be extended when the X-ray facilities are available.

So far as can be seen, there is no likelihood of the service's headquarters being transferred elsewhere in the immediate future.

### Institutional Treatment

There has been no change during the year in the facilities available in Portsmouth for the treatment of tuberculosis. Thoracic and genito-urinary units have been set up by the Board in other areas, and adhesion sections continue to be done at Saint Mary's Hospital.

The number of cases admitted to hospital, other than the Infectious Diseases Hospital and Langstone Sanatorium was 56, as opposed to 87 in 1948, and 128 in 1947.

The total number of patients admitted was 387, as opposed to 446 in 1948. The length of stay has been reduced to a regrettable minimum, reflecting the size and urgency of the increased waiting list. In the hospitals under clinical control of the Chest Physicians, the position is indicated by the number of admissions : 1947—254 cases ; 1948—364 cases ; 1949—331 cases, in spite of reduced accommodation available at Langstone Sanatorium.

The need for increased in-patient accommodation is urgent, both from the preventive and curative aspects.

### Almoner

Mrs. Jeram left Portsmouth to our great regret in June and Mrs. Bern, part-time clerk in the Almoner's Department, dealt with the most urgent problems in addition to her other duties, for the remainder of the year, except for a period of two and a half months when there was a temporary Almoner.

### Occupational Therapy

Here again we have been unfortunate ; Mr. Laundy who had done very valuable work for both in-patients and out-patients, left in May to take up a teaching appointment. There has been no replacement.

### Home Help Service

The Home Help Service has again proved of immense value to our patients and our only regret is that there are not enough home helps available to tuberculosis patients. The close and friendly liaison between the Home Help Department and the Chest Clinic, ensures that the work which we consider very valuable is not wasted or abused.

### Rehabilitation

In addition to the regular sessions between Chest Physician, Disablement Resettlement Officer and patient, which has continued, there is encouragement from the fact that a "Remploy" Factory for tuberculous patients is in process of building in the City. It may be opened early in 1951.

### B.C.G. Vaccination

B.C.G. vaccination of suitable contact cases is being continued. The news that the Ministry of Health will now officially approve B.C.G. immunisation was very welcome and as soon as the official vaccine is available, the supplies from Dr. Wassen who has so far kindly provided the materials, will be discontinued.

## Voluntary Care Committee

This active and very important voluntary body has continued its excellent work. It still holds pride of place as the County Borough which collects more money by the Seal Sale than any other. Funds have been helped by a grant from the Portsmouth City Council; this grant cannot be used for financial payments to patients and has been used for the provision of an office, the necessary furnishings, stationery, etc., and the employment of an organising Secretary so that the work may be further expanded.

During the year some £1,450 has been spent in financial aid to necessitous patients, whose cases are thoroughly investigated by one of the Sub-Committees before any grant is made. Much useful work has been done by the provision of a library, and by visits to patients both in home and hospital: patients have the knowledge that they need not suffer undue hardship if the Government Grants are insufficient to meet their particular need. The Committee also loan money to patients, when necessary, to enable them to purchase occupational therapy materials; by Ministry rule such material has to be paid for in advance, and such a payment would be impossible in some cases without the Committee's help.

A further act of generosity was the presentation of a television set to Langstone Sanatorium for the use of the patients; this generous act was very greatly appreciated by all and reflects the Committee's ever present desire to help all patients, both in and out of hospital.

# MASS RADIOGRAPHY

*Report of the Medical Director*

## A.—GENERAL

### Administration

The Unit is under the administration of the South-West Metropolitan Regional Hospital Board. The Portsmouth Group Hospital Management Committee, through the Chest Services House Committee, acts as agent for the Board for day to day management.

### Areas Surveyed

A total period of seven weeks was spent outside the City boundary. The Unit was already working at Eastleigh on the 1st January ; only that part of the work done from that date is included in this report. The second outside survey was at Hamble (the second visit), after which, at the instigation of the Administrative Chest Physician to the Western Area Committee, a Polish Camp at Hiltingbury was surveyed ; all children were skin tested and those positive were X-rayed. The fourth visit was to a firm in Southampton, which had also been previously surveyed.

### Tuberculin Survey

Portsmouth was selected by the Medical Research Council as one of seventeen areas in England in which their Tuberculin Survey was to be carried out. During this survey, which involved skin testing by trans-dermal and, where negative, intra-dermal methods, as well as the X-raying of each individual, some 5,350 individuals, aged 5 to 20, were examined. This work had all to be performed, and the tests read, by the Medical Director, which involved his performing the skin tests at the time of the X-raying, as well as the reading of results and the re-testing of the negative reactors. This work meant that during the X-raying of the survey volunteers as well as at other times, no routine work, such as the reading of miniature or large films, clinical examinations, follow-up examinations, etc., could be carried out ; in turn, this caused considerable strain and extra work, as none of the routine work of the unit was cancelled. The opportunity was also taken to perform some research work into the value of different types of tuberculin tests. This work may be published independently. Our reward for the extra work involved was that we were successful in obtaining the volunteers required and that we feel that the work done by the Portsmouth unit, thoroughly and conscientiously carried out, has been of value as a contribution to the Medical Research Council's survey, which, it was realised, was a most important one as well as one for which the opportunity will never recur.

The extra work which the survey caused and the time which had to be given to testing, re-testing and reading results, was responsible for the reduction in the overall total of individuals examined during the year (30,555).

### Portsmouth

The public sessions in Portsmouth were again well attended in spite of the fact that for most of the period there were gales and torrential rain.

The policy of keeping certain types of cases under regular observation has been continued and, although it causes considerable extra work, it has proved its worth by the finding of cases who have shown evidence of active disease after a prolonged period of observation—in some cases years.

### Services Rendered to General Practitioners

These facilities, commenced seriously in 1948, have proved to be very popular and an ever increasing number of individuals are being referred for X-ray and clinical opinion. Although this aspect of the work does not appear to be appreciated by the Board, there is no doubt that it is by the practitioners as well as, I feel certain, by the radiological departments of the general hospitals, which are considerably overworked. Some 1,258 individuals were referred in this way during the year and a fair amount of tuberculosis has been diagnosed in this way. By coming to the Chest Physician in charge of the unit, the patient has only one centre to visit, one specialist to examine him and one appointment to fulfil. Thus, time and trouble are saved to the patient, who can commence treatment with the minimum of delay, as well as to the Chest Clinic staff in duplicating work already carried out.

### Chest Clinic

Contact examinations have been continued, some 395 individuals having been examined as contacts at the Mass Radiography Unit. In addition, some 1,104 large films were taken on clinic patients.

### Apparatus

The diagnostic apparatus has given some trouble during the year, chiefly owing to old age and prolonged use, but no major breakdown occurred. What trouble there was, was rectified by the technical staff.

The mobile darkroom van, delivered last year, was in use at three of the four outside survey areas referred to. After some adjustments, all apparatus worked satisfactorily and the generator incorporated in the van has been a great benefit.

### Staff

My thanks are due to all members of the staff for their hard work and loyal co-operation. The integration of the Tuberculin Survey work, the research work and the routine work of the unit called for the highest degree of organisation by Mr. Addison, the Liaison Officer, whose work in this field was a vital part of the survey. The survey also called for additional clerical work, as no extra clerical staff was asked for.

I would also like to express my thanks to the Chest Clinic staff for their part, and especially to the Health Visitor who assisted with the survey ; her absence from the clinic increased the work for the remainder of the staff.

### Co-operation of Corporation Departments

Co-operation with the Medical Officer of Health has continued, an essential for this work. My thanks are due in particular to the School Medical staff and to the staff of the Education Department for their assistance in organising that part of the Tuberculin Survey which was carried out in the schools, and also to the staffs of the schools concerned.

### Prevention

The primary object of Mass Radiography is case finding, thereby discovering both the early case before he becomes infectious, as well as the infectious case, so that spread of infection can be prevented. A considerable increase in children's examinations has taken place and skin testing is now a routine ; it is urged that Mass Radiography Units in general and this unit in particular should be used as the vehicle for large scale B.C.G. work, particularly in schools. As can be seen from the following tables, the incidence is high in young adults and in view of this fact, careful consideration should, in my opinion, be given to the possibility of offering B.C.G. to all negative reactors to tuberculin during their last year at school. This suggestion should be earnestly considered when the Tuberculin Survey's figures for Portsmouth are published, in view of the fact that 99.8% of all milk sold in the City is pasteurised.

An average of about 350 individuals with radiological lesions have been kept under long-term observation at the unit. Some cases have been found to be active in this way.

## B.—STATISTICAL

### 1.—PORTSMOUTH

TABLE I

NUMBER OF EXAMINATIONS CARRIED OUT

| | By Miniature | Further, by Large Film | Further, by Clinical Exam. |
|---|---|---|---|
| Male .. .. .. | 13,444 | 900 or 6.7% | 353 or 2.6% |
| Female .. .. | 12,972 | 839 or 6.5% | 368 or 2.9% |
| Combined .. .. | 26,416 | 1,739 or 6.6% | 721 or 2.7% |
| (1948) .. .. | 23,661 | 1,561 or 6.6% | 393 or 1.7% |

The numbers given in the large film column do NOT include films taken on those individuals who were being kept under observation.

TABLE II

## NUMBER OF CASES SHOWING EVIDENCE OF PULMONARY TUBERCULOSIS

(ALL TYPES)

| | Number Examined | Cases of Primary | Cases of Post-Primary | Cases of Effusion | Total P.T. |
|---|---|---|---|---|---|
| Male .. | 13,444 | 550 | 296 | 7 | 853 or 6.3% |
| Female .. | 12,972 | 518 | 225 | 6 | 749 or 5.8% |
| Combined .. | 26,416 | 1,068 | 521 | 13 | 1,602 or 6.1% |

TABLE III

## NUMBER OF CASES OF ACTIVE PULMONARY TUBERCULOSIS

BY TYPE OF DISEASE

| | No. Examined | Primary | Post-Primary | | Tub. Effusion | Total | Rate per 1,000 Examined | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | Unilat. | Bilat. | | | 1949 | 1948 | 1947 |
| Male .. | 13,444 | 7 | 19 | 32 | 7 | 65 | 4.8 | 4.6 | 4.7 |
| Female .. | 12,972 | 10 | 29 | 25 | 6 | 70 | 5.4 | 5.7 | 5.2 |
| Combined .. | 26,416 | 17 | 48 | 57 | 13 | 135 | 5.1 | 5.2 | 5.0 |

TABLE IV

## NUMBER OF CASES OF ACTIVE PULMONARY TUBERCULOSIS

BY AGE GROUPS

| Age Group | No. Examined | | No. of Cases | | Rate per 1,000 Examined | | Rate for 1948 | |
|---|---|---|---|---|---|---|---|---|
| | M. | F. | M. | F. | M. | F. | M. | F. |
| Under 15 .. | 2,641 | 2,654 | 6 | 8 | 2.3 | 3.0 | 4.0 | 5.0 |
| 15 — 24 .. | 2,581 | 4,808 | 11 | 38 | 4.3 | 7.9 | 5.1 | 7.6 |
| 25 — 34 .. | 2,750 | 3,194 | 14 | 11 | 5.1 | 3.4 | 3.6 | 4.6 |
| 35 — 44 .. | 2,384 | 1,423 | 9 | 9 | 3.8 | 6.3 | 2.8 | 3.9 |
| 45 — 59 .. | 2,617 | 752 | 20 | 2 | 7.6 | 2.7 | 7.3 | 4.2 |
| Over 60 .. | 471 | 141 | 5 | 2 | 10.6 | 14.2 | 5.2 | — |
| Total .. | 13,444 | 12,972 | 65 | 70 | 4.8 | 5.4 | 4.6 | 5.7 |
| Combined | 26,416 | | 135 | | 5.1 | | 5.2 | |

## 2.—ALL AREAS

TABLE V

**NUMBER OF COMPLETED EXAMINATIONS**

| | Portsmouth | Other Areas | Total |
|---|---|---|---|
| Male .. .. .. | 13,444 | 2,928 | 16,372 |
| Female .. .. | 12,972 | 1,211 | 14,183 |
| Combined .. .. | 26,416 | 4,139 | 30,555 |

These figures are exclusive of some 50 children in a Polish Camp who were only skin tested and not X-rayed.

TABLE VI

**EXAMINATIONS PERFORMED**

BY YEARS

| | 1945 | 1946 | 1947 | 1948 | 1949 |
|---|---|---|---|---|---|
| No. by Miniature .. | 22,351 | 38,895 | 40,688 | 43,605 | 30,555 |
| No. by Large Film .. | 1,753 (7.8%) | 2,571 (6.6%) | 2,761 (6.8%) | 2,858 (6.5%) | 2,014 (6.6%) |
| No. of Clinical Examinations | 683 (3.1%) | 1,197 (3.1%) | 876 (2.1%) | 710 (1.6%) | 841 (2.7%) |

TABLE VII

**NUMBER OF CASES OF ACTIVE PULMONARY TUBERCULOSIS**

BY TYPE OF DISEASE

| Area | No. Examined | | Primary | | Post-Primary | | | | Tub. Effusion | | Total | | Rate per 1,000 Exam'd. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Unilat. | | Bilat. | | | | | | | |
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| Portsmouth | 13,444 | 12,972 | 7 | 10 | 19 | 29 | 32 | 25 | 7 | 6 | 65 | 70 | 4.8 | 5.4 |
| Other Areas | 2,928 | 1,211 | – | – | 4 | 3 | 3 | – | – | – | 7 | 3 | 2.4 | 2.5 |
| Total | 16,372 | 14,183 | 7 | 10 | 23 | 32 | 35 | 25 | 7 | 6 | 72 | 73 | 4.4 | 5.1 |
| Combined | 30,555 | | 17 | | 55 | | 60 | | 13 | | 145 | | 4.7 | |

TABLE VIII

**SOME OTHER ABNORMALITIES**

| Abnormality | Male | Female | Combined |
|---|---|---|---|
| TOTAL BONY .. .. .. .. .. | 356 | 277 | 633 |
| This includes :— | | | |
| Cervical Rib .. .. .. .. .. | 14 | 50 | 64 |
| Klippel-Feil Syndrome .. .. .. | 1 | 1 | 2 |
| PULMONARY :— | | | |
| Atypical Pneumonia .. .. .. .. | 25 | 15 | 40 |
| Bronchitis and Emphysema .. .. | 97 | 28 | 125 |
| Bronchiectasis .. .. .. .. | 48 | 31 | 79 |
| Non-Tuberculous Fibrosis .. .. .. | 48 | 9 | 57 |
| Pneumokoniosis .. .. .. .. | 7 | – | 7 |
| Fibrocystic Disease .. .. .. .. | 1 | 1 | 2 |
| Other Cysts .. .. .. .. .. | 3 | 1 | 4 |
| Abcess .. .. .. .. .. .. | 1 | 1 | 2 |
| PLEURAL :— | | | |
| Non-Tuberculous Effusion .. .. .. | 4 | – | 4 |
| Pleural Involvement .. .. .. .. | 454 | 223 | 677 |
| NEW GROWTHS :— | | | |
| Carcinoma .. .. .. .. .. | 14 | 3 | 17 |
| Osteoma .. .. .. .. .. | 1 | – | 1 |
| Chondroma .. .. .. .. .. | – | 3 | 3 |
| TOTAL CARDIO-VASCULAR .. .. .. | 131 | 127 | 258 |
| MISCELLANEOUS :— | | | |
| Azygos Lobe .. .. .. .. .. | 27 | 7 | 34 |
| Foreign Bodies .. .. .. .. | 10 | – | 10 |
| Sarcoidosis .. .. .. .. .. | 1 | 5 | 6 |
| Diaphragmatic Hernia .. .. .. | 1 | – | 1 |
| Eventration .. .. .. .. .. | – | 3 | 3 |
| Tuberculous Disease of Spine (active) .. | – | 1 | 1 |

## C.—COMMENT

As already noted, the total number of examinations is smaller than in previous years, owing to the extra time taken by the Tuberculin Survey. The tuberculosis incidence rates, however, appear to be very similar to previous years, as are those rates in the various age groups.

A lower incidence was found in the under-15 age group, presumably because many more children were examined and the sample was a reasonable cross-section of the Portsmouth school population.

### Males

The total incidence rate for males in Portsmouth is 0.2 per thousand examined higher than in 1948, and it is also higher than in 1947. The highest incidence by age groups was in the over-60 group (10.6 per thousand as opposed to 5.8 in 1948), the rate for the 45 to 59 group also being slightly greater than in 1948 which was, in turn, greater than in 1947 (7.6 in 1949, 7.3 in 1948, 5.8 in 1947). Thus the trend noted in 1948 is continued in 1949.

26% of all cases found were under the age of 25. This is a smaller proportion than in 1948 (39%) and 1947 (37%).

FEMALES

The total incidence rate for females in Portsmouth shows a welcome fall from 5.7 per thousand examined to 5.4 per thousand. It will be noted, however, that the rate for the 15 to 24 age group has risen from the high figure of 7.6 per thousand examined in 1948 to 7.9 per thousand in 1949.

Of all cases found, the proportion occurring below the age of 25 is 66% —a similar finding to 1948 (65%). This figure, in 1947, was 70% and in 1946, 83%.

The figures quoted above must be taken in conjunction with the fact that the unit has spent more time than usual in the City, and medical practitioners have had a greater opportunity of referring cases, a total of 47 active cases being found in this way out of 1,258 patients referred.

If all referred cases are excluded, the total incidence rates fall to 3.0 per thousand for men and 4.0 per thousand for women ; this is the lowest figure recorded by this unit, for Portsmouth, and is evidence that in the groups normally examined by the unit, the incidence is falling. Further, of the 47 cases so found, the age grouping follows the general trend above.

It is considered that the fact that rather more than one-third of all cases of active disease found in Portsmouth were diagnosed as a result of the encouragement given to general practitioners to refer their cases to the unit, is a complete vindication of this policy, which might well be followed by all units.

## VENEREAL DISEASES TREATMENT CENTRE

*By the Venereal Diseases Officer*

The incidence of recent syphilis has markedly declined as has also that of congenital syphilis. Syphilis in the later stages remains about stationary. Gonorrhoea shows a slight decline.

The falling off in the numbers of recent syphilis has been experienced in clinics all over the country. Undoubtedly, this is due to the effectiveness of modern treatment.

### TABLE OF STATISTICS

| | 1949 | | | 1948 | | |
|---|---|---|---|---|---|---|
| | M. | F. | Total | M. | F. | Total |
| No. of cases under treatment or observation on 1st January .. .. .. | 203 | 281 | 484 | 235 | 295 | 530 |
| No. of cases dealt with for the first time during the year .. .. .. | 402 | 239 | 641 | 500 | 310 | 810 |
| No. of cases discharged on completion of treatment and final tests of cure, etc. | 390 | 241 | 631 | 428 | 301 | 729 |
| No. of cases which ceased to attend before completion of treatment .. .. | 22 | 49 | 71 | 42 | 25 | 67 |
| No. of cases which ceased to attend after completion of treatment but before final tests of cure, etc. .. .. | 34 | 40 | 74 | 44 | 32 | 76 |
| No. of cases transferred to other centres or to the care of private practitioners | 55 | 28 | 83 | 87 | 32 | 119 |
| No. of cases remaining under treatment or observation on 31st December .. | 150 | 189 | 339 | 203 | 281 | 484 |
| No. of Attendances— | | | | | | |
| (*a*) for attention by Medical Officer .. | 3174 | 2888 | 6062 | 3727 | 3707 | 7434 |
| (*b*) for intermediate treatment .. | 588 | 1008 | 1596 | 748 | 1051 | 1799 |
| TOTAL ATTENDANCES | 3762 | 3896 | 7658 | 4475 | 4758 | 9233 |

### DETAILS OF THE WORK OF THE ALMONER

| | 1949 | 1948 |
|---|---|---|
| Number of cases helped by the Almoner .. .. | 213 | 352 |
| Number of visits paid by the Almoner .. .. | 71 | 246 |
| ,, ,, ,, ,, ,, Sister Trimble .. .. | 13 | 23 |
| Letters—Reports sent .. .. .. .. | 248 | 1,057 |
| Reports received .. .. .. | 42 | 251 |
| Number of interviews .. .. .. .. | 119 | 1,015 |
| Number of attendances at the special clinic .. .. | 2,954 | 4,441 |

## MENTAL HEALTH SERVICE

*By the Executive Officer*

### 1.—Administration :

The measures for the prevention, care, and after-care of mental illness and mental defectiveness in the community outlined in the National Health Service Act, 1946, and the associated provisions of the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938, are undertaken by the Mental Health Service under the direction of the Health Services Committee, which has appointed a Mental Health Sub-Committee for the detailed oversight of these matters as required by the National Health Service Act. This committee, which meets once a month, is composed of nine members of the City Council with the addition of two ladies co-opted for their experience and interest in mental health matters.

The Mental Health Service is organised on the basis of a joint user agreement between the Regional Hospital Board (through the management committee of the mental hospital in the City, St. James' Hospital), and the local health authority, which co-ordinates the functions of the specialist medical and lay officers of the former with the duties of the latter, also providing for the extra-institutional requirements of that part of a local general hospital (Saint Mary's Hospital), set aside for the reception of cases of mental illness under observation and mental defectiveness requiring custodial care. The Service is thus able to deal with problems of mental health from every aspect and is the link between the in- and out-patient treatment and after-care facilities of the Regional Hospital Board and the community care of the local health authority.

None of the duties is delegated to a voluntary association.

Under the direction of the Medical Officer of Health and the Physician-Superintendent of St. James' Hospital respectively, the work of the Service is conducted by the following staff :—

Medical Director.

Deputy Medical Director.

Executive Officer (lay administrator, petitioning officer, superintendent duly authorised officer).

Senior Psychiatric Social Worker (also assistant petitioning officer and duly authorised officer).

Three Psychiatric Social Workers (two employed at Child Guidance Clinics, but one has duly authorised officer powers).

Three Mental Health Social Workers (principally occupied as duly authorised officers).

Four Mental Health Social Workers (general mental health social work).

A varying number of trainees.

OCCUPATION CENTRE STAFF

| | |
|---|---|
| Supervisor. | Handicraft Instructor. |
| Four Assistants. | Handicraft Instructress. |

TRAINING

The Service accepts untrained mental health social workers and is able to avail them of the direction and advice of qualified psychiatric social workers. The following trainees are at present engaged as temporary members of the staff :—

One trained social worker, seeking experience in mental health social work before proceeding to a University course in psychiatric social work.

Two external social science students, obtaining social work experience and working as mental health social workers.

Also, by arrangement with London and Edinburgh Universities, four students undergoing a psychiatric social work course have each been present for eight weeks' practical training, and seven social science students from London, Nottingham and Southampton Universities have received periods of practical case-work under supervision with a view to gaining an insight into the relationship of mental health to general social work.

## 2.—Account of Work Undertaken in the Community

(A) *Under Section* 28, *National Health Service Act*, 1946.

The Service is able in its joint user status to avail persons in community care, where necessary, of the in and out-patient treatment facilities of the Regional Hospital Board at St. James' Hospital and its associated clinics and to continue, as required, the community care of patients, completely discharged from Hospital or no longer deemed to be in need of out-patient treatment as a feature of after-care. The following is a statement of the work of the service in connection with "prevention" and "after-care" (Section 28 of the National Health Service Act, 1946) ; which has increased in volume and scope :—

During 1949, patients discharged from St. James' Hospital either as in-patients or out-patients were referred for after-care at an average rate of four a week ; some of these patients needed much intensive work though others had problems easily settled. The high rate of unemployment in the City has made patients' rehabilitation an exceedingly difficult task. About 36 visits and interviews a week were made by members of the social work staff to patients under the heading of "Community Care".

Referrals direct to the service under this heading (excluding school-leavers of borderline intelligence and St. James' Hospital ex-patients) numbered 60. 32 were ex-service psychiatric casualties, 20 were referred by the Ministry of Labour, 2 from a voluntary social service agency, 1 patient referred himself, 2 were referred by relatives or friends, 2 by the Ministry of Pensions and three visits were requested by hospitals outside the City.

(B) *Under the Lunacy and Mental Treatment Act*, 1890–1930.

During the year, 417 cases were brought to the notice of duly authorised officers. Of these, 169 were admitted by them direct to observation wards under Section 20 of the Lunacy Act 1890 ; 119 were admitted to such wards under orders made by justices under Section 21 of the Lunacy Act 1890 ; 21 were admitted direct to mental hospitals under Section 16 of the Lunacy

Act 1890 ; 2 were admitted to mental hospitals on Urgency Orders ; after advice, 29 became voluntary patients under Section 1 of the Mental Treatment Act 1930 ; 4 were admitted to mental hospitals on Temporary Treatment Orders under Section 5 of the Mental Treatment Act 1930, and in 73 cases the Justices to whom notice was given considered no action under the Lunacy Act 1890 was required.

(c) *Under Mental Deficiency Acts*, 1913–1938.

During the year, 25 cases of mental defect were ascertained by the Local Health Authority and found "subject to be dealt with". A further 28 cases were reported but were not found "subject to be dealt with" at the time of referral, but are recorded by the Local Health Authority as cases for which it may subsequently become liable, and are under 'voluntary' supervision. Of those cases "subject to be dealt with", disposal was as follows :—

| | | |
|---|---|---|
| (*a*) | Admitted to Institutions .. .. .. | 3 |
| (*b*) | Detained in a "place of safety" .. .. .. | 1 |
| (*c*) | Placed under Statutory Supervision .. .. | 21 |

At the end of 1949 there were 19 defectives awaiting vacancies in institutions by waiting list, and a considerable number not accepted for waiting lists through the accommodation shortage, though very much in need of institutional treatment.

At the end of the year there were 131 mental defectives maintained under guardianship and 179 under statutory supervision. A further 322 were under 'voluntary' supervision as not being "subject to be dealt with".

An Occupation Centre for mental defectives is in daily operation in the City, from Mondays to Fridays. There are 70 patients on the register, mostly of low grade feeble-minded and imbecile grade of both sexes suitable for training in association with one another, being divided into a general class and senior male class. Instruction is given in sense training, elementary handicrafts and reading and writing and physical training. Mid-day meals are provided at the Centre, and transport is provided for the collection and dispersal of patients attending. In addition, a senior female class of 12 meets on three afternoons a week at the Occupation Centre under the handicraft instructress, who also gives home teaching to suitable cases.

The handicraft instructress also conducts a senior female class on two afternoons a week at the local mental deficiency institution.

## 3.—Ambulance Services

The Mental Health Service avails itself of the Municipal Ambulance and Medical Car Service.

## INFECTIOUS DISEASES HOSPITAL

*By the Physician Superintendent*

ADMISSIONS. The total number of admissions was slightly higher than in 1948.

During the year 1,331 (1,059) cases were admitted, excluding tuberculosis, which accounted for 253 (288) admissions. The grand total of all cases admitted during the year was 1,584 (1,347). 240 (141) cases were admitted from outside the City boundary and 1 (9) Service case.

DISCHARGES—1,273; DEATHS—35; TOTAL—1,308.

CASES DISCHARGED DURING 1949

| MONTH | Scarlet Fever | Diphtheria | Other Infections | Non-Infections | Deaths | TOTAL |
|---|---|---|---|---|---|---|
| January .. | 20 | – | 92 | 12 | 4 | 128 |
| February .. | 14 | 1 | 91 | 24 | 4 | 134 |
| March .. | 18 | – | 105 | 18 | 2 | 143 |
| April .. .. | 17 | 1 | 50 | 13 | 4 | 85 |
| May .. .. | 27 | – | 36 | 18 | 2 | 83 |
| June .. .. | 27 | – | 32 | 19 | 3 | 81 |
| July .. .. | 23 | – | 35 | 15 | 1 | 74 |
| August .. | 31 | 1 | 47 | 17 | 2 | 98 |
| September .. | 14 | – | 46 | 21 | 2 | 83 |
| October .. | 38 | – | 52 | 27 | 3 | 120 |
| November .. | 69 | 2 | 52 | 16 | 3 | 142 |
| December .. | 64 | 3 | 47 | 18 | 5 | 137 |
| TOTAL .. | 362 | 8 | 685 | 218 | 35 | 1,308 |

DEATHS. During the year there were 35 deaths from the causes stated below :—

| | |
|---|---|
| Convulsions and Broncho-pneumonia .. .. .. | 1 |
| Pertussis, Broncho-pneumonia and Convulsions .. .. .. | 1 |
| Acute Encephalitis .. .. | 1 |
| Broncho-pneumonia and Gastro-enteritis .. .. .. | 1 |
| T.B. Meningitis and Hydrocephalus | 2 |
| Cardiac Failure, Faucio-pharyngeal Diphtheria .. .. .. | 1 |
| Broncho-pneumonia .. .. | 2 |
| Encephalitis and Measles .. .. | 1 |
| T.B. Meningitis, Hydrocephalus, Br. Glands, T.B. Miliary spread | 1 |
| Respiratory Paralysis .. .. | 1 |
| Suppurative Broncho-pneumonia following Whooping Cough .. | 1 |
| T.B. Meningitis .. .. .. | 1 |
| T.B. Meningitis and Pulmonary Tuberculosis .. .. .. | 1 |
| Purulent Meningitis, Chronic Otitis, Mastoiditis .. .. | 1 |
| Meningococcal Septicaemia .. | 1 |
| Cerebral Arterio-sclerosis .. .. | 1 |
| Encephalitis and H.S. Throat .. | 1 |
| Gastro-enteritis .. .. .. | 1 |
| Brought in dead .. .. .. | 1 |
| Pinks disease .. .. .. | 1 |
| Anterior Poliomyelitis .. .. | 1 |
| Sub Arachnoid Haemorrhage .. | 1 |
| Strep. Pharyngitis .. .. .. | 1 |
| Polio. Encephalitis .. .. | 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 9 cases admitted as diphtheria. Analysis of proven cases of diphtheria discharged is given below :—

| DAY OF DISEASE | AGE GROUP | | | | | | | | | | DIPHTHERIA—TYPE | | | | | | TYPE | | | | SWABS | | COMPLICATIONS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0–5 years | | 5–10 years | | 10–15 years | | 15–20 years | | 20 years + | | Laryngeal | | Faucial | | Clinical | | Gravis | | Mitis | | Negative | Positive | |
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | | | |
| 1 | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – |
| 2 | 1 | – | – | – | – | – | – | – | – | – | 1 | – | – | – | – | – | – | – | – | – | 1 | – | – |
| 3 | 1 | – | – | – | – | – | – | – | – | – | – | – | – | – | 1 | – | – | – | – | – | 1 | – | – |
| 4 | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – |
| 5 | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – |
| 6 | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – |
| 7+ | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – |
| ? | 2 | – | 3 | – | – | 1 | – | – | – | – | – | – | 1 | – | 4 | 1 | 2 | – | – | 1 | 4 | 2 | – |

There was 1 death from faucio-phartngeal diphtheria during the year. 9 cases were admitted as diphtheria, and 8 cases proved to be diphtheria. They were subdivided clinically into :—

| | | | |
|---|---|---|---|
| Laryngeal Diphtheria .. .. | 1 | Faucial Diphtheria .. .. | 1 |
| Clinical Diphtheria .. .. | 6 | | |

## Scarlet Fever

There were 338 cases admitted as scarlet fever. There were no deaths. The following is a table showing the complications arising from the 362 proven cases of scarlet fever discharged :—

| | | | |
|---|---|---|---|
| Otorrhoea .. .. .. .. | 3 | Convalescent Carrier .. .. | 20 |
| Adenitis .. .. .. .. | 16 | Serum Reaction .. .. .. | 3 |
| Albuminuria .. .. .. | 1 | Erythema Nodosum .. .. | 1 |
| Otitis Media .. .. .. | 1 | Abscess .. .. .. .. | 3 |
| Strep. Carrier .. .. .. | 3 | | |

## Typhoid Fever

There were 4 cases of typhoid fever admitted, and 2 cases proved to be that disease.

## Puerperal Pyrexia

There were 18 cases admitted as puerperal pyrexia, and 15 cases proved to be that disease.

| | Scarlet Fever | Diphtheria | Typhoid and Para-Typhoid Fever | Cerebrospinal Fever | Acute Poliomyelitis | Acute Polio-Encephalitis | Erysipelas | Dysentery | Measles | Whooping Cough | Ophthalmia Neonatorum | Puerperal Pyrexia | Notifiable Pneumonia | Food Poisoning | Tuberculosis: Pulmonary | Tuberculosis: Other forms | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| January 8 | 4 | – | – | 1 | – | – | – | 1 | 292 | 2 | – | – | – | – | 2 | 1 | 303 |
| ,, 15 | 5 | – | – | – | – | – | 2 | – | 344 | 4 | – | – | 2 | – | – | – | 357 |
| ,, 22 | 3 | – | – | – | – | – | 1 | – | 318 | 8 | 1 | – | – | – | 15 | 1 | 347 |
| ,, 29 | 3 | – | – | – | – | – | 3 | – | 483 | 11 | – | – | 2 | – | 8 | 1 | 511 |
| February 5 | 5 | – | – | – | – | – | – | – | 384 | 10 | – | – | – | – | 4 | 1 | 404 |
| ,, 12 | 5 | – | – | – | – | – | 1 | – | 539 | 10 | – | – | 1 | – | 16 | 1 | 573 |
| ,, 19 | 6 | – | – | – | – | – | 1 | – | 511 | 8 | 1 | – | – | – | 6 | – | 533 |
| ,, 26 | 2 | – | – | – | – | – | – | – | 353 | 9 | – | – | – | – | 4 | 1 | 369 |
| March 5 | 4 | – | – | – | – | – | 1 | – | 223 | 4 | – | – | 1 | – | 7 | 1 | 241 |
| ,, 12 | 9 | – | – | – | – | – | 1 | – | 149 | 5 | – | – | – | – | 10 | 2 | 176 |
| ,, 19 | 3 | 1 | – | – | – | – | 1 | – | 119 | 8 | – | – | – | – | 8 | 4 | 144 |
| ,, 26 | 4 | – | – | 1 | – | – | 1 | – | 53 | 6 | – | – | – | – | 11 | – | 76 |
| April 2 | 8 | – | – | – | – | – | 1 | – | 57 | 5 | – | 1 | – | – | – | – | 72 |
| ,, 9 | 6 | – | – | 1 | – | – | – | – | 43 | 6 | – | – | 2 | – | 2 | 1 | 61 |
| ,, 16 | 2 | – | – | – | – | – | 1 | – | 27 | 9 | – | – | 1 | – | 4 | – | 44 |
| ,, 23 | 4 | – | – | – | – | – | – | – | 20 | 6 | – | – | – | – | 4 | – | 34 |
| ,, 30 | 5 | – | – | – | – | – | 1 | – | 14 | 2 | – | 1 | 1 | – | 8 | – | 32 |
| May 7 | 3 | – | – | – | – | – | – | – | 17 | 5 | – | – | – | – | 6 | – | 31 |
| ,, 14 | 8 | – | 1 | – | – | – | 1 | – | 9 | 1 | – | – | – | – | 6 | – | 26 |
| ,, 21 | 7 | – | – | – | – | – | 1 | – | 6 | 3 | – | 1 | – | – | 8 | – | 26 |
| ,, 28 | 4 | – | – | – | – | – | 3 | – | – | 7 | – | – | 2 | – | 6 | – | 22 |
| June 4 | 8 | – | 1 | – | – | – | – | – | 1 | 1 | – | – | 1 | – | 7 | – | 19 |
| ,, 11 | 2 | – | – | – | – | – | – | – | 2 | 6 | – | – | – | – | 12 | – | 22 |
| ,, 18 | – | – | – | – | 1 | – | – | – | 1 | 7 | – | – | 1 | – | 9 | – | 19 |
| ,, 25 | 7 | – | – | 1 | – | – | 1 | – | 2 | 11 | – | – | – | – | 12 | – | 33 |
| July 2 | 5 | – | – | – | – | – | – | – | 3 | 16 | – | – | – | – | 13 | – | 37 |
| ,, 9 | 4 | 1 | – | – | – | – | 1 | – | 8 | 5 | – | – | – | – | 11 | – | 30 |
| ,, 16 | 7 | – | – | – | 1 | 1 | – | – | 4 | 16 | – | 1 | – | – | 11 | – | 41 |
| ,, 23 | 11 | – | – | – | – | – | – | – | 4 | 13 | – | – | – | – | 4 | – | 32 |
| ,, 30 | 5 | – | – | – | 2 | – | – | – | 2 | 8 | – | 1 | – | 1 | 2 | – | 21 |
| August 6 | 6 | – | – | – | – | 1 | – | – | 8 | 5 | – | – | – | – | 5 | 1 | 26 |
| ,, 13 | 7 | – | – | – | 4 | – | 2 | – | 2 | 7 | – | – | – | – | 8 | 1 | 31 |
| ,, 20 | 3 | – | – | – | – | – | 1 | – | 1 | 11 | – | – | – | – | 3 | – | 19 |
| ,, 27 | 4 | – | – | – | 6 | – | 2 | – | 2 | 9 | – | – | – | – | 6 | – | 29 |
| September 3 | 2 | – | – | – | 2 | – | 1 | – | – | 4 | – | – | – | – | 11 | 1 | 21 |
| ,, 10 | 8 | – | – | – | 2 | – | 1 | – | 1 | 5 | – | 1 | – | 1 | 6 | – | 25 |
| ,, 17 | 9 | – | 2 | 1 | 2 | – | 1 | – | – | 10 | – | – | – | – | 6 | 4 | 35 |
| ,, 24 | 6 | – | 1 | – | 2 | – | 1 | – | – | 4 | – | 1 | 1 | – | 10 | – | 25 |
| October 1 | 10 | – | 1 | – | – | – | – | – | – | 2 | – | 1 | – | – | 6 | – | 20 |
| ,, 8 | 10 | – | – | – | – | – | – | – | – | 2 | – | – | – | – | 14 | – | 26 |
| ,, 15 | 18 | 1 | 1 | – | – | – | 1 | 1 | – | 3 | – | – | 1 | – | 6 | – | 32 |
| ,, 22 | 30 | 1 | – | – | – | – | 1 | – | – | 4 | – | 1 | – | – | 6 | 1 | 44 |
| ,, 29 | 22 | – | 1 | – | 1 | – | 1 | – | – | 7 | – | – | – | – | 10 | 1 | 43 |
| November 5 | 13 | – | 1 | – | 1 | – | – | – | 3 | 2 | – | – | 2 | – | 14 | 1 | 37 |
| ,, 12 | 9 | 1 | – | – | – | – | – | – | – | 6 | – | – | – | – | 21 | – | 37 |
| ,, 19 | 28 | – | – | – | 1 | – | – | – | 1 | 5 | – | 1 | 1 | – | 12 | 1 | 50 |
| ,, 26 | 23 | – | – | 1 | – | – | 3 | – | – | 6 | – | – | 2 | – | 10 | – | 45 |
| December 3 | 27 | – | 2 | – | – | – | – | 1 | – | 2 | – | 1 | – | – | 8 | – | 41 |
| ,, 10 | 19 | 1 | – | – | – | – | 2 | – | – | 4 | – | – | – | 1 | 8 | 1 | 36 |
| ,, 17 | 29 | 1 | – | – | – | – | 1 | – | 2 | 4 | 1 | 1 | 1 | – | 11 | – | 51 |
| ,, 24 | 16 | – | – | – | 1 | – | 2 | 1 | – | 6 | – | 1 | 1 | – | 4 | – | 32 |
| ,, 31 | 6 | – | – | – | 1 | – | – | 1 | 2 | 3 | – | 1 | 2 | – | 8 | – | 24 |
| TOTAL CASES 1949 .. | 454 | 7 | 11 | 5 | 27 | 2 | 42 | 5 | 4010 | 323 | 3 | 13 | 25 | 3 | 409 | 26 | 5365 |
| 1948 .. | 363 | 6 | 5 | 2 | 11 | – | 50 | 5 | 1009 | 336 | 15 | 35 | 3 | – | 433 | 40 | 2323 |
| DEATHS 1949 .. | – | 1 | – | 2 | 1 | | – | – | 4 | 1 | – | – | 114 | – | 98 | 9 | 231 |
| 1948 .. | – | – | 1 | 1 | – | | – | – | 1 | 2 | – | – | 79 | – | 116 | 13 | 215 |

## TABLE SHOWING THE INCIDENCE OF POLIO-MYELITIS AND POLIO-ENCEPHALITIS in the 20 Large Towns of England and Wales

DURING THE YEARS 1944–49

| AUTHORITY | POPULATION (1949) | | 1944 | 1945 | 1946 | 1947 | 1948 | 1949 |
|---|---|---|---|---|---|---|---|---|
| | Civilian | Total | | | | | | |
| Birmingham .. | 1,106,800 | 1,107,200 | 4 | 24 | 26 | 169 | 46 | 72 |
| Bradford .. .. | 291,600 | 291,600 | 4 | 1 | 4 | 91 | 8 | 32 |
| Bristol .. .. | 439,740 | 439,840 | 1 | 5 | 7 | 31 | 29 | 134 |
| Cardiff .. .. | 243,300 | 243,500 | 2 | 12 | 4 | 31 | 25 | 21 |
| Coventry .. .. | 254,400 | 254,900 | 2 | 6 | 5 | 33 | 10 | 20 |
| Croydon .. .. | 249,740 | 250,040 | 2 | 6 | 4 | 58 | 13 | 11 |
| Kingston-upon-Hull | 296,400 | 296,600 | 3 | 3 | 4 | 76 | 18 | 26 |
| Leeds .. .. | 504,900 | 505,400 | 4 | – | 2 | 54 | 6 | 109 |
| Leicester .. .. | 283,400 | 283,400 | 4 | 1 | 2 | 86 | 18 | 55 |
| Liverpool .. | 800,800 | 802,000 | 5 | 4 | 15 | 45 | 14 | 66 |
| Manchester .. | 699,600 | 700,700 | – | 6 | 6 | 124 | 25 | 35 |
| Newcastle-upon-Tyne.. .. | 294,540 | 295,240 | 1 | 1 | 3 | 47 | 6 | 7 |
| Nottingham .. | 300,640 | 301,240 | – | 5 | 3 | 25 | 8 | 54 |
| Plymouth .. | 190,860 | 206,960 | – | 4 | 1 | 8 | 3 | 20 |
| **PORTSMOUTH** | **218,250** | **240,550** | **9** | **1** | **2** | **20** | **11** | **29** |
| Salford .. .. | 178,900 | 178,900 | 1 | 1 | 3 | 51 | 10 | 39 |
| Sheffield .. .. | 513,700 | 513,800 | 3 | 3 | 2 | 94 | 22 | 131 |
| Southampton .. | 180,330 | 180,930 | 3 | 4 | 4 | 58 | 12 | 37 |
| Stoke-on-Trent .. | 274,500 | 274,500 | 1 | 3 | 2 | 43 | 2 | 14 |
| Sunderland .. | 181,340 | 181,340 | – | – | – | 62 | 7 | 1 |

## ANALYSIS OF DEATHS FROM CANCER, 1949

| | 0—1 | | 1—4 | | 5—14 | | 15—44 | | 45—64 | | 65 and over | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| Cancer of buccal cavity and oesophagus .. | – (–) | – (–) | – (–) | – (–) | – (–) | – (–) | 1 (–) | – (–) | 1 (7) | – (–) | 14 (11) | – (–) | 16 (15) | – (–) |
| Cancer of uterus .. | – (–) | – (–) | – (–) | – (–) | – (–) | – (–) | – (–) | 1 (2) | – (–) | 14 (10) | – (–) | 17 (6) | – (–) | 32 (18) |
| Cancer of stomach and duodenum.. .. | – (–) | – (–) | – (–) | – (–) | – (–) | – (–) | 1 (2) | 1 (2) | 13 (11) | 6 (9) | 25 (21) | 27 (26) | 39 (34) | 34 (37) |
| Cancer of breast .. | – (–) | – (–) | – (–) | – (–) | – (–) | – (–) | – (–) | 1 (3) | – (–) | 18 (15) | – (–) | 24 (21) | – (–) | 43 (39) |
| Cancer of all other sites | – (–) | – (–) | – (–) | 3 (–) | – (–) | – (–) | 13 (9) | 7 (6) | 77 (45) | 36 (42) | 96 (73) | 76 (73) | 186 (127) | 122 (121) |
| Totals .. .. .. | – (–) | – (–) | – (–) | 3 (–) | – (–) | – (–) | 15 (11) | 10 (13) | 91 (63) | 74 (76) | 135 (105) | 144 (126) | 241 (179) | 231 (215) |
| | | | | | | | | | | | | Grand Total | 472 (394) | |

Figures in brackets are those for 1948.

## PARASITIC INFESTATION

*By the Medical Officer in Charge, Disinfestation Clinic*

### Scabies

Scabies has now reached its average annual incidence—287 cases and contacts, as compared with 5,392 in 1942.

In 1949 the actual cases numbered 160 and the contacts (without evidence of scabies) 127. This compares with the 357 cases and 243 contacts seen in the previous year.

Seventeen of the families seen had been under treatment for scabies at some previous date. All things considered, I think the numbers may now be considered stabilised.

The number showing added skin infection was 23 (39 the previous year).

Most of the cases were sent by the School Medical Service, but some 17 families (21 last year), comprising 167 individuals (cases and contacts) came from private doctors or hospitals.

Two letters warning of possible legal proceedings for non-attendance were sent, and these secured the attendance of the persons concerned.

There has been no alteration in methods of treatment. A 25% emulsion of benzyl benzoate made in the clinic is used.

Total number of cases dealt with during the year :—

| | 1949 | 1948 |
|---|---|---|
| Cases .. .. .. .. | 160 | 357 |
| Contacts .. .. .. | 127 | 243 |
| Totals .. .. .. | 287 | 600 |

Of the above, 23 (39) had added skin infection.

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 .. | 18 | 11 | 29 | 27 | 36 | 63 | 18 | 50 | 68 | 63 | 97 | 160 |
| Contacts .. | 9 | 16 | 25 | 20 | 11 | 31 | 34 | 37 | 71 | 63 | 65 | 127 |
| Totals .. | 27 | 27 | 54 | 47 | 47 | 94 | 52 | 87 | 139 | 126 | 162 | 287 |
| Added Skin Infections .. | 4 | 3 | 7 | 5 | 5 | 10 | 5 | 1 | 6 | 14 | 9 | 23 |
| Sent by Private Doctors | 22 | 19 | 41 | 21 | 19 | 40 | 29 | 57 | 86 | 72 | 95 | 167 |

| Scabies, 1949 | Under 5 | | 5—15 | | Over 15 | | Totals | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|
| | M. | F. | M. | F. | M. | F. | M. | F. | |
| Original Attendances .. | 27 | 27 | 47 | 47 | 52 | 87 | 126 | 161 | 287 |
| Add subsequent attendances | 54 | 35 | 107 | 78 | 44 | 139 | 205 | 252 | 457 |
| Totals .. .. | 81 | 62 | 154 | 125 | 96 | 226 | 331 | 413 | 744 |

**Pediculosis**

During the year 101 households, comprising 234 families and 1,003 individuals were examined and treated. This compares with the previous year's 149 households, 187 families and 731 individuals. It will be seen that, although the actual number of households attending decreased, the number of families living in the households increased, and also the number of individuals. This suggests the crowding in of more families to a house and, possibly, general overcrowding. Thus in 1948, 731 individuals came from 149 houses, whereas in 1949, 1,003 individuals came from 101 houses.

Most of the patients came via the School Medical Service, but, of the 1,003 seen, 213 were sent by private doctors. Out of the 1,003, 828 were actually infested with either lice or nits—81.5%. Adult males as a class showed the lowest percentage of infestation. If the 165 adult males are excluded from the 1,003, the percentage of infestation in the remaining 838 rose to nearly 94. It will be noted that only 6 boys out of 175, 2 girls out of 255 and 13 adult women out of 260 were found free of infestation on examination.

Four men had body lice as well as head lice, and one male had body, head and pubic lice.

35 (45) families had been treated previously, and, of these, 18 had been seen twice, three had been seen three times, two four times and one five times. The attendances were spread over as much as five years in some cases. Apart from some dozen or so families (who are 'chronics') I find the mere attendance at the clinic puts the parents on the alert and further infestations are avoided. Domiciliary visits were paid to four women, two men and one baby who were unable to leave home because of illness.

Letters warning of possible prosecution under Section 85 of the Public Health Act 1936 for failure to attend were sent to 34 persons. There were two prosecutions and in both cases the persons concerned were ordered to be removed to the Cleansing Station for a period not exceeding 21 days.

There is little fresh to record in the methods of treatment. Most of the new medicaments used (Derbac solution, Lorexane, Semprolia, Cooper's D.D.T. and Suleo) are completely satisfactory louse killers but, for ease of use, and aesthetically, I think Suleo (a Jeyes' preparation) is the most satisfactory.

We continue to experiment with material for the removal of nits and, amongst the various detergents used, I find "Dreft" most valuable. Experimentally, a lock of hair loaded with nits was cut off and soaked in a solution of Dreft for six hours ; at the end of that period the nits washed off without any trouble. One cannot, of course, expect patients to sit for hours with Dreft on the scalp, but we are experimenting by leaving material on the the scalp for varying periods—5 to 30 minutes. This experiment continues, and all that can be said at the moment is that Dreft undoubtedly makes the removal of nits very much easier. The makers suggested to me that their shampoo, Drene, might be better, but I have not found this to be the case. Dreft is a mixture of an alkyl aryl sulphonate detergent and sodium sulphate, practically neutral in reaction and of a very high wetting power ; it is probably this latter property which makes the removal of nits easier. Whilst, of course, it is known that the susceptibility of people's skins to synthetic detergents varies very much, I have not found that contact up to half an hour has caused skin irritation. None of our patients on whom Dreft has been used has shown any skin irritation.

A short resume of our procedure at the clinic may be of interest: After ascertaining and recording the condition of the scalp and body on the first attendance, the hair is sprinkled with Suleo (the amount required varies with the thickness of the hair, but usually half an ounce is used) and the material rubbed in so that the whole of the scalp is wet. Care should be taken that none gets in the eyes, and children should be warned against rubbing their eyes if they have passed their fingers through their hair. The patient returns the next day and the hair is washed and combed with a Sacker comb. Dreft is then applied (about two teaspoonfuls sprinkled on the hair) and the head shampooed with this. This is allowed to remain for say fifteen minutes (the actual length of time is under investigation) and the hair again washed and combed. Quite 75% of the nits will be removed. Suleo is again put on the scalp and the patient instructed to return in a week; patients are asked not to wash or steel-comb the hair in this period. When they return, the hair is again shampooed with Dreft and the nits combed out. In persistent cases this procedure may have to be repeated at weekly intervals—possibly for two or three weeks.

A snag in the treatment is that the patient (especially the young adult girl) washes her head immediately she gets home. In spite of this, Suleo has a fair residual action so that the treatment is not entirely negatived. An advantage of shampooing with Dreft is that the hair is left bright and glossy and so appeals to many of the patients.

When it is possible to get a permanent cleansing centre, with proper shampooing basins and other amenities, the work will be greatly facilitated.

The distribution as to age and sex of the 1,003 persons treated was :—

| | Under 5 | | | 5—15 | | | Over 15 | | | Totals | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| Infested .. | 58 | 53 | 111 | 169 | 253 | 422 | 48 | 247 | 295 | 275 | 553 | 828 |
| Not Infested | 20 | 17 | 37 | 6 | 2 | 8 | 117 | 13 | 130 | 143 | 32 | 175 |
| Totals .. | 78 | 70 | 148 | 175 | 255 | 430 | 165 | 260 | 425 | 418 | 585 | 1003 |
| Sent by Private Doctors | 20 | 26 | 46 | 32 | 36 | 68 | 38 | 51 | 89 | 90 | 113 | 203 |

| Pediculosis, 1949 | Under 5 | | 5—15 | | Over 15 | | Totals | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|
| | M. | F. | M. | F. | M. | F. | M. | F. | |
| Original attendances .. | 78 | 70 | 175 | 255 | 165 | 260 | 418 | 585 | 1,003 |
| Add subsequent attendances | 260 | 206 | 829 | 1006 | 140 | 1045 | 1229 | 2257 | 3,486 |
| Total for year .. | 338 | 276 | 1004 | 1261 | 305 | 1305 | 1647 | 2842 | 4,489 |

## REPORT OF BATHS SUPERINTENDENT

A review of the trading of the past twelve months (April 1949—March 1950), compared with the previous year, shows that we have had a very successful year. The total revenue was £3,543 6s. 0d.—an increase of £1,504 8s. 2d., the number of persons using the baths having increased by no less than 20,324. There is no doubt that the additional revenue is due both to the higher charges for admission and to increased patronage; it was estimated that income would amount to £3,000 but this sum was exceeded by £543 6s. 0d. The main reasons for the increased attendance were the splendid summer, and, to a lesser degree, the installation of the purification system.

The number of patrons of the swimming bath was 56,962 (24,026 gentlemen, 9,617 ladies, 22,836 school children under tuition and 483 spectators); the comparative figures for the previous year were 14,302, 5,618, 11,225 and 524. It will be seen that the only decrease was in the number of spectators.

The number of hours during which the swimming bath was hired after public closing hours rose from 225 to 463, with an increase in receipts from £118 2s. 6d. to £342 10s. 0d. Another source of income is the fees from swimming tuition; during the year these were £128 4s. 0d., as compared with £15 2s. 6d. for 1948–49, an actual increase of £113 1s. 6d., a splendid effort, with pleasing results to the pupils. This income represents 1,282 individual lessons in swimming and diving.

As an experiment the swimming bath was kept open during the winter and it proved very successful. It was estimated that this would bring in an additional £140 0s. 0d. exclusive of the attendances of school swimming classes. In actual fact this figure amounted to £408 15s. 8d., comprising £144 14s. 0d. from school classes, £164 6s. 8d. individual admissions and £99 15s. 0d. from hire of baths. The number of bathers admitted was 4,999 individual and 5,788 school classes, a total of 10,787 during the four months of opening.

The washing bath section shows a different picture, there being an overall reduction in the number of bathers of 4,969. This has been quite expected and is due, as explained in previous reports, to new houses being built with baths and to money being not quite so plentiful. Details of the reduction are as follows: 1st class baths—4,119 gentlemen, 1,384 ladies; 2nd class—2,585 gentlemen, 823 ladies. Third class baths, however, showed an increase of 2,559 gentlemen and 1,383 ladies, indicating that quite a number of patrons, upon the increase in baths fees, transferred to the lower-class baths.

In conclusion, I would like to comment upon the change-over from sea water to fresh water in the swimming pool. To date, all comments have been favourable with not one objection; quite a number have not even noticed the change-over. Eye trouble which came along with the sea water and chlorine has disappeared.

The following table gives details of the attendances and receipts during the year.

| DATE | PRIVATE BATHS | | | | | | SWIMMING BATHS | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MALE | | | FEMALE | | | MALE | | | FEMALE | | |
| | 1/- | 9d. | 6d. | 1/- | 9d. | 6d. | 1/- | 6d. | 2d. | 1/- | 6d. | 2d. |
| 1949–50 .. | 17,841 | 9,010 | 3,691 | 3,096 | 1,976 | 2,676 | 7,915 | 13,109 | 3,002 | 1,792 | 6,482 | 1,343 |
| 1948–49 .. | 21,960 | 11,595 | 1,132 | 4,480 | 2,799 | 1,293 | 2,636 | 10,118 | 1,548 | 586 | 3,913 | 1,119 |
| Increase .. | — | — | 2,559 | — | — | 1,383 | 5,279 | 2,991 | 1,454 | 1,206 | 2,569 | 224 |
| Decrease .. | 4,119 | 2,585 | — | 1,384 | 823 | — | — | — | — | — | — | — |

| Date | Total Male | Total Female | Classes | Spectators | Grand Total | £ | s. | d. |
|---|---|---|---|---|---|---|---|---|
| 1949–50 | 54,568 | 17,365 | 22,836 | 483 | 95,252 | 3,543 | 6 | 0 |
| 1948–49 | 48,989 | 14,190 | 11,225 | 524 | 74,928 | 2,038 | 17 | 10 |
| Increase | 5,579 | 3,175 | 11,611 | — | 20,324 | 1,504 | 8 | 2 |
| Decrease | — | — | — | 41 | — | — | | |

## INSPECTION AND SUPERVISION OF FOOD

### Food and Drugs Act, 1938

During the year, 1,676 samples were taken under the Food and Drugs Act, 1938. Of these, 131 were found to be adulterated or incorrectly labelled, or otherwise unsatisfactory, or 7.8% compared with 7.9% in 1948. Of these 131 samples, 33 were formal samples, 97 informal or test samples and one a private purchase sample.

Proceedings were instituted in two cases and fines and costs amounting to £14 11s. 0d. were imposed, ranging from £2 6s. 0d., to £7 0s. 0d. The remainder were dealt with by cautions or the cases referred to the appropriate Ministeries.

### The Milk (Special Designations) Orders of 1936 and 1938 Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

During the year, 13 licences were issued for the sale of tuberculin tested milk, 5 for pasteurised milk and 19 for sterilised milk and 1 for accredited milk.

59 samples of tuberculin tested (certified) and tuberculin tested (pasteurised) were examined and three failed the prescribed test.

217 samples of pasteurised milk were examined and eight failed the test.

94 samples of pasteurised milk as supplied to schools were examined and all were found satisfactory.

13 samples of sterilised milk were examined and all passed the test for this type of milk.

39 samples of heat treated milk were examined and all were satisfactory.

7 samples of accredited milk were examined from the one producer-retailer in the City and all complied with the standard for this type of milk.

### Milk

767 samples of milk were taken during the year, and 76 were found to be adulterated and 62 not up to standard, the deficiencies being due to natural causes. Of this number, 361 represented milk supplied by farmers to retailers in the City of which 74 were found to be adulterated.

### Ice-Cream

174 samples of ice-cream were taken for examination with the following results :—

| | | | |
|---|---|---|---|
| 63 samples were Grade 1 | | 21 samples were Grade 3 | |
| 43 ,, ,, ,, 2 | | 47 ,, ,, ,, 4 | |

### Drugs

152 samples of drugs were taken, and 20 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.

## REPORT OF THE VETERINARY OFFICER

### Meat Inspection

Throughout the year, most of our home-killed meat was slaughtered in Brighton and brought by road to Greetham Street where it was received by the Wholesale Meat Supply Association and allocated by the Retail Buying Committee to the traders in the City and neighbouring Local Authorities. In order to safeguard fully Public Health, constant supervision of the meat supplies was maintained by regular visits to the meat market. Condemnations were necessary and some offals had to be treated to enhance their marketability before issue to the retailers. Meat inspection was carried out with considerable difficulty and usually was possible only by making suitable improvisations almost daily. The circumstances compare very unfavourably with the facilities for meat inspection one generally finds existing in an abattoir. As slaughtering is not carried out in Portsmouth, no primary ante- and post-mortem inspections were undertaken.

### Condemnations

Meat—English : 4,224 lbs. part ox liver ; 97 ox liver (1,235 lbs.) ; 57 ox heads ; 1,269 lbs. udder ; 322 lbs. ox breads ; 529 lbs. forequarter meat ; 1,348 lbs. hindquarter meat ; 2,803 lbs. pork ; 454 lbs. mutton ; 122 lbs. beef ; 153 lbs. ox tongues.

—Imported : 1,254 lbs. imported lamb ; 2,642 lbs. imported beef.

### Beef Offals Passed Conditionally

In my opinion, 863 lbs. ox tongues, 343 lbs. ox hearts and 347 lbs. ox skirts could be passed for human consumption only conditionally—manufacturing only.

### Contested Judgments

Portsmouth Meat Depot served the traders in the neighbouring Local Authorities. Meat condemned by the Local Authorities' inspectors in these districts must be returned to the Portsmouth Depot. On a number of occasions I have been asked by the Wholesale Meat Supply Association for a second opinion on meat returned to Portsmouth as unfit for human consumption. In this way, I have deputised for the Ministry of Food's Area Technical Advisor, who works from Bristol, and disputes have been settled expeditiously.

### Public Health (Meat) Regulations

While it is true that it was necessary to treat some offals before being despatched to the retailers, the carcase meat on the whole, arrived in a satisfactory condition. My protest to Brighton relating to the necessity for the use of a distinctive official mark for carcases was rectified during the year. Previously, I was particularly concerned about 'stripped' carcases which are now stamped with a mark approved by the Ministry of Food before leaving Brighton. So far as the present circumstances will allow, all carcase meat is hung during transport and offals are conveyed in metallic receptacles. The head office of Meat Transport Organisation Limited sends

the local manager frequent reminders relating to the careful transport of meat. Besides, he is given ample powers for dealing immediately with any offending incident provided he is given specific details and particulars identifying the vehicle. I believe that the records kept by the Meat Transport Organisation Limited are so comprehensive that if the manager is furnished with really helpful information, the careless worker or the offending vehicle can be traced very quickly.

### Anthrax

While it is true that Great Britain is never really free from anthrax, one has only to examine the returns issued by the Ministry of Agriculture to get some idea of the anxiety caused the Authorities by the figures relating to this dangerous disease. During the year under review, 262 animals were attacked in this country against 128 for the previous year. The Ministry of Agriculture associates the importation of fertilisers and feeding stuffs with the substantial increase in the number of outbreaks confirmed. One very serious feature of the work on this disease has been the number of cases in which cutting of the carcases has been discovered. The causal organism is in the blood and can be very resistant to destruction.

### Foot and Mouth Disease

Like the previous year, no doubt 1949 can be described as a relatively fortunate one regarding foot and mouth disease. Fifteen outbreaks were confirmed in 1949, which is the same number as in 1948, but the number of animals involved in 1949 was double that of 1948. During February, the first outbreaks were reported in West and East England. In August it was discovered in Kent, and its existence was confirmed in East Sussex and West Sussex in November. Fortunately, throughout the year the City was not included in any of the areas scheduled by the Ministry of Agriculture and on which movement restrictions were imposed following outbreaks of disease.

### Swine Fever

A study of the returns issued by the Ministry of Agriculture reveals a very satisfactory state of affairs relating to swine fever. Undoubtedly, the year 1949 will stand out as a remarkable one for the extraordinarily low incidence of this disease in Great Britain. Other countries are not so fortunate, and last November a warning was issued by the Minister of Agriculture to officials with responsibilities under the Diseases of Animals Acts. It stated that constant vigilance should be maintained and prompt reporting of any suspicious animals must be carried out. Responsible officials were warned to be careful not to allow themselves to be lulled into a false state of security arising from favourable figures prevailing at present.

### Fowl Pest

The figures relating to fowl pest for 1949 show that it was a very unsatisfactory year for the Ministry of Agriculture in its fight to stamp it out. The number of outbreaks confirmed was substantially more than double the figure during 1948. Compared with the previous year, the position locally was undoubtedly greatly improved. Fewer suspicious birds were reported and its existence has not been confirmed in the City since last May.

## Rabies

The provisions of the Importation of Dogs and Cats Order are designed to prevent the introduction of rabies again into Great Britain. Under this Order, a number of visits to the Dockyard and Camber have been necessary to deal with canine and feline animals aboard ships arriving from abroad. Although it is true that this country has been free from rabies since 1922, little is heard about the unceasing vigilance which is necessary to prevent its being brought here again. While some countries are very lax in their measures against this disease, ample support has been given in recent years to the necessity for the strict regulations enforced in Great Britain. During October it was reported that another imported dog had died from rabies in the Ministry of Agriculture's quarantine kennels in England. This brought the total up to nine imported rabid dogs detected since the war while undergoing the period of quarantine.

## Milk Production

Throughout the year no complaint reached me about milk produced locally. Tuberculin tested, accredited and raw milk were produced in the City. Six dairy herds were kept locally and at the beginning of the year one designated milk (accredited) was produced. The owner of the herd giving accredited milk applied to the Local Authority in January for a licence to produce tuberculin tested milk. During April, the qualifying tuberculin test of his herd of thirty-three animals was carried out and every animal passed. In May, the Local Authority received the supporting veterinary certificate and on the 1st August he was enrolled in the Milk Marketing Board's Register as a producer of tuberculin tested milk—the City's first tuberculin tested herd.

## Cauliflowers

Early in April I was asked to inspect a cargo of French cauliflowers aboard a ship which had left France nearly a week previously but owing to engine trouble had to call for repairs at a Channel Island Port. It was arranged that the French Consul, the Ship's Agent and I, should visit the ship at the Camber at 2.30 p.m. Unloading had then commenced and, following inspection of the part of the cargo then available, I considered that the cauliflowers were fit for human consumption and soon afterwards 300 crates were despatched by road to Liverpool. About 5 p.m., I received a telephone message from the Principal Receiver that in the part of the ship from which cauliflowers were then being unloaded, deterioration was at an advanced stage. Before returning to the Camber, I tried to get in touch with local traders who might be interested. At the Camber, the Principal Receiver explained that although he agreed with my decision at 2.30 p.m. he was unable to accept the cauliflowers being unloaded now. The Customs Officers were interested and provided the cauliflowers were landed the duty came to a substantial sum. At this phase, a local trader arrived and purchased cheaply 300 crates. The position was that 600 crates were utilised out of a cargo of about 2,000 I then suggested that any of the doubtful 1,400 crates already on the quay should be put back on the ship. This suggestion was not acted upon until 6.30 p.m., following a visit by the Ship's Agent, the Principal Receiver and I, to the Agent's Office, and telephone calls to France and the local Cleansing and Haulage Department.

### Fish

The following is a list of various species of fish relating to parcels surrendered after inspection and condemnation :—
bream, bloaters, cod, catfish, crabs, dogfish, dabs, escallops, finnies, flounders, herrings, haddock, halibut, hake, kippers, lobsters, mussels, mackerel, milts, prawns, plaice, snacks, soles, skate, shrimps, trout, turbot, whiting, witches.

### 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 foods were an important item, 22,997 tins 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.

### Food and Drugs Act, 1938

No seizure was necessary during 1949. All foodstuffs unfit for human consumption were dealt with by surrender.

### Work at the Municipal College

Towards the end of the year, a new two years' course commenced to prepare Sanitary Inspectors for the Royal Sanitary Institute's Examination in the Inspection of Meat and Other Foods. Although I have been a lecturer at the Municipal College for years, I soon discovered that my old lectures were almost useless as this course deals with the subject from a different aspect to my previous lectures. The regulations state that these lectures must be given by a Member of the Royal College of Veterinary Surgeons. I find that the additional work of preparing new lectures leaves one with practically no leisure time. It is true that recently I had to decline other work which the College was pressing me to do.

### Cleansing and Haulage Department

Sixty-four visits were made to the horses in the Corporation Stables.

### Visits

1,804 visits were made during 1949, including 387 to meat premises (wholesale and retail), 132 to fish premises (wholesale and retail), 43 to farms, 91 to piggeries, 112 to sausage makers and 325 relating to complaints.

# REPORT OF THE CHIEF SANITARY INSPECTOR

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

## STAFF

The following appointments and resignation occurred :—

| | |
|---|---|
| C. T. S. YOUNG .. .. | Appointed 8/9/48, Resigned 30/4/49 |
| A. A. WHELCH .. .. | ,, 1/1/49 |
| C. R. PESKETT .. .. | ,, 1/1/49 |
| MISS D. P. FRY .. .. | ,, 1/1/49 |
| J PENNINGTON .. .. | ,, 20/6/49 |

Two further Student Inspectors, R. Gosling and K. Popham, were appointed on 1/1/49 ; but owing to the fact that the Student Inspectors D. Bush and E. Wright—appointed in 1948— and R. Gosling were called up for military service, the staff did not benefit from being augmented.

## SANITARY INSPECTORS' TRAINING

The complicated arrangements for the practical training of students in the Third Special Post-War Course for the Sanitary Inspectors' Examination were completed and a great deal of work was done in co-operation with the Municipal College staff. Altogether, 94 students received comprehensive training in sanitary inspection in the Health Departments of County and non-County Boroughs—and it is worthy of note that of the 28 students on the third course, 21 were successful in passing the examination at the first attempt.

## HEALTH VISITORS (STUDENTS)

Practical training facilities were extended to students of the Government's Course for Health Visitors' Examination operated by University College, Southampton, and seven students were afforded the opportunity of observing the routine work of the Sanitary Inspectors.

## PUPIL MIDWIVES

Included in the syllabus of training for Pupil Midwives is an insight into the duties of the Sanitary Inspectors and during the year a series of talks was given to members of the course.

## STUDENT TEACHERS

A lecture was also given to students reading Social History and provided a valuable opportunity for stimulating the interest of the future educationists in the field of health education.

## GENERAL INSPECTION (PUBLIC HEALTH ACT, 1936)

Of the total of 4,535 complaints made to the Department, 3,000 concerned premises alleged to be in such a state as to be prejudicial to health or a nuisance, and where inspection substantiated the allegation in 1,869 cases, intimation notices were issued. 1,065 were complied with but 804 were either partially attended to, or deferred, and accordingly Abatement

Notices were served upon the persons having control of the properties concerned. Non-compliance with the requirements of these notices led to 78 cases being referred to the Town Clerk's Department for proceedings which resulted as follows :—

| | | |
|---|---|---|
| 1. | Settled without legal proceedings.. .. .. | 24 |
| 2. | Withdrawn before case heard and on compliance .. | 17 |
| 3. | Adjourned *sine die* .. .. .. .. | 7 |
| 4. | Cases heard, but adjourned to permit work to be done | 19 |
| 5. | Orders made for work to be done .. .. | 11 |
| | | 78 |

NOTE.—Of the cases under heading 5, one was subsequently re-heard under Section 95 of the Public Health Act, 1936, for failing to comply with the Justice's Order and a substantial fine was imposed. In regard to heading 2, no future cases will be withdrawn before hearing in order that the Corporation may apply for costs. Intimation notices have now been replaced by letter forms.

*Summary—*

| | |
|---|---|
| Intimation notices issued .. .. .. | 1,869 |
| Abatement notices served .. .. .. | 804 |
| Total .. .. .. .. .. | 2,673 |

COMMON LODGING HOUSES (Section 240)

Six inspections of the one registered Common Lodging House, found the premises on each occasion to be maintained in a satisfactory state of cleanliness.

PUBLIC SEWERS (Sections 23 & 39)

560 complaints were received concerning defective, inadequate or obstructed drainage systems to buildings and where on inspection these complaints were found to relate to sewers vested in the Local Authority the matter was referred to the City Engineer's Department. Altogether, a total of 257 instances of sewers obstructed or requiring works of maintenance were notified to that Department.

DRAINS (Section 48)

239 old drains were subjected to chemical, smoke or colour tests.

DANGEROUS BUILDINGS (Section 58)

The attention of the City Engineer's Department was drawn to 251 buildings, parts of buildings, or other structures which, whilst being examined for other reasons, appeared to be dangerous.

SMOKE NUISANCES (Sections 101 & 106)

Complaints of nuisance from smoke and gritty deposits were made on 17 occasions and in eight instances the intervention of the Department led to an abatement of the nuisance. These were achieved as follows :—

1. By raising the smoke stacks of the buildings of a mineral works manufacturer, a dairy and a small woodworking establishment.
2. By the employment of an additional hood to the forge in a blacksmith's shop.
3. By representations to the Ministry of Fuel and Power, regarding unsuitable fuel allocations to two laundries and a brewery.
4. By communicating with the official in charge of a Government establishment easement of the nuisance sufficient to satisfy the complainants was secured.

The balance of the complaints were not substantiated or otherwise not within the scope of the Sections.

### Offensive Trades (Sections 107 & 108)

No complaints in regard to bye-law infringement were received concerning the above.

A complaint regarding the method of delivery of boiled tripes from Portsmouth to an external authority is dealt with in a subsequent section.

### Tents, Vans, Sheds, Camping Sites (Section 268)

The three licensed camping sites were kept under surveillance during the year and 18 inspections were made during the peak periods of the holiday season. Save for one minor defect involving sanitary accommodation at Cliffdale Camping Site, the sites were conducted in an admirable manner. Two caravan dwellers drew into land on Southampton Road, Paulsgrove, and attempted to establish residence thereon, but were required to move to the licensed sites and moved accordingly.

Several instances of persons occupying temporary structures for sleeping purposes occurred. An elderly man found to be sleeping in an allotment hut was persuaded to enter Saint Mary's House. A builder's shed and a garden structure, both used for sleeping accommodation, were also the subjects of successful action.

### Powers of Entry (Section 287)

Three refusals to enter premises for the purpose of the Act were encountered in 1949. The occupiers of the premises in question, on receiving notices of intention to enter the said premises, reconsidered their attitude and inspections were duly carried out.

### Swimming Pools and Public Baths (Section 233)

During the open season the policy of taking fortnightly samples of water from Hilsea Lido was adhered to and the Public Analyst determined the efficiency of filtration and chlorination processes. From this procedure it was discovered that sunlight in the quantity experienced in 1949 adversely affected the chlorination and the problem is receiving very careful consideration and will probably be commented on in detail elsewhere in this report.

Although not used as an unofficial swimming pool as is the creek at Portsbridge, the Eastern Moat at Portsbridge may be regarded as a potential amenity and accordingly the Department had its attention drawn to signs of contamination and excessive weed growth in this water. Co-operation with the Public Analyst's Department revealed the existence of a discharge into the moat of a composition of paraffin and heavy oil leading to conditions favourable for the growth of the fungus Beggiatoa. Investigations into the origin of the oil and plans for the exclusion of the weed are proceeding.

### Water Supply

Routine samples of the water supply were taken by the Department and analysed by the Public Analyst's Department whilst the Water Company continue the submission of two specimens of raw water and two specimens of water after treatment.

One of the few remaining private sources of water for domestic purposes was investigated in December and this shallow well was found to be grossly contaminated. A notice was served on the owner of the two villas having access to this supply and a suitable and sufficient piped supply from the Company's mains will be laid on as soon as practicable. Meanwhile, all water for domestic purposes withdrawn from the well will be boiled.

Originating in an enquiry into the high incidence of diarrhoea and vomiting in the Paulsgrove area, and having exhausted the more likely vehicles of infection, attention was turned to the water supply. It was observed that there existed a diversity of metals in the plumbing of new houses and bungalows and that many service pipes acted as terminals for earth wires from electrical fittings. Specimens of water from hot and cold taps submitted to the City Analyst yielded copper in the hot water samples but not in such quantity as to normally cause the condition investigated. Further examination of the water supply with regard to galvanic action and electrolysis and also to ensure bacteriological purity will be continued in 1950.

### Infectious Diseases (Section 143–180)

388 cases of infectious disease or suspected infectious disease were investigated and in consequence the Disinfector carried out terminal disinfection to 1,015 rooms and 185 library books.

From external areas 30 contacts of diseases such as smallpox, typhoid, typhus, poliomyelitis, scarlet fever, paratyphoid fever, etc., were notified as having entered the City and surveillance was maintained over them until the expiration of the incubation period concerned.

The Department had also to exercise considerable vigilance in regard to contacts of smallpox from the now famous S.S. *Mooltan* and over the Easter holiday had to trace the whereabouts of a Portsmouth man who had contacted a confirmed case of the disease at Salisbury.

Six cases of typhoid were the subject of lengthy and involved inquiries. Two were undoubtedly extraneous infections, one being a visitor from the Crowthorne epidemic area and the other a sailor whose connection with Portsmouth was confined to one trip ashore. Incidentally, considerable effort was expended in endeavouring to establish the identity of the cafe at which the sailor suspected he had been infected, but although he was taken on a tour of the eating-houses in the City, he could not get his bearings.

One other typhoid case remained unexplained and the remaining three will be commented on in the 1950 report when investigation is complete. 8 cases of paratyphoid B were investigated but, despite a close examination of all the information collected, and the bacteriological check on 71 specimens from contacts and 19 foodstuffs, no source of infection was established. The reason for this undoubtedly lies in the existence of ambulant cases, who either do not consult a doctor or who are not notified.

### Families Inadequately Housed

Of a total of 2,564 housing applications to which the attention of the Department had been drawn by the applicants, by other social services or public personages, the District Sanitary Inspectors reported on 2,098 cases. The decrease in the building rate became apparent in that only 689 applications were forwarded for investigation of the home conditions prior to allocation of Council accommodation. Arising from the latter reports, 44 buildings were represented as falling below the standards of the Housing Act, 1936, and after rehousing of the tenants the persons having charge of the vacated premises were requested not to again let them for human habitation.

4,528 housing applications were referred by the City Treasurer to the Health Department for assessment of points for insanitary conditions and medical reasons affecting the applicants' cases. Tuberculosis in the household led to requests for special consideration in the cases of 31 families. Altogether, 7,812 housing applications were assessed. In regard to the investigation of the environmental conditions of applicants living in other areas I am pleased to comment on the ready co-operation of my colleagues in the authorities concerned.

### Houseboats

Sporadic applications were received from persons who wished to temporarily solve their housing problem by the conversion of moored marine craft. Several vessels were examined but only one addition was made to the number of moorings already allocated, making a total of 22 houseboats at Eastern Road mooring site. Four contraventions of the conditions of tenancy were observed and reported to the Town Clerk.

### New Buildings (Portsmouth Corporation Act and Building Bye-Laws)

2,358 inspections of fittings were made and resulted in the issue of 673 Occupation Certificates.

### Timber Control

91 premises were visited to verify the necessity for timber allocation and in 78 cases, certificates were issued.

### Food and Drugs (Food and Drugs Act, 1938)

*Premises*

The growing concern of the public over the lack of hygiene in certain types of food-preparing establishments has been reflected in the increased press comment and several useful articles have appeared. Although complete surveillance is an aim of the Department, this can only be achieved

with adequate staff. However, 197 visits were paid to food premises, canteens, cafes, etc., and many improvements were effected, but much remains to be done.

Your staff also inspected numerous food premises in regard to Circular MF 4/48 governing applications for licences to obtain essential materials for repairs.

Once again, comment must be made upon the high degree of co-operation existing between the Food Office and your staff in ensuring that no application to open new food premises is considered before I am notified. The City Planning Department has also effected a similar liaison thereby developing coverage of new establishments and conversions.

### Municipal Restaurants and School Meals Kitchens

Eight inspections of the former and 12 of the latter were made during the year.

### Fish Friers

Nine premises and mobile vans were approved by the Department prior to being used for trading purposes.

### Ice Cream

Three premises were inspected and found to be satisfactory for the purpose of manufacturing ice cream, whilst 117 premises were inspected for applications to retail ice cream. The latter were duly registered. 394 visits of surveillance were paid to premises on which ice cream is manufactured.

### Contaminated Imported Fruit

In August, consignments of fruit, chiefly pears, in transit from Italy to various wholesalers throughout the country, were being received at the Camber and Flathouse. Pears submitted to the Public Analyst were found to be contaminated with arsenic, lead and copper in varying degrees and presumably as the result of anti-parasitic sprays used in the country of origin. Close liaison with the Customs and Harbour officials ensured the inspection of each unloading and consignments were only allowed to proceed with the invoice accompanied by a note stating that the fruit must be thoroughly washed before being sold to the public. A notification was also sent to the Medical Officer of the Authority to which the pears were dispatched.

To ensure complete surveillance, shifts of sanitary inspectors were on duty at the docks to cover each 24 hours for three weeks.

### Shellfish

No infringement of the Portsmouth (Shellfish) Regulations, 1918, was observed during the twelve months of this review.

### Clean Food Bye-Laws

The Model Bye-Laws dealing with handling, wrapping and delivery of food which were issued by the Ministry of Food during the year, received the careful consideration of the Health and Housing Committee who resolved to recommend to the Council that such bye-laws should be put into operation in the City.

### Cinematograph Act, 1909

In the course of examination of the sanitary conditions in theatres and cinemas in the City, five buildings were found to have minor defects and the certificates of approval were suspended pending remedy. Otherwise, a high standard of cleanliness and sanitation was observed and with the repair of the defects mentioned above, the whole of the places of entertainment in the City now have the same notable degree of hygiene.

### Burial Act, 1857

The District Sanitary Inspector attended one exhumation in the City Cemetery to ensure that the Home Secretary's faculty was observed in regard to the hygiene of the reinterment of human remains.

### Verminous Persons and Premises

Inspections of premises because members of the household had been found to have infestations of either scabies or pediculosis totalled 683. Eradicatory treatment to 858 rooms was carried out by the Disinfector following 229 complaints of various types of infestation.

District Sanitary Inspectors investigated many entomological problems and methods of disinfestation were indicated in regard to bugs, fleas, flies, ants, moths, slugs, woodworm, wasps, cockroaches, beetles, etc., etc.

### Nursing Homes

Three properties proposed to be used for the above purpose were inspected before approval of the project.

### Nursery Schools

Thirteen premises submitted for registration as Nursery Schools under the provisions of the Nurseries and Child Minders Regulation Act, 1948, were surveyed.

### Housing Act, 1936

330 permitted numbers were supplied in response to enquiries by owners and agents of property, etc., and included in this number were six properties which were surveyed since the original overcrowding survey. Housing inspections 203; Town and Country Planning Acts 40/48, inspections 171 and visits 1,997.

### Public Health (Meat) Regulations, 1924

*Transport of Meat*

A complaint received from another authority concerned the method of transport of tripes from Portsmouth to the Kent area. On investigation, it was found that the provisions for the prevention of contamination, although scrupulously observed, were inadequate and representations to the firm resulted in the assurance that the firm had ordered a new zinc-lined van, the delivery of which could not be anticipated. Meanwhile, fresh instructions were given to the employees requiring them to exercise every care to prevent contamination of the comestible.

## FACTORIES

### PART 1 OF THE ACT

| | No. on Register | Inspections | Written Notices | Occupiers Prosecuted |
|---|---|---|---|---|
| Factories, Non-Power .. | 186 | 119 | 1 | – |
| Factories, Power .. .. | 663 | 348 | 7 | – |
| Other premises in which Sec. 7 is enforced .. .. | 55 | 30 | – | – |
| | 904 | 497 | 8 | – |

### PARTICULARS

NUMBER OF CASES IN WHICH DEFECTS WERE FOUND

| | Found | Remedied | Ref. to H.M. Inspector | By H.M. Inspector | No. of Court Proc. Inst. |
|---|---|---|---|---|---|
| Want of cleanliness .. | 26 | 26 | – | – | – |
| Overcrowding .. .. | – | – | – | – | – |
| Unreasonable temperature .. | – | – | – | – | – |
| Inadequate ventilation .. | 2 | 2 | – | – | – |
| Ineffective drainage of floors | 1 | 1 | – | – | – |
| Sanitary conveniences : | | | | | |
| (*a*) Insufficient .. .. | 4 | 4 | – | 1 | – |
| (*b*) Unsuitable or defective | 12 | 11 | – | 1 | – |
| (*c*) Not separate for sexes.. | – | – | – | – | – |
| (*d*) Other offences against Act .. .. | 3 | 3 | 14 | – | – |
| | 48 | 47 | 14 | 2 | Nil |

## SUMMARY OF WORK REQUIRED TO BE CARRIED OUT BY NOTICES

| | |
|---|---|
| Drains cleared | 354 |
| Drains repaired or relaid | 92 |
| Drains ventilated or v.s. repaired | 18 |
| New w.c. pans provided | 333 |
| w.c. fittings repaired.. | 492 |
| Flushing apparatus to w.c. provided | 11 |
| Flushing apparatus in workshops | 4 |
| Separate and additional sanitary accommodation provided | 4 |
| w.c. disconnected from workshops | 4 |
| w.c. screened from workshops.. | 4 |
| w.c. cleansed | 32 |
| Gratings provided to gully traps | 54 |
| Glazed stoneware sinks provided | 18 |
| Sink waste pipes repaired, trapped or renewed | 173 |
| New pedestal closet pans provided | 122 |
| Rainwater spoutings cleansed or repaired | 1,005 |
| Roofs repaired | 1,322 |
| Weather slating repaired or external walls protected | 91 |
| Floors, stairs or doors repaired | 1,046 |
| Sashes, lines, sills, glazing or sashframes repaired | 1,562 |
| Damp courses provided or repaired | 71 |
| Houses or parts of houses cleansed or distempered | 79 |
| Houses or parts of houses repaired | 4,050 |
| Sanitary dustbins provided | 2 |
| Dustchutes cleansed or repaired | 4 |
| Space beneath floors ventilated | 3 |
| Yards, stables, sties, etc., repaved | 70 |
| Water supply laid on or water service repaired | 39 |
| Workshops cleansed or distempered | 26 |
| Workshop floors repaired | 1 |
| Workshops or parts of workshops repaired | 47 |
| Cooking ranges or firegrates repaired or renewed | 612 |
| Other nuisances in dwelling houses abated | 97 |

| | |
|---|---|
| Manure and refuse removed | 6 |
| Animals removed | 3 |
| Stagnant water removed | 1 |
| Bedding cleansed or destroyed | 1 |
| Yards, stables, sties, etc., cleansed | 1 |
| Bakehouses cleansed | 26 |
| Coppers repaired or renewed | 3 |

## SUMMARY OF WORK CARRIED OUT

### Inspections of Premises

| | |
|---|---|
| Dwelling houses | 7,859 |
| Common lodging houses | 6 |
| Tents, vans, sheds and camping sites | 18 |
| Verminous premises | 939 |
| Housing Act 1936 | 209 |
| Survey for Permitted Nos. H.A., 1936 | 6 |
| Houseboats | 23 |
| New buildings | 598 |
| Timber licences | 91 |
| Port Sanitary | 57 |
| Town and Country Planning Act 1940–48 | 171 |
| Offensive trades | 5 |
| Shops Act 1934 | 81 |
| Power factories | 357 |
| Non-power factories | 128 |
| Work places | 29 |
| Out-workers premises | 210 |
| Cinemas | 34 |
| Burial Act 1857 | 1 |
| Rodent infested | 269 |
| Underground rooms, etc. | 44 |
| Re Circular M.F. 4/48 | 41 |
| Re smoke, chemical and colour tests to old drains | 239 |

### Visits

| | |
|---|---|
| To dwelling houses re notices, etc. | 12,111 |
| To factories re notices, etc. | 48 |
| To rodent infested premises | 8,836 |
| To New Buildings re occupation certificates | 1,760 |
| Re obstructed and defective sewers | 560 |
| Re Town and Country Planning Act 1940–48 | 1,997 |
| Surveillance of ice-cream premises | 394 |

### Inspection of Food Premises

| | |
|---|---|
| Ice cream manufacturers | 3 |
| Ice cream retailers | 117 |
| Tripe boilers | 3 |
| Bakeries | 203 |
| Shellfish vendors | 3 |
| School meals cooking depots | 12 |
| Municipal restaurants | 8 |
| Fish friers | 44 |
| Restaurants, cafes, etc | 197 |

### Investigations

| | |
|---|---|
| Complaints | 4,535 |
| Smoke nuisances | 17 |
| Infectious diseases | 388 |
| Typhoid cases | 6 |
| Smallpox, typhoid, etc., contacts | 30 |
| Council accommodation allocations | 689 |
| Verminous persons | 683 |
| Cleanliness in factories | 26 |
| Rodent infestations complaints | 4,193 |
| Food poisoning cases | 61 |
| Contravention of houseboat tenancies | 4 |
| Council house applications | 2,098 |
| Mosquito infestations | 24 |

NOTICES AND NOTIFICATIONS

| | |
|---|---|
| Abatement notices P.H.A. 1936 | 804 |
| Intimation notices, P.H.A. 1936 | 1,869 |
| Letters requiring execution of work—"without further delay" | 180 |
| Letters requiring execution of work—"within seven days" | 103 |
| Notices of intention to enter | 3 |
| Dangerous buildings | 251 |
| Permitted numbers H.A. 1936 | 330 |
| Shops Act 1934 | 2 |
| Sanitary certificates | 2 |
| Timber licence endorsements | 78 |
| Obstructed or defective sewers | 257 |
| Occupation certificates | 673 |
| Closure of unfit premises or parts of premises | 44 |

## RODENT CONTROL

| | |
|---|---|
| No. of complaints received | 4,193 |
| No. of premises visited during Survey, i.e., Block Control | 8,836 |
| No. of premises treated | 4,290 |

Of the above 4,290 premises treated, 3,500 were dwelling houses, 650 business premises and 140 Local Authority premises.

16 Naval Establishments were treated.

Of the above, 4,290 premises treated, 30 were major infestations, 1,960 minor infestations (rats), 2,300 minor infestations (mice).

Average number of treatments each week .. 82.5

THE ESTIMATED KILL DURING THIS PERIOD

| | |
|---|---|
| Island Sewers : manholes 3,129 | 21,000 rats |
| Mainland sewers : ,, 720 | 500 ,, |
| Dwelling houses<br>Business premises<br>Local Authority premises | 14,000 ,, |
| Total estimated kill | 35,500 rats |

## REPORT ON CLEANSING

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

There were no major developments in public cleansing in Portsmouth in 1949. The weekly house refuse collection service was maintained and though one or two organisations requested a return to the bi-weekly collection, it was not considered possible or even necessary under existing conditions. The separate salvage collection was extended to include nine areas, or approximately one-third of the City, and the results of this service are proving very satisfactory. The street cleansing service was carried out quite smoothly during the year and the two mechanical sweepers continued to give satisfactory service.

The salvage position took a sudden change for the worse in September, 1949, the demand for waste paper practically stopped, and the prices obtained fell rapidly, but it is pleasing to note that the position has now improved, and though the prices now being received are not as good as those obtaining before the controls were lifted, it is still possible to show a profit on this service.

## PORT HEALTH AUTHORITY

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

*To the Chairman and Members of the Port Health Authority.*

Ladies and Gentlemen,

I have the honour to present my Report of the work of the Port Health Authority of Portsmouth during the year 1949.

### Jurisdiction of The Port Health Authority.

The limits of the jurisdiction of the Port Health Authority remain unchanged and are as set out in previous reports.

### I. Amount of Shipping Entering the Port during the year

TABLE A

| | No. | Tonnage | Number Inspected | | 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 | 506 | 97,662 | 1 | 91 | 22 | 22 | Nil |
| Sailing .. | – | – | – | – | – | – | – |
| Fishing .. | – | – | – | – | – | – | – |
| COASTWISE | | | | | | | |
| Steamers, Motor | 796 | 300,896 | – | 32 | 7 | 7 | Nil |
| Sailing .. | – | – | – | – | – | – | – |
| Fishing .. | – | – | – | – | – | – | – |
| TOTAL | | | | | | | |
| Foreign & Coastwise | 1,302 | 398,558 | 1 | 123 | 29 | 29 | Nil |

The total number shows an increase as compared with the previous year (226—tonnage 105,499).

### 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, cauliflower, citrus fruits, pears, peaches, nuts and general cargo traffic, from France, Italy, Holland, Belgium, Germany, Sweden, Finland, Norway, North Africa and Channel Islands.

The principal exports were pitch, machinery, scrap iron and general cargo.

## 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 vicintiy 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 Health 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 Health 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 Health Authority

(ii) has on board a case of minor infectious disorder, namely, chickenpox, measles, scarlet fever, diphtheria, enteric fever, erysipelas, malaria, dysentery, pneumonia, tuberculosis, mumps or cerebrospinal fever.

(3) That when necessary the Port Health 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 Crabwood.

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 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. One deratisation certificate was issued under the agreement between the Portsmouth and Southampton Port Health Authorities.

TABLE E

RATS DESTROYED DURING THE YEAR
(in vessels)

| Number of Rats | Total |
|---|---|
| Black .. .. .. .. .. .. .. .. | 1 * |
| Brown .. .. .. .. .. .. .. .. | – |
| Species not recorded .. .. .. .. .. .. | – |
| Examined .. .. .. .. .. .. .. | – |
| Infected with plague .. .. .. .. .. .. | – |

*Estimated 20 other bodies not recoverable.

TABLE F

RATS DESTROYED IN DOCKS, QUAYS, WHARVES, WAREHOUSES

| Number of Rats | Total |
|---|---|
| Black .. .. .. .. .. .. .. .. | – |
| Brown .. .. .. .. .. .. .. .. | 118 |
| 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 .. | 32 | – | – | 7 |
| Other Nations | 91 | – | – | 22 |

## VII. Food Inspection

The importations of foodstuffs are small in amount, these being chiefly tomatoes, onions, potatoes, cauliflowers, citrus fruits, pears, peaches and nuts.

During April, 1,400 crates of cauliflowers were condemned at the Camber by the Veterinary Officer. In order to avoid the heavy Customs dues, it was necessary to put the cauliflowers back aboard the ships which arrived at the Camber from France several days overdue on account of engine trouble.

In August, consignments of pears of Italian origin were found to be contaminated with metallic poisons, presumably the result of anti-parasitic spray. Close co-operation between the Chief Sanitary Inspector, King's Harbour Master and staff, H.M. Customs and Excise staff and the Port Sanitary Inspector ensured that shifts of sanitary inspectors examined every cargo landed. The fruit was only allowed to proceed to a checked destination with the invoice bearing a warning that the consignee must satisfactorily cleanse the fruit. Medical Officers of Health of the areas to which consignments were despatched were also notified. Altogether, a vigilant supervision was maintained 24 hours a day for three weeks.

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 (Preservations, 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 342 (136 cattle, 2 calves, 52 horses and 152 pigs). No clinical evidence of the existence of any contagious or notifiable diseases was found and all animals were able to proceed to their destinations.

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, and to record my appreciation of the excellent service willingly given me by the Port Sanitary Inspector.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

T. E. ROBERTS,

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

30th March, 1950.

## 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.*

I have the honour to submit my Annual Report on the work carried out in my Department during the year 1949.

The total number of samples submitted for examination was 2,643. These may be summarised as follows :—

| | |
|---|---|
| Food and Drugs Act .. .. .. | 1,676 |
| Designated and Heat-treated Milks .. | 335 |
| Ice Cream (Hygienic quality) .. .. | 174 |
| City Water .. .. .. .. .. | 24 |
| Swimming Bath Water .. .. .. | 43 |
| SAMPLES EXAMINED FOR— | |
| Corporation Departments .. .. .. | 121 |
| City Police .. .. .. .. .. | 9 |
| City Coroner .. .. .. .. .. | 14 |
| Ministry of Food .. .. .. .. | 10 |
| Miscellaneous .. .. .. .. .. | 57 |
| ANALYSES FOR THE BOROUGH OF GOSPORT .. | 180 |
| | 2,643 |

Of the samples which were submitted under the Food and Drugs Act, 131 (equal to 7·8 per cent) were found to be adulterated, incorrectly labelled or otherwise unsatisfactory.

In two of these cases successful legal proceedings were taken ; the remainder were dealt with by caution.

I am glad to take this opportunity of expressing my appreciation of the efficient and loyal service of the technical and clerical staff and the valuable co-operation of the Sampling Officer.

I am, Mr. Chairman and Members,

Your obedient servant,

A. L. WILLIAMS,
*Public Analyst*

| Nature of Sample | Number Examined | Number Genuine | Number Irregular | Percentage Irregular |
|---|---|---|---|---|
| **Foods** | | | | |
| Milk | 767 | 691 | 76 | 9·9 |
| Alcoholic Beverages | 22 | 20 | 2 | 9·1 |
| Arrowroot | 3 | 3 | — | — |
| Baking Powder | 7 | 6 | 1 | 14·3 |
| Beef Suet | 3 | 3 | — | — |
| Butter | 48 | 48 | — | — |
| Cheese | 48 | 48 | — | — |
| Cocoa | 12 | 12 | — | — |
| Coffee, Coffee and Chicory | 22 | 21 | 1 | 4·5 |
| Condensed Milk | 7 | 7 | — | — |
| Cooking Fat | 48 | 48 | — | — |
| Custard Mix | 1 | 1 | — | — |
| Custard Powder | 1 | 1 | — | — |
| Fish Cakes | 1 | 1 | — | — |
| Fish Paste | 15 | 15 | — | — |
| Flour, Cake Flour | 21 | 21 | — | — |
| Ice Cream, Iced Lollies | 111 | 106 | 5 | 4·5 |
| Jam | 40 | 40 | — | — |
| Liver and Luncheon Sausage | 9 | 9 | — | — |
| Lemon Curd | 2 | 2 | — | — |
| Margarine | 48 | 48 | — | — |
| Meat Paste | 19 | 13 | 6 | 31·6 |
| Milk Pudding | 1 | 1 | — | — |
| Mincemeat | 4 | 4 | — | — |
| Mustard | 3 | 3 | — | — |
| Pastry Mix | 5 | 4 | 1 | 20·0 |
| Pea Flour | 5 | 4 | 1 | 20·0 |
| Pepper | 8 | 8 | — | — |
| Sago | 4 | 4 | — | — |
| Salad Cream | 6 | 6 | — | — |
| Salad Dressing Substitute | 1 | 1 | — | — |
| Sausages, Sausage Meat | 21 | 13 | 8 | 38·1 |
| Soft Drinks | 6 | 6 | — | — |
| Solid Soft Drinks | 13 | 8 | 5 | 38·4 |
| Soya Flour | 3 | 3 | — | — |
| Spices | 11 | 11 | — | — |
| Sugar | 48 | 48 | — | — |
| Sugar Confectionery | 33 | 33 | — | — |
| Sweetened Fat | 1 | 1 | — | — |
| Sweetening Tablets | 11 | 11 | — | — |
| Syrup | 2 | 2 | — | — |
| Tea | 52 | 52 | — | — |
| Tomato Ketchup | 4 | 4 | — | — |
| Vinegar, Malt and Non-Brewed | 26 | 21 | 5 | 19·2 |
| Yeast | 1 | 1 | — | — |
| **Total Foods** | 1524 | 1413 | 111 | 7·3 |

| Nature of Sample | Number Examined | Number Genuine | Number Irregular | Percentage Irregular |
|---|---|---|---|---|
| **Drugs** | | | | |
| Artificial Raspberry Vinegar | 1 | 1 | — | — |
| Aspirin Tablets | 7 | 7 | — | — |
| Basilicon Ointment | 4 | 3 | 1 | 25·0 |
| Boracic Ointment | 3 | 3 | — | — |
| Chest and Lung Mixture | 1 | — | 1 | 100·0 |
| Calamine Lotion | 5 | 4 | 1 | 20·0 |
| Calcium Lactate Tablets | 5 | 5 | — | — |
| Calcium Sodium Lactate Tablets | 1 | 1 | — | — |
| Cod Liver Oil | 1 | 1 | — | — |
| Cod Liver Oil Emulsion | 2 | 2 | — | — |
| Cod Liver Oil Tablets | 1 | 1 | — | — |
| Cold and Influenza Mixture | 1 | 1 | — | — |
| Compound Blackcurrant Syrup | 1 | 1 | — | — |
| Compound Syrup of Figs | 15 | 7 | 8 | 53·3 |
| Cream of Tartar | 6 | 6 | — | — |
| Daisy Powders | 1 | 1 | — | — |
| Easton's Syrup | 6 | 3 | 3 | 50·0 |
| Elixir of Cascara | 2 | 2 | — | — |
| Elixir of Senna | 1 | 1 | — | — |
| Epsom Salts | 3 | 3 | — | — |
| Epsom Salt Tablets | 1 | 1 | — | — |
| Formaline Tablets | 1 | 1 | — | — |
| Friars Balsam | 3 | 3 | — | — |
| Glauber Salts | 21 | 21 | — | — |
| Glycerine, Lemon with Ipecac | 2 | 2 | — | — |
| Glycerine of Thymol | 1 | 1 | — | — |
| Iodine Ointment | 1 | 1 | — | — |
| Iodine, Tincture of | 8 | 6 | 2 | 25·0 |
| Juniper Backache Pills | 1 | 1 | — | — |
| Light Magnesium Carbonate | 2 | 2 | — | — |
| Liquid Paraffin | 3 | 3 | — | — |
| Liver Pills | 1 | 1 | — | — |
| Lung Tonic | 2 | 2 | — | — |
| Magnesia | 1 | 1 | — | — |
| Quin. Hydro. and Oil of Cinnamon | 1 | 1 | — | — |
| Salicylic Ointment | 5 | 5 | — | — |
| Seidlitz Powders | 6 | 6 | — | — |
| Sulphur Ointment | 10 | 10 | — | — |
| White Precipitate Ointment | 5 | 1 | 4 | 80·0 |
| Zinc Ointment | 10 | 10 | — | — |
| **Total Drugs** | 152 | 132 | 20 | 13·2 |
| **Total Foods** | 1524 | 1413 | 111 | 7·3 |
| **Total Food and Drugs** | 1676 | 1545 | 131 | 7·8 |

## CHANGES IN LEGISLATION

THE MILK AND DAIRIES REGULATIONS 1949; THE MILK (SPECIAL DESIGNATIONS) ACT 1949 and REGULATIONS RELATING TO PASTEURISED AND STERILISED MILK AND RAW MILK 1949.

This comprehensive legislation aims to prohibit the sale of milk contaminated with tuberculosis. Provision is made for this to be done gradually, area by area, until the whole country is covered with a minimum hardship to individual interests.

Ultimately all raw milk will be tuberculin tested and all heated milk will be pasteurised or sterilised; only approved methods of heat treatment will be permitted.

The supervision of the production of milk at the farm is now the responsibility of the Ministry of Agriculture and the supervision of processing and subsequent sale to the public is the responsibility of the local authority.

MINERAL OIL IN FOOD ORDER S.I. 614.

Mineral oil is not suitable for use as a cooking oil; it may cause serious injury to health. During the past two years representations have been made by many authorities, including Portsmouth, with a view to prohibiting its use in food. This Order makes it illegal to use mineral oil as a substitute for edible oil in food offered for sale.

THE MEAT PRODUCTS (AMENDMENT) ORDER S.I. 1303.

The practice of mixing whale meat with other meat in the manufacture of sausages was the subject of comment in my report for 1948. This Order leaves no doubt that the sale of such mixtures is prohibited, and whale meat should not be used in the manufacture of the accepted meat products.

The Ministry of Food has prescribed standards for a number of foods under the Defence (Sale of Food) Regulations, viz.:—

TABLE JELLIES, S.I. 1656—prescribes minimum standards for sugar and soluble solids.

CURRY POWDER, S.I. 1816—prescribes a minimum standard of 85 per cent spices and not more than 10 parts per million of lead contamination.

TOMATO KETCHUP, S.I. 1817—prescribes a minimum standard of 6 per cent tomato solids in Ketchup and Sauce and not more than 50 parts per million of copper contamination in the dried tomato solids. The Order applies to retail sale on the 1st October, 1950.

PRESERVES (AMENDMENT) ORDER S.I. 1893—prescribes minimum standards for fat, citric acid, egg and volatile oils in fruit curd and for sugar, fruit and suet in mincement.

BRITISH PHARMACEUTICAL CODEX 1949.

In 1949 a new issue of the British Pharmaceutical Codex was published. It lists standards for the composition, and purity of ingredients of medicinal preparations which are not included in the British Pharmacopoeia.

There are a number of preparations which are not included in the B.P. but which are nevertheless prescribed by doctors or purchased by the public, *e.g.*, Ammoniated Tincture of Quinine, Easton's Syrup and Compound Syrup of Figs.

Under the Food and Drugs Act the consumer is entitled to receive an article which is of the nature, substance or quality demanded, and it would be extremely difficult to define the quality of many medicinal preparations without the support of the standards laid down by the British Pharmaceutical Codex.

## MILK

During the year 767 samples of milk from roundsmen, schools and farmers were examined for nutritive quality.

All the samples of school milk were satisfactory and 340 out of the 341 samples taken from roundsmen selling to the public were also satisfactory.

The bulk of the 76 unsatisfactory samples were producers' milk sampled on delivery to the local dairies. A few contained extraneous water, but the majority were low quality milks due to poor herds and/or bad management.

### Extraneous Water.

Although genuine milk contains about 88 per cent of natural water, analysis can detect the presence of a small quantity of water which is foreign to genuine milk, *i.e.*, extraneous water.

During 1949, 29 samples were found to contain extraneous water, but only four suppliers were involved and most of the 29 samples came from one particular farmer.

341 samples of milk were taken from roundsmen selling to the general public and only one sample contained extraneous water. The proportion of water in this sample was very small (1 per cent), and it appeared to have originated in a temporary supply of accommodation milk to the dairyman.

Watered milk was found in the supply from three different farmers. In the first case, three churns of very unsatisfactory milk were consigned to a local dairy. One of the three churns contained 11 per cent of water on one day and 6 per cent on another ; the other two churns were deficient of fat (10 per cent and 26 per cent). It was found that at one time this supply had been consigned to a dairy in the County and that the contract which gave that dairy as the official place of delivery had not been amended. Under these circumstances proceedings in respect of samples taken in Portsmouth would have been complicated, and the matter was referred to the Hants County Council.

Another farmer consigned two churns of milk on four different occasions, and in each case the churns contained 4 per cent of water. The freezing point test indicated that the extraneous water was insufficient to account for the extremely poor quality of the samples, and this was confirmed when appeal-to-cow samples were examined. The milk from the P.M. milking of four cows contained only 7·8 per cent and the A.M. milking only 8·1 per cent solids-not-fat. The milk of one individual cow was as low as 7·3 per cent solids-not-fat.

The farmer was cautioned and the Advisory Department of the Ministry of Agriculture was asked to examine the herd.

In the third case, a farmer supplied five churns of milk to a local dairy and each churn contained 2 to 4 per cent of extraneous water. This occurred on four successive days, during which 5·3 gallons of water were present in 189 gallons of milk.

The fact that the watering continued for two days after the farmer knew that his milk was being sampled appeared to confirm his statement that he did not personally take a part in the actual milking and that a

member of his staff must be the culprit. The farmer was aware that he was responsible for the actions of his servants, and he considered himself fortunate when the matter was dealt with by caution.

### Fat Deficiency.

Fourty-seven samples of milk (6·1 per cent of the samples examined) were deficient of fat when compared with the minimum limit of 3 per cent.

Whilst skimming may have produced some of these unsatisfactory results, a more likely explanation appeared to be bad management at the farm. In every case the low quality samples represented milk from the A.M. milking and the associated P.M. milks were satisfactory.

All good farmers realise that a cow will only yield milk of approximately the same quality if it is milked at 12-hour intervals. If the intervals are of the order of 8 hours and 16 hours, uneven distribution of the fat will inevitably result.

Fortunately the dairymen in this area take care to mix their consignments, and wide variations in the fat content of the milk sold to the public are rare. The deficiency of fat in morning milk would be of importance from the public point of view if we ever return to the separate collection and processing of morning milk.

### Channel Island Milk.

A higher price may be charged for milk which is produced from Channel Island breeds, provided that it contains at least one per cent more fat than ordinary milk, *i.e.*, a minimum of four per cent of milk fat.

Here again occasional churns of A.M. milk from farmers have been found to be deficient of milk fat, but the results of samples taken from roundsmen indicate that the dairymen have mixed the farmers' consignments efficiently, and all samples of Channel Island milk, as sold to the public, were of satisfactory quality.

The following figures compare the fat content of this milk with that of ordinary milk.

| | *Average Fat per cent* : | |
|---|---|---|
| | Channel Island Milk | Ordinary Milk |
| 1949 .. .. .. | 4·51 | 3·69 |
| 1948 .. .. .. | 4·40 | 3·67 |

### Abnormal Milk of Low Quality.

As in previous years, a number of herds have been found to be yielding milk of low quality when compared with the presumptive limit of 8·5 per cent solids-not-fat.

It is not an offence in law to sell milk of poor quality so long as it represents the milk as produced by the cows but, to the consumer, there is no difference between poor quality milk from unsatisfactory herds and that produced by adding water to average quality milk. The nutritive value is the same.

62 samples out of the 767 which were examined (8·1 per cent) were deficient in solids-not-fat. The herds of 23 farmers were involved.

32 samples, representing deliveries of 188 gallons per day, contained 8·2 per cent, or less, of solids-not-fat, which is equivalent to the addition of 6 per cent of water to average milk (say 8·7 per cent solids-not-fat). The remaining 30 samples, representing deliveries of 222 gallons per day, had the same quality as average milk with 2 to 5 per cent of water.

The action to be taken in this matter can be advisory only, and the assistance of the Advisory Service of the Ministry of Agriculture was sought in order to improve the quality.

In most cases the trouble appeared to be due to one or more of the following causes:—high proportion of Friesian cows in the herd giving high yield but low quality ; herds with unsatisfactory ancestors ; herds containing too many old cows ; inadequate and unbalanced feeding.

### Average Composition of Milk.

The following table shows the average composition of the ordinary mixed milk which the dairies supply 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 .. .. | 3·72 | 8·69 | 12·41 | 32 |
| February .. .. | 3·54 | 8·69 | 12·23 | 31 |
| March .. .. | 3.65 | 8·65 | 12·30 | 44 |
| April .. .. .. | 3·58 | 8·66 | 12·24 | 13 |
| May .. .. .. | 3·52 | 8·84 | 12.36 | 33 |
| June .. .. .. | 3·53 | 8·76 | 12.29 | 32 |
| July .. .. .. | 3·60 | 8·66 | 12·26 | 35 |
| August .. .. | 3·80 | 8·63 | 12·43 | 21 |
| September .. .. | 3·80 | 8·66 | 12·46 | 15 |
| October .. .. | 3·80 | 8·79 | 12·59 | 26 |
| November .. .. | 3·98 | 8·84 | 12·82 | 40 |
| December .. .. | 3·86 | 8·75 | 12·61 | 19 |
| **Average 1949 ..** | **3·69** | **8·71** | **12·40** | **341** |
| **,, 1948 ..** | **3·67** | **8·78** | **12·45** | **260** |
| **,, 1947 ..** | **3·74** | **8·60** | **12·35** | **327** |

### Designated Milk.

In October, 1949, a further step was taken in the efforts to eradicate tuberculosis of bovine origin by the introduction of additional legislation dealing with the hygienic quality of milk.

In certain specified areas the sale of raw milk will be restricted to Tuberculin Tested and Accredited milk only. In 1954 the designation "Accredited" will be discarded, and eventually, in 1957, *Tuberculin Tested milk from attested herds* will be the only raw milk permitted to be sold.

Similarly, when an area has been specified, the only Heat-treated milk which may be sold in that area must be either Pasteurised or Sterilised, and the method of heat treatment must satisfy the requirements of the Regulations. This is the first time that the status of Special Designation has been applied to Sterilised milk.

In Portsmouth, over 99 per cent of the milk can meet the requirements of the Regulations at the present time, and it seems likely that this area will be one of the first specified areas.

Some slight alterations have been made in the laboratory testing of Designated Milks. The Coliform test, which was used as a measure of the cleanliness of the milking at the farm, has been discarded.

An additional turbidity test for the newly designated Sterilised milk gives a measure of the efficiency of the heating in the Sterilising process.

The Phosphatase test for measuring the efficiency of Pasteurisation and the Methylene Blue test for assessing the keeping quality are unchanged.

Unfortunately the new Regulations have retained the impossible provision that Pasteurised milk must be kept overnight at atmospheric shade temperature not exceeding 65° F. prior to testing by the Methylene Blue test. In this laboratory the atmospheric shade temperature usually exceeds 65° F. for the whole of the four months June to September, and this provision cannot be observed. The test is therefore void at the time when the public should have some protection against the sale of milk that is of inferior keeping quality.

During the year 335 samples of Designated milk were examined by the Statutory tests, with the following results :—

| Class of Milk | No. Exmd. | Failed Methylene Blue Test | Failed Phospha-tase Test | Failed Coliform Test | Failed Tur-bidity Test | Number Satis-factory | % Satis-factory |
|---|---|---|---|---|---|---|---|
| Pasteurised .. | 217 | 0 | 8 | — | — | 209 | 96·7% |
| School Milk .. (pasteurised) | 94 | 0 | 0 | — | — | 94 | 100·0% |
| Heat-treated .. | 39 | 0 | 0 | — | — | 39 | 100·0% |
| Sterilised.. .. | 13 | — | 0 | — | 0 | 13 | 100·0% |
| Tuberculin Tested (pasteurised) | 57 | 0 | 3 | — | — | 54 | 94·7% |
| Tuberculin Tested | 2 | 0 | — | 0 | — | — | 100·0% |
| Accredited .. | 7 | 0 | — | 0 | — | 7 | 100·0% |
| **Total 1949 ..** | **335** | — | **11** | — | — | **324** | **96·7%** |
| **,, 1948 ..** | **269** | **21** | **7** | **15** | — | **232** | **86·2%** |
| **,, 1947 ..** | **316** | **11** | **15** | **10** | — | **285** | **90·2%** |

The failures were due to inefficient heating of the Pasteurised milk, and on each occasion the cause of the fault was speedily found and corrected with the willing co-operation of the dairyman.

## ICE CREAM.

### Nutritive Quality.

Analytical results on 111 samples show that the fat content of ice cream improved considerably during 1949. This was due to the fact that imports of unrationed materials containing fat and skimmed milk were available. The fact that ice cream manufacturers were ready to take advantage of the opportunity these imports presented, suggests that they are keen to produce better quality ice cream.

Of the 29 manufacturers who were selling in this area, 11 were consistently producing a good nutritive quality, compared with four out of 26 in 1948. Similarly the proportion of manufacturers producing a fairly satisfactory quality has increased.

A striking improvement is shown in the proportion of manufacturers who produce inferior quality of the order of less than 4 per cent fat. 62 per cent of the manufacturers made ice cream of this quality in 1948, but the proportion in 1949 was only 10 per cent.

Fat Content of Ice Cream

| Fat per cent | 1949 Number of Manufacturers | 1948 Number of Manufacturers |
|---|---|---|
| Less than 2 | 0 | 3 (12%) |
| 2 to 3·9 | 3 (10%) | 13 (50%) |
| 4 to 5·9 | 10 (35%) | 2 (8%) |
| 6 to 7·9 | 5 (17%) | 4 (15%) |
| 8 and over | 11 (38%) | 4 (15%) |
| | 29 | 26 |

### Hygienic Quality.

174 samples of ice cream were examined for hygienic quality and the results obtained were very similar to those obtained in the previous year. The contamination of ice cream is assessed by a Methylene Blue test, which measures the chemical activity of the organisms which are present, and the quality is expressed in grades 1 to 4.

| | | 1949 174 samples | | 1948 138 samples | |
|---|---|---|---|---|---|
| Satisfactory | Grade 1 | 36% | 61% | 33% | 64% |
| | ,, 2 | 25% | | 31% | |
| Inferior | ,, 3 | 12% | | 14% | |
| Unsatisfactory | ,, 4 | 27% | | 22% | |

These samples were examined to find those manufacturers who were using faulty methods. In order to secure an improvement in hygienic quality, repeated samples were taken from those manufacturers whose product gave unsatisfactory results. Only occasional samples were taken from those manufacturers who were known to be consistently good.

Consequently, figures based upon the number of samples which have been examined do not accurately indicate the hygienic quality of all the ice cream sold in the city.

A better illustration is given by the average quality produced by the various manufacturers. Six manufacturers were consistently good, 16 were variable but fairly good, and seven were unsatisfactory, having two or more samples in Grade 4.

It has again been shown that inefficient cleansing and sterilising of the plant, and/or excessive handling, are the cause of Grade 4 ice cream. The Sampling Officer has again proved that a plant from which successive Grade 4 samples were obtained could be made to give Grade 1 quality after thorough cleansing and sterilisation.

At all times manufacturers have willingly met all our demands to improve the hygienic quality, and they have been encouraged to do so by those bulk purchasers who now insist on regular laboratory tests as a condition of a contract.

LABELLING OF ICE CREAM.

When ice cream is pre-packed in the form of tubs or paper-wrapped chocolate bars, for retail sale on premises other than those on which it is packed, it must be given a label with the name and address of the packer and the nett weight or volume.

Four samples which were pre-packed for sale in cinemas and retail shops failed to give these particulars, and therefore contravened the Labelling of Food Order.

The label of another sample of pre-packed ice cream was regarded as misleading, because it described the contents as "High Standard Creamy Ice Cream". The sample contained 8·7 per cent of fat, of which one-third was butter fat and two-thirds was margarine.

It is difficult to say what the adjective "creamy" conveys to the mind of the average person. It may be claimed that it only implies that the article has a certain texture, or alternatively that it is composed of a fatty emulsion. If one accepts the former, then all ice cream may be described as "creamy"; if the latter, then it is necessary to define the minimum proportion of fat which justifies the description. On the other hand, it may be suggested that the description "Creamy Ice Cream" implies that the article is different from ordinary ice cream and is, in fact, a superior product made from dairy cream.

The vendor of this sample stated that he used the description "creamy" because his competitors in Southsea and the Isle of Wight were displaying the sign "Cream Ices" on their kiosks. He thought that this was a misleading description and suggested that his compromise of "Creamy Ice Cream" was less objectionable.

Display signs "Cream Ices" and "Creamy Ices" are prevalent throughout the country and it was felt that the Association of Municipal Corporations might ask the Ministry of Food to give a lead to all local Authorities in the matter. No lead was given, possibly because at that time the Food Standards Committee were considering the question of a standard for the nutritive quality of ice cream. This Committee has since reported that a standard is impracticable at the present time, although it is unquestionably desirable. When the question of a standard quality is again contemplated it is hoped that consideration will also be given to the question of how it is to be described.

Historically, ice cream is a dairy product, and it is to be anticipated that dairy cream will one day be again used as an ingredient of high quality ice cream. We shall have unnecessary complications if commercial practice has already established that "Cream Ices" and "Creamy Ice Cream" are the accepted descriptions for a product which has been made mainly from margarine.

In fixing a minimum standard, account should be taken of the fact that the fat in ice cream is expressed as percentage weight/weight, whereas ice cream is sold by volume. During the freezing process air can be incorporated into the ice cream and this increases the volume. A certain amount of air, technically known as "overrun" or "swell", is necessary to make a palatable product, but the amount should be controlled. A consumer would probably feel prejudiced if he purchased ice cream which satisfied a weight/weight standard but contained so much air that it disappeared in the mouth before it could be tasted.

SAMPLES OTHER THAN MILK NOT IN ACCORDANCE WITH STANDARD

| No. | Nature of Sample | Formal Informal Private | Nature of Offence | Observations |
|---|---|---|---|---|
| 53 | Baking Powder .. | I | Deficient of 10% of min. avail. Carbon-dioxide. | Caution. Stock withdrawn |
| 90 | Pork Sausages .. | I | Deficient of 14% of min. standard of meat. | Caution. Formula Amended. |
| 146 | ,, ,, .. | F | Deficient of 16% of min. standard of meat. | |
| 147 | Beef Sausages .. | F | Deficient of 6% of min. standard of meat. | Caution |
| 150 | Easton's Syrup .. | I | Label Offence .. .. | Stock relabelled. |
| 151 | ,, ,, .. | I | ,, ,, .. .. | ,, ,, |
| 165 | ,, ,, .. | I | ,, ,, .. .. | ,, ,, |
| 178 | Beef Sausage Meat .. | I | Deficient of 16% of min. standard of meat | Propr. and Vendor fined £5 and £2, with £5 5s. costs. |
| 264 | Pork Sausage Meat .. | I | Deficient of 22% of min. standard of Meat | |
| 265 | ,, ,, ,, .. | F | Deficient of 20% of min. standard of meat | |
| 191 | Beef Sausages .. | I | Deficient of 12% of min. standard of meat .. | Caution. |
| 192 | Savoury Sausages .. | I | Total meat 20% Illegal designation. | Reported to Ministry of Food. |
| 321 | Basilicon Ointment .. | I | Label Offence .. .. | Label amended. |
| 379 | White Precipitate Ointment .. | I | Label Offence .. .. | Caution. |
| 382 | White Precipitate Ointment | I | Deficient of 28% of min. standard ammoniated mercury .. .. | Caution. |
| 383 | White Precipitate Ointment .. | I | Label Offence .. .. | Caution. |
| 385 | White Precipitate Ointment .. | I | Prep. from old formula Label Offence .. | Caution. |
| 426 | Non-brewed Vinegar | I | Deficient of 5% of min. amount Acetic Acid .. | Caution. |

| No. | Nature of Sample | Formal Informal Private | Nature of Offence | Ovservations |
|---|---|---|---|---|
| 448 | Coffee and Chicory Extract .. | P | Label Offence .. .. | Label amended. |
| 518 | Pea Flour .. .. | I | Infested with insect larvae | Stock surrendered. |
| 664 | Meat Paste— Beef and Ham .. | I | Deficient of 23% of min. standard of meat. | |
| 750 | Meat Paste— Beef and Ham | I | Deficient of 14% of min. standard of meat | Caution |
| 767 | Meat Paste— Beef and Ham | F | Deficient of 14% of min. standard of meat | Stock withdrawn— Manufacturer's formula amended |
| 774 | Meat Paste .. | I | Deficient of 20% of min. standard of meat | |
| 775 | Meat Paste— Veal and Ham | I | Deficient of 25% of min. standard of meat | |
| 843 | Meat Paste— Veal and Ham | I | Deficient of 27% of min. standard of meat | |
| 748 | Creamy Ice Cream .. | I | Misleading description .. | Referred to A.M.C. |
| 788 | Ice Cream pre-packed | I | Label Offence .. .. | Label amended. |
| 880 | ,, ,, .. | I | ,, ,, .. .. | ,, |
| 886 | ,, ,, .. | I | ,, ,, .. .. | ,, |
| 909 | ,, ,, .. | I | ,, ,, .. .. | ,, |
| 814 | Tincture of Iodine B.P. .. | I | Label offence—prepared from old formula. | Stock surrendered. |
| 1034 | Fizzade Dabs .. | I | Contained 20 grains of light mag. carb. B.P. in ½-oz. sample. | Caution. |
| 1036 | Sherbet Fountain .. | I | Contained 15 grains of light mag. carb. B.P. in ½-oz. sample. Label Offence. | Caution. |
| 1037 | Fizz .. .. | I | Label Offence .. .. | Caution. Label amended. |
| 1065 | Fruit Fountain .. | I | Label Offence .. .. | Manufacture ceased |
| 1066 | Lemon Fizz .. ... | I | Contained 3 grains of light mag. carb. B.P. in ⅛-oz. sample. | Manufacture ceased |
| 1055 | Calamine Lotion (N.W.F.) | I | Deficient of 30% calamine etc., & 40% glycerine. | Stock withdrawn. |
| 1286 | Malt Vinegar .. | I | Deficient of 30% min. amount of Acetic acid | Caution. |
| 1288 | Malt Vinegar .. | I | 100% vinegar other than malt. Deficient of 22% min. amount of Acetic Acid. | Repeat sample unobtainable. |

| No. | Nature of Sample | Formal Informal Private | Nature of Offence | Observations |
|---|---|---|---|---|
| 1366 | Malt Vinegar .. | I | 100% vinegar other than malt. Deficient of 57% min. amount of Acetic Acid | Dismissed under P.O.A. on payment of £2 6s. costs. |
| 1371 | ,, ,, .. | F | 100% vinegar other than malt. Deficient of 57% min. amount of Acetic Acid. | |
| 1435 | Advocaat .. .. | I | Deficient of 10% of min. amount proof spirit. Label offence. | Ministry of Food informed. |
| 1634 | Advocaat .. .. | I | Label offence .. .. | Ministry of Food informed. |
| 1444 | Pastry Mix .. .. | I | Label offence. Contained inferior quality self-raising flour. | Ministry of Food informed. |
| 1534 | Chest & Lung. Mixt. | I | Label offence .. .. | Referred to Pharmaceutical Soc. |
| 1535 | Tincture of Iodine B.P. .. | I | Label offence. Prepared from old formula. | Stock withdrawn, replaced by new formula. |
| 1517 | Comp. Syrup of Figs | I | Unsatisfactory Label .. | Pharmaceutical Society informed. |
| 1530 | ,, ,, ,, .. | I | ,, ,, .. | ,, ,, |
| 1533 | ,, ,, ,, .. | I | ,, ,, .. | ,, ,, |
| 1539 | ,, ,, ,, .. | I | ,, ,, .. | ,, ,, |
| 1549 | ,, ,, ,, .. | I | ,, ,, .. | ,, ,, |
| 1550 | ,, ,, ,, .. | I | ,, ,, .. | ,, ,, |
| 1561 | ,, ,, ,, .. | I | ,, ,, .. | ,, ,, |
| 1562 | ,, ,, ,, .. | I | ,, ,, .. | ,, ,, |

## ADULTERATED AND UNSATISFACTORY SAMPLES.

SAUSAGES AND SAUSAGE MEAT. Seven out of 21 samples of sausage or sausage meat were found to contain less than the standard amount of 50 per cent meat. One vendor, who sold three samples which were deficient of 16 to 22 per cent of the standard, on three different occasions, was prosecuted and fined. Three other vendors were cautioned.

SAVOURY SAUSAGE. The use of this description for a meat product is dying out in this area—only one sample was so described. Although a high price was charged for this particular sample, the meat content was only 20 per cent (15 per cent lean meat and 5 per cent fat). It is illegal to use this description for a product containing meat, and the facts were reported to the Ministry of Food.

A subsequent sample, purchased by the Ministry's Enforcement Officer, contained 21 per cent of lean meat but also 27 per cent of fat, so that the total meat content of 48 per cent was almost equal to the standard for beef or pork sausage. The Ministry, with the knowledge that the meat

could only be beef, prosecuted the vendor for overcharging. The magistrates declined to accept the argument of the defence which claimed to be guilty of selling an unspecified meat product but not guilty of over-charging for beef sausage. They found that the article which was sold was actually beef sausage masquerading under another name, and fined the vendor a total of five guineas for over-charging.

MEAT PASTE. Six samples of meat paste packed in the popular small sterilised glass jars were purchased from various retailers in the city. All the samples were of the same make and all were deficient in meat when compared with the 55 per cent meat standard which is prescribed by the Meat Products Order. The deficiencies ranged from 14 to 27 per cent of the standard.

The manufacturers were invited to explain these results, and the investigation of the principals indicated that a remarkable method of manufacture had been adopted in the works. Certain meats had been boiled with water and allowed to set to a gel. This gel had then be weighed out as meat for the production of meat paste.

All stocks of meat paste of this manufacture were withdrawn from Portsmouth retailers and the method of production was re-organised. Subsequent samples had a very satisfactory meat content.

COFFEE AND CHICORY EXTRACT. A sample of this preparation contained preservative, but the label did not declare its presence in the manner which is prescribed in the Preservative Regulations.

It is interesting to note that coffee and chicory extract is not included in the list of foods which may contain preservatives. It is, however, reasonable to assume that the omission was made inadvertently and that coffee and chicory extract should be regarded as synonymous with coffee extract so far as the Preservative Regulations are concerned.

VINEGAR. There are many kinds of vinegar, but two in particular are regularly purchased by the public—one is malt vinegar and the other is artificial or so-called non-brewed vinegar.

Proceedings were taken against a retailer who, when malt vinegar was demanded, supplied artificial vinegar, which was less than half the accepted strength. The vendor stated that he had only been in business for a few weeks, that he had made the vinegar by diluting a concentrate with water according to the instructions of the previous owner of the business, and that he did not know that there was any difference between malt vinegar and artificial vinegar. The magistrates gave the vendor a strong caution but treated him leniently.

Another retailer was cautioned for selling weak artificial vinegar, in this case described as non-brewed vinegar, which contained five per cent excess water.

One sample of malt vinegar was deficient of 30 per cent of acetic acid and when an explanation was sought, it was found that the remaining three-quarter gallon in the cask concerned had been discarded because it was muddy. Evidently bacterial action was responsible for deterioration.

SHERBET SUBSTITUTES. Sherbet is the accepted description for an article of confectionery, popular among children, which consists of sugar, tartaric acid, sodium bicarbonate and flavour.

During the summer of 1949 three samples of substitute sherbet sold as "Fizz", etc., were reported to be unsatisfactory because they contained light magnesium carbonate, which is a well-known medicinal laxative.

None of the preparations contained cane sugar. They consisted of lactose (milk sugar) and citric acid, and the purpose of the added magnesium carbonate was to keep the powder free flowing and to prevent the formation of a soggy mass.

The presence of a medicinal dose of a laxative in a 2d. packet of alleged confectionery, specially sold to children, is obviously most undesirable. The manufacturers agreed to amend the formula.

These preparations appeared to be a copy of a much-advertised article which was recommended as a solid soft drink and which contained a small quantity, less than a medicinal dose, of magnesium carbonate. The manufacturer of this preparation was advised that even this amount of a laxative might be regarded as undesirable in food, and it was stated in reply that experiments were being made to exclude magnesium carbonate as an ingredient.

## FOOD LABELLING OFFENCES

In order to inform the discerning consumer what he is buying, the Labelling of Food Order prescribes that certain information shall be given on the label of certain pre-packed foods.

Two samples of Sherbet Substitute, sold as "Fizz", contravened the Order, because the labels failed to give a list of the ingredients, the name and address of the packer and the nett weight. The label of a third sample of "Fizz" gave all the particulars which were required, but described one of the ingredients as "Glusidum". This is the pharmaceutical name for saccharin, but few consumers would be aware of the fact. An obvious requirement of the Order is that the descriptions used in a list of ingredients must be intelligible to the average consumer.

Objection was taken to the labels of two samples of Advocaat. One label claimed a strength of 27 per cent proof spirit and analysis confirmed the statement. But the Labelling of Food Order specifically states that Advocaat must contain not less than 30 per cent proof spirit and therefore this sample was not entitled to the designation Advocaat.

Another sample of Advocaat was of satisfactory strength (32 per cent proof spirit) but the declaration of proof spirit was not given in the prescribed manner. When the strength of certain types of alcoholic liquor is less than 40 per cent proof spirit, it is prescribed that the declaration must be made in print of a minimum size and enclosed within a surrounding line—it is then readily observed by the purchaser.

## DRUGS

During 1949 152 samples of drugs were examined, and whilst only three samples were found to be unsatisfactory in composition, 18 samples were labelled in an unsatisfactory manner.

In two instances calamine lotion and white precipitate ointment, the article which was supplied was found to have been prepared from an old formula, and in each case the stock was replaced by the up-to-date preparation. Another sample of white precipitate ointment was deficient of 28 per cent of the standard amount of white precipitate.

*Labelling of Drugs and Medicines.*

TINCTURE OF IODINE. The 1948 B.P. which came into force on September 1st, 1948, made a slight amendment in the composition of this preparation. It would be wrong to permit stocks of the old formula to carry the label "Tincture of Iodine B.P." and pharmacists have been advised to label such stocks "B.P. 1932".

EASTON'S SYRUP. This preparation has ceased to have B.P. status and it was incorrect to sell the three samples which were so described. Easton's Syrup has been included in the British Pharmaceutical Codex, 1949, and should now be designated B.P.C.

BASILICON OINTMENT. One sample was labelled Basilicon Ointment B.P., although this preparation has not been entitled to the description B.P. for the past eighteen years. The sample was sold in a tin with a printed label, and the vendor very truly said that his stock of tins was old.

CHEST AND LUNG MIXTURE. It is illegal to sell a substance which is recommended as a medicine unless the label gives the proportions of active ingredients which are present. No such particulars were given with a sample described as "Chest and Lung Mixture", and, in my opinion, this description is itself a recommendation. The Pharmaceutical Society agreed and undertook to take the matter up with the manufacturers.

WHITE PRECIPITATE OINTMENT. This preparation is a poison and there are strict regulations concerning the manner in which it is to be labelled. In particular, the Pharmacy and Poisons Act and the Poison Rules prescribe that the label must bear the word "Poison" and it must be given in a distinct manner. The name and address of the premises from which the sale is made must also be stated. Three samples failed to comply with one or other of these requirements.

COMPOUND SYRUP OF FIGS. Although this is an official name for a preparation of the B.P.C., most of the samples described as "Compound Syrup of Figs" were not made according to the official formula. Whilst the official formula states that it should be prepared from Figs, Senna, Cascara and Rhubarb, it appears that many proprietary preparations made from figs and senna only, are also labelled "Compound Syrup of Figs" and the only indication that they are proprietary preparations is a statement in small print such as "own formula", "not B.P.C." or a statement of active ingredients in pharmaceutical terms.

The purpose of the official publications B.P. and B.P.C. is to standardise the composition and purity of medicines and also the names under which they may be described. In the *British Pharmacopoeia* it is specifically stated that where official names are used for medicines, the composition must comply with the official formula ; it is unfortunate that no such statement appears in the recent issue of the *British Pharmaceutical Codex.*

It may be claimed that it is contradictory and misleading to state that a preparation is a certain article and then add a disclaimer that it is not that article, especially when the significance of the disclaimer is too technical to be understood by the average purchaser.

A bewildering choice of different preparations is offered to the public under the same name. The recommended doses vary, the proportions of active ingredients vary, and a different therapeutic effect will be obtained according to the pharmacy at which the purchase is made.

This confusion is due to the fact that many manufacturers sold a Compound Syrup of Figs made to a private formula long before the preparation was made official in the B.P.C. 1907. Nevertheless, it is contrary to the accepted pharmaceutical code of conduct for a pharmacist to supply an article bearing the name of a B.P. or B.P.C. substance, if the substance is of different composition.

In three cases this confusion caused local pharmacists to inadvertently contravene the labelling provisions of the Pharmacy and Medicines Act. They pre-packed bulk supplies of proprietary articles for retail sale and added a recommendation as a medicine on the label without giving the quantitative statement of active ingredients required by the Act.

In one of these cases the pharmacist was able to show that his wholesale house was at fault. The despatch department had supplied a proprietary brand of Compound Syrup of Figs and the accounts department had invoiced it as Compound Syrup of Figs B.P.C.

These contraventions of the law will inevitably recur so long as the same name is used for various preparations, and the remedy would appear to be an amendment of the official formula which will meet the public demand for a laxative containing senna and figs only. In the meantime, manufacturers should label their unofficial products with a proprietary description to be read in conjunction with the name of the preparation, *preferably in the same size, colour and form of print*. It would then be clear to the discerning purchaser that he is buying a proprietary article.

## WATER SUPPLY

A bacteriological examination of the City water supply has been carried out each month, and, on every occasion, the results have indicated a high degree of organic purity.

The chlorination of the water has been carefully controlled and all samples contained 0·1 parts per million of chlorine in the form of chloramine. Chemical analysis also indicated that the water was organically pure and wholesome. The hardness was found to be equivalent to 220 parts of calcium carbonate per million. This is the normal amount.

## SWIMMING BATH WATERS

### Effect of Bright Sunlight on Chlorinated Sea Water.

In 1949 the process known as break-point chlorination was introduced for the first time at the open-air bath at Hilsea and the indoor bath at Park Road, both of which operated with sea water. The break-point process provides one to two parts per million of chlorine in the free state, whereas the marginal treatment, previously used, provided approximately 0·5 parts per million of combined chlorine in the form of chloramine.

From the public health point of view the break-point method is more efficient, because free chlorine destroys bacteria speedily, whereas chloramine requires an appreciable contact period. The free chlorine also removes organic matter from the water by chemical action and thereby gives the water in the bath a very attractive appearance.

The break-point process was very successful in the case of the indoor bath at Park Road, but the open-air bath at Hilsea behaved erratically, and adequate free chlorine could not be maintained at all times, especially in bright sunny weather.

It is a well-known fact that sunlight is responsible for the loss of chlorine in an open-air bath, hydrochloric acid and oxygen being formed. This, however, seemed an inadequate explanation for the exceptional loss of chlorine which had been noted and numerous samples of the water were examined in the laboratory to find the cause. Eventually it was proved that, in the case of sea water, a further reaction took place in bright sunlight. Analytical results indicated that some of the bromide naturally present in sea water was being converted by the chlorine into bromate. Confirmatory proof was obtained by producing the same reaction under strong ultra-violet light from a lamp used in the Corporation clinic. It was shown that in two hours exposure nearly half the chlorine lost was used up in the production of bromate from bromide.

The two reactions due to sunlight are important, because they increase the acidity of the water, and this leads to unpleasant smarting of the eyes of bathers if it is not speedily remedied. These two reactions together represent a considerable loss of chlorine which is not serving the purpose for which it is being added, viz., the destruction of bacteria.

The presence of bromate may affect the routine testing for chlorine in swimming bath water. Attendants are supplied with an acid solution of ortho-tolidine, and, if the method of test is not carried out with strict attention to detail, some bromine may be liberated by the acid reagent. This bromine would react in the same manner as chlorine to give a misleading result.

This point is of importance in view of the recommendation of the American Public Health Association, which suggests that the bath water should be examined under conditions which provide a higher acidity in the solution under test.

It would appear, therefore, that bright sunlight has a very disturbing effect on the attendants' control of the amount of chlorine in a sea water swimming bath.

Since efficient control is essential in order to safeguard public health and safeguard the comfort of the bathers, all these points will be carefully studied when the bath is re-opened for the 1950 season.

## MISCELLANEOUS SAMPLES

The 211 samples of a miscellaneous character were submitted by various Corporation departments, private persons and industrial concerns. Fees were charged for 47 of these samples, and a sum of £95 0*s*. 6*d*. has been received by the City Treasurer.

### Private

| | |
|---|---|
| Indust. Meth. Spirit | 3 |
| Swiss Roll | 1 |
| Gelatine | 1 |
| Tomato Ketchup | 1 |
| Waters | 8 |
| Watercress | 1 |
| Port Wine | 3 |
| Pea Flour | 1 |
| Ice Cream | 7 |
| Tea Infusion | 1 |
| Milk | 2 |
| Lemon Squash | 1 |
| Paint | 1 |
| Drain Deposit | 1 |
| Meat Paste | 2 |
| Rusk | 1 |
| Rice Flour | 1 |
| Radiator Deposit | 1 |
| Vinegar | 2 |
| Lime | 1 |
| Plaster | 2 |
| Saliva | 1 |
| Urine | 1 |
| Glue Powder | 1 |
| Calamine Lotion | 1 |
| Meat | 1 |
| Salad Cream | 1 |
| Sausages | 4 |
| Sausage Meat | 1 |
| Bone Meal | 1 |

### Ministry of Food

| | |
|---|---|
| Meat Paste | 1 |
| Fruit Cake | 2 |
| Sausage Meat | 4 |
| Cooked Meat | 1 |
| Fat | 1 |
| Savoury Sausage | 1 |

### Petersfield R.D.C.

| | |
|---|---|
| Milk | 1 |
| Water | 1 |

### Havant U.D.C.

| | |
|---|---|
| Canned Sausages | 1 |

### Laboratory Information

| | |
|---|---|
| Fruit Syrup | 1 |
| Paraffin and Petrol | 4 |
| Cinnamon and Quinine in Lemon Syrup | 4 |
| Baking Powder | 2 |
| Meat Roll | 1 |
| Rusk | 1 |
| Meat | 1 |
| Coffee and Chicory | 1 |
| Malt Vinegar | 3 |
| Compound Syrup of Figs | 3 |
| Tripe Fat | 1 |
| Paint | 1 |

### Health Dept.

| | |
|---|---|
| Cooking Fat | 3 |
| Water—not drinking | 16 |
| Sugar Confectionery | 2 |
| Pears | 9 |
| Greengages | 1 |
| Fishes | 1 |
| Vegetation | 1 |
| Well Water | 1 |

### City Police

| | |
|---|---|
| Petrol | 4 |
| Paint | 2 |
| Oxygen Cleaner | 2 |
| Milk | 1 |

### City Engineer's Department

| | |
|---|---|
| Sewage | 3 |
| Sulphuric Acid | 1 |
| White Paint | 2 |
| Paint Thinner | 1 |
| Washed Grit | 1 |
| Sand | 1 |
| Trade Effluent | 2 |
| De-rusting Fluid | 1 |
| Water—not drinking | 3 |

### Cleansing and Haulage Department

| | |
|---|---|
| Concentrate | 1 |

### City Coroner

| | |
|---|---|
| Viscera | 12 |
| Alleged Poison | 2 |

### Education Department

| | |
|---|---|
| Floor Sweeping Compound | 6 |
| De-greasing Compound | 3 |
| Cooking Utensils | 35 |
| Custard Powder | 4 |