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"SALUS POPULI SUPREMA LEX"



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CITY OF PORTSMOUTH

ANNUAL REPORT

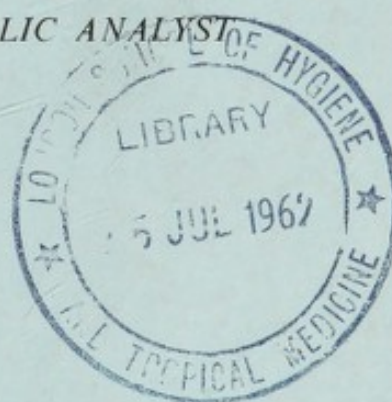
of the

MEDICAL OFFICER OF HEALTH

for the Year 1960

including

THE REPORT OF THE PUBLIC ANALYST





"SALUS POPULI SUPREMA LEX"



CITY OF PORTSMOUTH

ANNUAL REPORT


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The Right Worshipful the Lord Mayor

COUNCILLOR G. J. HORTON, J.P.

HEALTH SERVICES COMMITTEE

1960-1961

Chairman

ALDERMAN J. P. D. LACEY, O.B.E., J.P.

Vice-Chairman

COUNCILLOR C. W. STEVENS, O.B.E., J.P.

Aldermen

ALBERT JOHNSON MRS. S. A. C. SHARPE

T. J. SMITH

Councillors

J. F. FREESTON
M. J. E. WALLIS
A. R. NYE
D. C. KILLBERY
H. W. J. FORD

G. F. COLLINS
H. SOTNICK, J.P.
MRS. G. D. M. SKINNER
MISS H. M. BRADY
F. LINES

MRS. M. D. MARKS
M. BRESLER
V. H. TOMPKINS
G. B. COOPER, D.F.C.
L. J. EVANS

Co-opted Members

DR. T. BEATON, C.B.E.
MR. N. W. MCCAW
MR. E. O. DAY

DR. M. N. S. DUNCAN
DAME ELISABETH KELLY, D.B.E., J.P.
MRS. L. C. NICHOLSON
MR. L. C. ROGERS

HEALTH AND HOUSING COMMITTEE

1960-1961

Chairman

ALDERMAN FRANK MILES, C.B.E., J.P.

Vice-Chairman

ALDERMAN A. W. WEST

Aldermen

ALBERT JOHNSON

J. P. D. LACEY, O.B.E., J.P.

Councillors

A. G. ASQUITH-LEESON,
T.D., J.P.
M. J. E. WALLIS
J. SANDERS, M.B.E., J.P.
MRS. D. K. DAY, J.P.
R. BRADFIELD

H. W. BUSH
W. J. EVANS
A. F. BICKNELL
MRS. G. D. M. SKINNER
MISS H. M. BRADY
A. H. W. POPE

L. FLAGG, J.P.
M. BRESLER
V. H. TOMPKINS
MRS. H. M. KER
MRS. A. E. M. OLIVER

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

MRS. A. C. FERGUSON-BAKER; MRS. N. FERRE; MRS. A. G. NEWMAN

SENIOR MEMBERS OF HEALTH DEPARTMENT STAFF

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

P. G. ROADS, M.D., D.P.H.

Deputy Medical Officer of Health and Deputy Principal
School Medical Officer

H. W. S. FRANCIS, M.A., M.B., B.Chir., D.P.H. (from 1.2.60)

Senior Assistant Medical Officer of Health for Maternity and
Child Welfare

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

Vaccination and Immunisation Medical Officer

E. D. B. WOLFE, E.D., M.B., CH.B., D.P.H.

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

AUDREY E. STEWART, M.B., CH.B., D.R.C.O.G.

Chief Health Inspector

W. F. APPLETON, F.R.S.H., F.A.P.H.I.

Veterinary Officer

R. SCOULAR, M.R.C.V.S., M.R.S.H., M.Inst.M.O.

Administrative Assistant

H. S. WOODCOCK

Executive Officer—Mental Health Service

A. F. T. ROSE

Superintendent Health Visitor

MISS E. M. BUSSBY, S.R.N., S.C.M., H.V.Cert., D.N.(Lond.)

Supervisor of Midwives

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

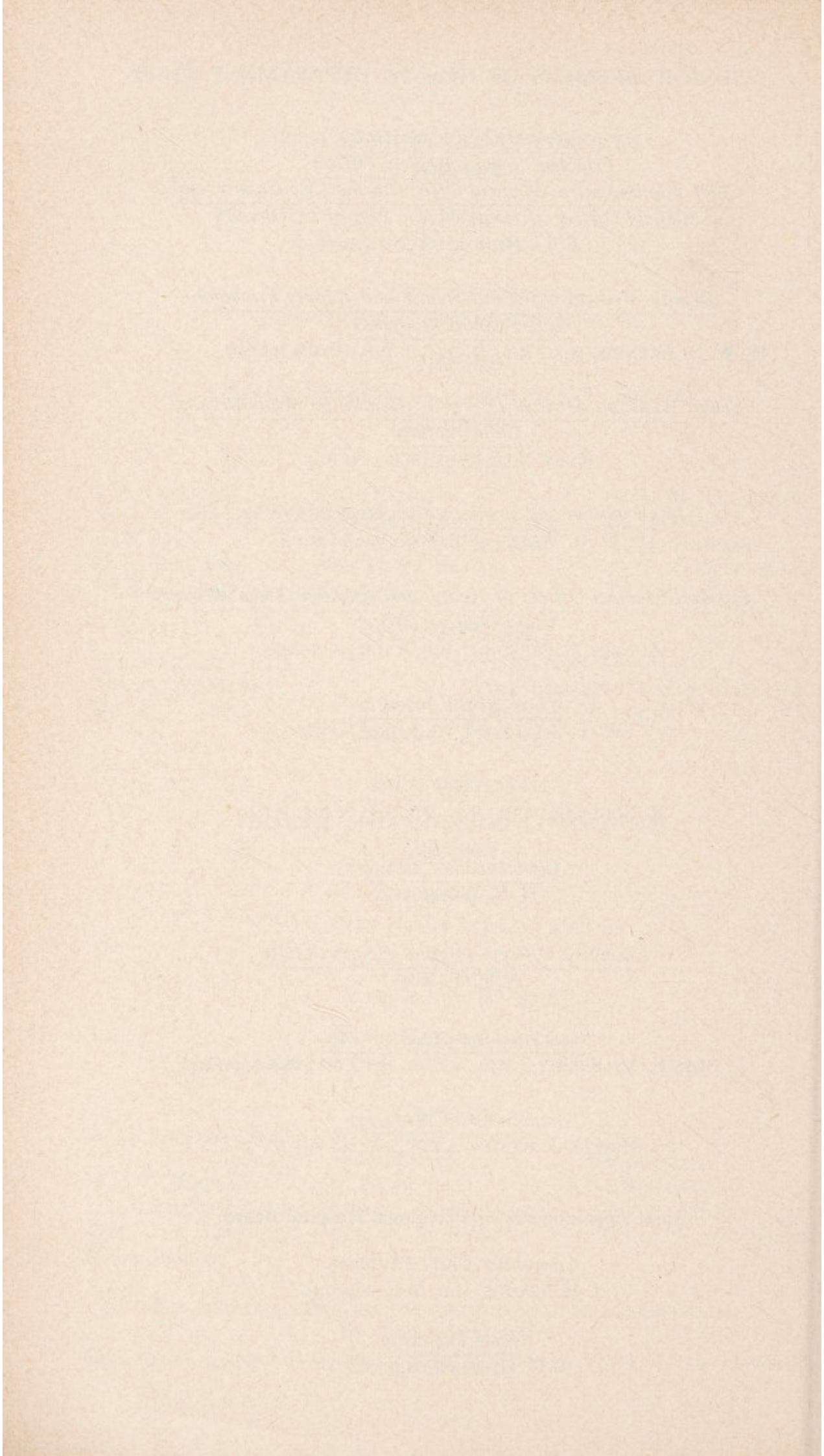
Joint Appointments with Regional Hospital Board

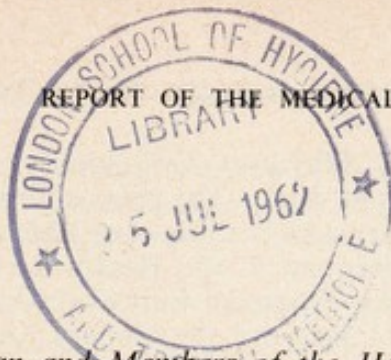
Consultant Chest Physician

J. H. DADDS, M.B., B.S., M.R.C.P.

Chest Physician

J. C. HESKETH, M.B., B.S.





Public Health Department,
Municipal Offices,
1 Western Parade,
Portsmouth.
Tel. 22251.

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

My Lord Mayor, Ladies and Gentlemen,

During the year 1960 the health of the citizens of Portsmouth continued the general improvement seen in previous years. This steady improvement is matched and, may I diffidently suggest, is connected with a great deal of the routine preventive work of the Health Department. Both these facts are of major importance, even if not of dramatic interest. The changes and developments mentioned later must be considered against this background, and, although the general position is satisfactory, improved services were planned or introduced to raise the standards even higher for such groups as the mentally disordered or aged persons.

MENTAL HEALTH

The Authority submitted revised proposals for their Mental Health Service, in accordance with Circular 9/59, to the Minister of Health in March, and these were confirmed with only minor amendments in July. The proposals were accompanied by an explanatory memorandum (quoted on pages 116—124). As this memorandum shows, it is hoped to orientate the Mental Health Services in a preventive direction as well as to provide the care and after-care envisaged in the Mental Health Act, 1959. The supplementary proposals necessary for this had therefore to be made under Section 28 of the National Health Service Act, 1946, and these were confirmed with amendments in December.

The service was to be co-ordinated and developed by a consultant psychiatrist, jointly appointed by the Regional Hospital Board and the Local Health Authority, and a senior medical officer for Mental Health and Related Services appointed by the Local Health Authority. The Regional Hospital Board had not reached any decision by the end of the year over the appointment of the consultant psychiatrist, but at the second attempt a suitable applicant had been selected for the appointment of senior medical officer and she commenced duty in March, 1961. With neither of these key appointments filled by December major progress was disappointingly small, and the general situation remained as in recent years.

Minor developments were made in the care of the subnormal. More children were placed in private residential homes, and more were admitted to Langstone House Day Training Centre.

In July, as part of World Mental Health Year, a special week was held to promote mental health consciousness. The Day Training Centre was opened for two evenings for displays of work, short talks and films shown to the general public. During the daytime a programme of visits was arranged for organised parties of suitable persons while the trainees were present. The demand for this was so great that some parties had to be accommodated outside the chosen week. The schools for the educationally subnormal opened on two evenings with exhibitions of work and films on school activities for the general public. The Child Guidance Centre and School Clinic were also opened to demonstrate their work.

The Lord Mayor and Lady Mayoress very kindly visited the Day Training Centre to see the trainees at work. The press co-operated in all this activity and gave full publicity, particularly to the Lord Mayor's visit. They also published articles by the Chairman of the Health Service Committee, the Medical Officer of Health, the Physician Superintendent of St. James Hospital, the Educational Psychologist and the Deputy Medical Officer of Health.

A group of interested persons had been preparing the ground in Portsmouth and during Mental Health Week a meeting was held, with the result that later in the year the Portsmouth and District Branch of the National Association of Mental Health was formed.

HEALTH EDUCATION

Members of the Health Department have used opportunities, whenever presented, for health education. In particular, much of the work of the health visitors is, of course, devoted to health education. As an instance of the general work, I gave twenty-four lectures, as well as speaking at other meetings and writing various articles and pamphlets on a variety of subjects.

Special efforts were devoted to education of the public regarding mental health, as mentioned in the mental health section, pages 52—55.

The British Empire Cancer Campaign devoted its Annual General Meeting to a talk by Dr. Peter Alexander of the Chester Beatty Research Institute, Royal Cancer Hospital, in which the main theme was the prevention of lung cancer.

CHIROPODY

The Authority submitted proposals for a Chiropody Service, which the Minister of Health approved in December. Plans were prepared and financial provisions made to develop the service during 1961.

LIAISON ARRANGEMENTS

The Authority are represented on the Local Executive Council and the various hospital committees, and these, in turn, are represented on the Health Services Committee. The special liaison arrangements in midwifery to avoid unnecessary hospital admission and to facilitate early discharge are detailed on page 20.

CHILD GUIDANCE

The medical and nursing staff of the child welfare service received some advice informally from members of the child guidance team on the problems of emotional development and behaviour difficulties. Since, however, this team had not and, even after its proposed development, will not have resources to spare for extensive work of this nature it is proposed that such work shall be undertaken by the consultant psychiatrist, social psychologist and psychiatric social workers of the Mental Health Service. While many members of the staff are keenly interested in this work the delay in appointing the consultant psychiatrist, noted elsewhere, has delayed its proper development.

HOME HELP SERVICE

This service expanded by 5%, as shown by the total number of hours worked, and the proportion of the total devoted to the elderly also increased slightly. While practically all persons requiring help were assisted, in some cases less help could be given than was desirable due to the shortage of home

helps. However, provision was made at the end of the year to increase the service available. Consideration was also given to amending the scale of charges, but this had to be deferred on financial grounds.

TUBERCULOSIS

The present position with regard to tuberculosis was reviewed in my address to the Annual General Meeting of the Portsmouth Voluntary Care Committee for Tuberculosis and Lung Diseases.

The spread of infection is indicated by the number of notifications which are given on page 42. It must be realised that the reduction of these figures is achieved, even with improved case-finding, both from mass miniature radiography and surveys of mantoux susceptibility of school children. No primary notifications were received after death, and primary notifications for patients over the age of 45 were 36·4% of the total. The number of deaths from tuberculosis, which in the past was considered a more reliable index when case-finding was less complete, is also given. It must, however, be noted that with present treatments more patients are cured and there are fortunately fewer deaths. The numbers on the tuberculosis register are also given, page 43, for the last few years and may, in loose terms, be considered to show the prevalence of cases. While these numbers have fallen they nevertheless show that there is still a considerable number of cases and any of these persons might be the means for disseminating infection.

Consideration of these tables shows the tremendous progress made in the therapeutic fields. It does, however, indicate that preventative measures are still very necessary. The situation in Portsmouth entirely bears out the general conclusion that there could be a reduction in the facilities for treatment but that there must be maintenance of the preventive measures. In fact, during this year B.C.G. vaccination has been extended to private schools, students at the Teachers' Training College and trainees at Langstone House.

One case merits special note as it has been the only known instance where Section 172 of the Public Health Act, 1936, was brought into operation in Portsmouth. The patient had had infectious tuberculosis for a number of years, but had never stayed in hospital to complete her treatment. Two of her children had strong positive reactions to tuberculin testing and her sputum was positive with drug-resistant bacilli. She was admitted to hospital for three months under a Court Order and remained for that time. At the conclusion of that period she gave an undertaking to continue her treatment, so the Order was not renewed. However, she later took her discharge and before a new Order could be obtained had departed for London, where the relevant section of the Public Health Act is not operative. Information was sent to the London area but she was never traced.

COMPULSORY REMOVAL

During the year three persons were removed to hospital or similar accommodation following a Court Order made under Section 47 of the National Assistance Acts, 1948 and 1951. The cases were as follows:—

1. Mrs. F. W. — Aged, infirm and physically incapacitated. Unable to care for herself or her home. Admitted to St. Mary's House and, after some initial difficulty, settled down so that a Renewal Order was not needed.
2. Mrs. A.C. — Elderly, living alone and unable to care for herself or her home. Admitted to Saint Mary's Hospital and was willing to remain there voluntarily after expiry of Order which was therefore not renewed.

3. Mrs. A.D. — 79. Living with aged husband under grossly insanitary conditions. Had fallen at home and Police were called in. Dirty in her person and with possible injury to back, but refused admission to hospital. Doctors called in, but patient still refused treatment. Order obtained as, in the opinion of private doctor, she was 'dying from senility, malnutrition and neglect'. Admitted to hospital where condition slowly deteriorated — died six weeks later. Condition was such that at the expiry of the Order she was unable to take her discharge and application was not therefore made for renewal.

Arrangements made for cleansing of house which was still occupied by the husband. Consideration was given to his removal under Section 47 also, but in view of the improvement in the living conditions and his own state of health no action was then considered necessary.

While other cases were referred to this Department I considered that such action was unnecessary or not in the patient's own interest. The need for compulsory removal is accepted only when all other means have failed, and for the urgent procedure at least two doctors must be agreed that it is in the patient's own interest.

It is nevertheless distressing to all concerned to have to invoke compulsion with these old people. It may, however, be more humane than it initially appears. Illness or age has sometimes deprived these people of the ability to reach a decision or (mercifully) to appreciate the facts of their situation. A decision taken for them, and kindness, warmth, good food and cleanliness are considerable consolation.

In concluding this foreword, I wish to record my thanks to all members of the staff, whose keenness and devotion to duty have maintained and extended the reputation for good service built up over past years. Finally, may I thank the Chairman and Members of the several committees of the Council for their support and encouragement throughout the year.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

P. G. ROADS,
Medical Officer of Health.

March, 1962.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

STATISTICAL SUMMARIES FOR 1960

Total population (estimated by the Registrar General)	..	217,520
Population (Census 1951)	.. .. .	233,545
Area in acres (land and inland water)	.. .. .	9,249
Number of dwellings	.. .. .	63,511

VITAL STATISTICS

		<u>Total</u>	<u>Male</u>	<u>Female</u>	
LIVE BIRTHS:					
Legitimate	..	3,410	1,795	1,615	Rate per 1,000 population
Illegitimate	..	285	151	134	
Total	.. ..	3,695	1,946	1,749	
		(3,493)	(1,790)	(1,703)	(15.86)

Percentage of illegitimate live births to total live births—7.71

STILLBIRTHS:					
Legitimate	..	74	36	38	Rate per 1,000 total births
Illegitimate	..	5	4	1	
		79	40	39	
		(64)	(29)	(35)	(17.99)

TOTAL LIVE AND

STILL BIRTHS 3,774 (3,557)

INFANT DEATHS (i.e. under one year of age)

Legitimate—56 (68); Illegitimate—2 (6) TOTAL 58 (74)

Infant mortality rates:

All infants per 1,000 total live births 15.69 (21.18)

Legitimate infants per 1,000 legitimate live births .. 16.42 (20.93)

Illegitimate infants per 1,000 illegitimate live births 7.02 (24.59)

NEO-NATAL DEATHS (i.e. first four weeks) TOTAL 39 (47)

Mortality rate per 1,000 total live births 10.55 (13.45)

EARLY NEO-NATAL DEATHS

(i.e. under one week) TOTAL 29 (39)

Mortality rate per 1,000 total live births 7.85 (11.17)

PERINATAL DEATHS (i.e. stillbirths and deaths under one week combined)

TOTAL 108 (103)

Mortality rate per 1,000 total live and still births .. 28.62 (28.96)

MATERNAL DEATHS

TOTAL 4 (Nil)

Maternal mortality rate per 1,000 total live and still births 1.06 (Nil)

DEATHS FROM PRINCIPAL DISEASES

<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate for 1,000 population</u>
1,434	1,309	2,743	12.61

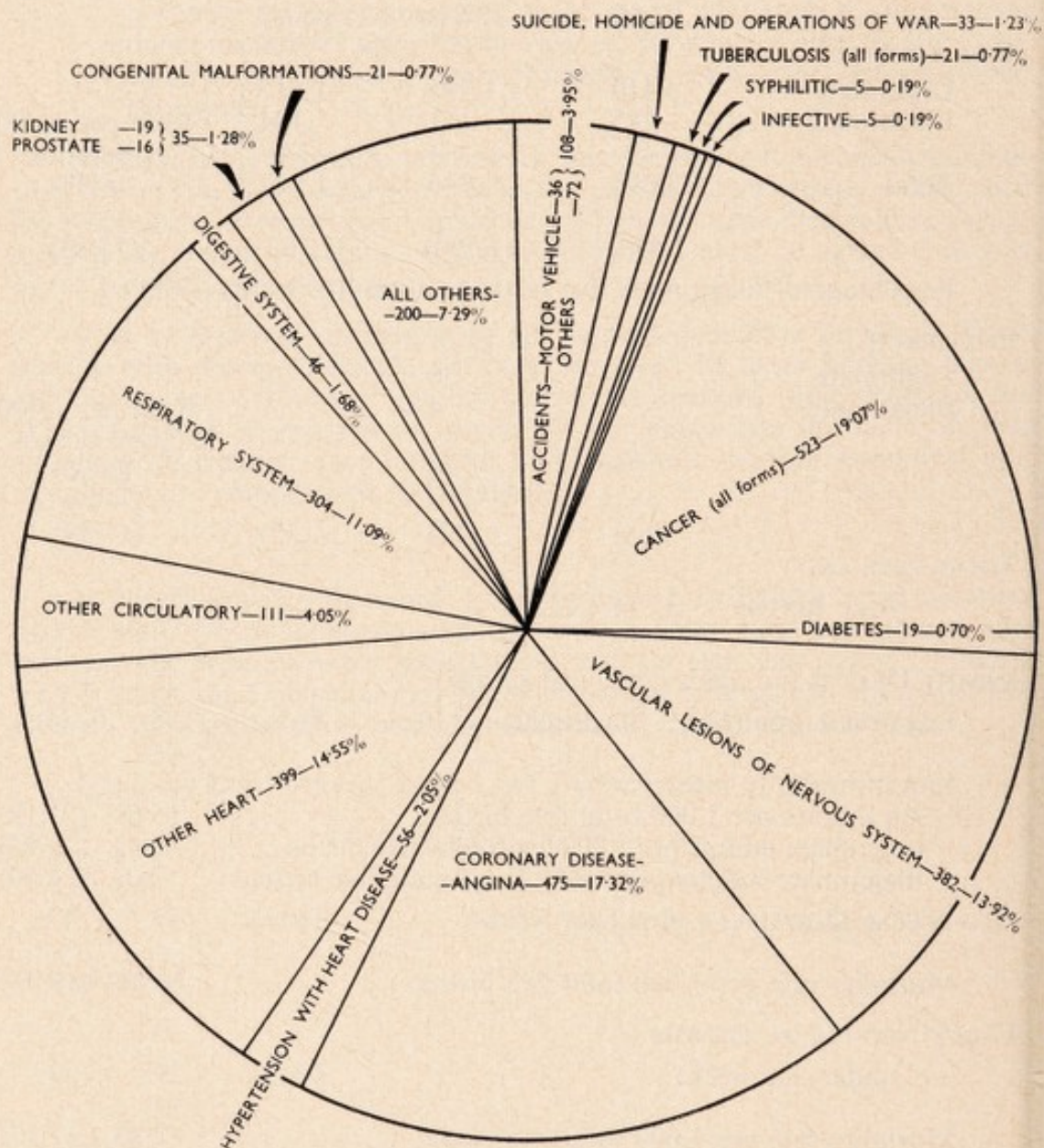


TABLE I
ANALYSIS OF CAUSES OF DEATHS

	1960			1959		
	Male	Female	Total	Male	Female	Total
Ages						
Under 1 year	32	26	58	45	29	74
1—4 years	9	2	11	6	6	12
5—14 years	3	2	5	4	3	7
15—24 years	23	3	26	16	5	21
25—44 years	46	34	80	44	36	80
45—64 years	391	209	600	374	221	595
65—74 years	397	306	703	421	352	773
75—	533	727	1,260	487	784	1,271
Causes						
Coronary disease—angina	285	190	475	247	178	425
*Other heart disease	175	224	399	176	271	447
Vascular lesions of nervous system ..	168	214	382	152	230	382
*Malignant and lymphatic neoplasms — other sites	136	104	240	127	111	238
*Defined and ill-defined diseases — various	89	108	197	96	135	231
Pneumonia	58	92	150	77	108	185
Malignant neoplasm—lung, bronchus ..	119	17	136	98	13	111
Bronchitis	94	36	130	104	44	148
*Other circulatory disease	52	59	111	44	56	100
Accidents, other than motor vehicle ..	35	37	72	31	41	72
Malignant neoplasm—stomach	40	28	68	42	25	67
Hypertension with heart disease	25	31	56	21	34	55
Malignant neoplasm—breast	2	45	47	—	46	46
Motor vehicle accidents	26	10	36	25	2	27
Suicide	20	13	33	19	13	32
Ulcer of stomach and duodenum	20	10	30	19	21	40
*Other diseases of respiratory system ..	14	9	23	11	4	15
Congenital malformations	10	11	21	11	10	21
Malignant neoplasm—uterus	—	21	21	—	22	22
Diabetes	5	14	19	6	9	15
Nephritis and nephrosis	11	8	19	13	10	23
Tuberculosis—respiratory	12	5	17	18	6	24
Gastritis, enteritis and diarrhoea	5	11	16	6	18	24
Hyperplasia of prostate	16	—	16	24	—	24
Leukaemia, aleukaemia	8	3	11	6	5	11
Syphilitic diseases	4	1	5	2	2	4
Tuberculosis—other	2	2	4	1	1	2
Pregnancy, childbirth and abortion ..	—	4	4	—	—	—
*Other infective and parasitic diseases ..	2	1	3	5	5	10
Acute poliomyelitis	1	—	1	—	—	—
Influenza	—	1	1	13	13	26
Diphtheria	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	1	1
Measles	—	—	—	—	—	—
Homicide and operations of war	—	—	—	3	2	5
	1,434	1,309	2,743	1,397	1,436	2,833

* Causes not specified elsewhere in table.

TABLE II
TABLE SHOWING BIRTH-RATE, DEATH-RATES AND POPULATION
FOR YEAR 1960 AND THE TEN PRECEDING YEARS

Year	Birth-rate per 1,000 population	Death-rate per 1,000 population	Death-rate from infectious diseases per 1,000 population	Deaths of children under 1 year—per- centage of total deaths	Deaths of children under 1 year—per 1,000 live births	Population (R.G.'s estimate)
1960	16.99	12.61	0.009	2.11	15.69	217,520
1959	15.86	12.86	0.02	2.61	21.18	220,300
1958	15.70	12.28	0.01	2.93	22.28	222,800
1957	15.57	11.74	0.02	2.86	21.52	226,900*
1956	15.08	12.22	0.03	2.97	24.10	231,100*
1955	14.16	10.77	0.02	3.15	23.96	238,700*
1954	15.23	10.76	0.03	3.36	23.71	243,600*
1953	15.21	11.59	0.04	3.12	23.80	245,800*
1952	15.43	10.77	0.04	3.33	23.24	242,600*
1951	15.05	11.87	0.06	3.76	29.64	244,400*
1950	15.22	10.92	0.05	4.16	29.84	240,020*
Average for 10 yrs. 1950-59	15.25	11.58	0.03	3.23	24.33	—

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

* Total population

METEOROLOGY—1960

BAROMETER. The mean barometric pressure (corrected to sea level) for the year was 29·838 inches (29·956). The highest observed reading was 30·634 on 18th February (30·844), and the lowest 29·094 on 1st November (28·746).

TEMPERATURES. The mean temperature in the shade was 50·8° (53·5°).

Maximum. The mean maximum temperature in the shade was 56·8° (58·8°), the highest being 81° on 20th June (82°).

Minimum. The mean minimum temperature was 44·7° (48·1°), the lowest being 24° on 1st and 4th January (26°).

Minimum on Grass. The mean minimum temperature on the grass was 38·2° (43·1°), the lowest being 16° on 17th February (19°).

Earth Temperature. The mean temperature at one foot below the ground was 53·3° (54·1°), and at four feet 53·8° (54·4°).

Frosts. The minimum temperature in the shade, four feet above the ground, fell to and below freezing point on 15 days (20), and there were 68 (43) ground frosts during the year.

SUNSHINE. 1,629 hours 24 minutes (2,091 hours 54 minutes) of sunshine were recorded by the Campbell-Stokes recorder. The greatest amount on one day was 14 hours 30 minutes on 20th June (15 hours 24 minutes).

RAINFALL. The total rainfall was 43·18 inches (26·45), the highest ever recorded. The greatest fall in 24 hours was 1·48 inches on 10th August (1·96).

HUMIDITY. The mean humidity of the air (saturation 100) was 81 (78).

The following phenomena were recorded:—

HAIL on eleven occasions (8).

SNOW or SLEET on eleven occasions (5).

THUNDER on fourteen occasions (11).

FOGS. Twelve (16).

GALES. Four — 0 fresh, 4 moderate (nine—7 fresh, 2 moderate).

AVERAGES FOR THE PAST TEN YEARS (1951-1950)

<i>Rainfall</i>	<i>Sunshine</i>	<i>Mean Temperature</i>
35·54 inches	1,698 hours	51·26°

(Figures in brackets refer to 1959)

SUMMARY OF GALES FOR PAST SEVEN YEARS — (1954-1960)

	<i>Moderate</i>	<i>Fresh</i>
SSW — SW — WSW	31	37
Others	7	7
	—	—
	38	44
	—	—

TABLE III
MONTHLY METEOROLOGICAL SUMMARY FOR THE YEAR 1960

Month	Mean Pressure (ins.)	Temperature—Degrees F.						Sunshine		Rainfall			Relative Humidity (Saturation 100)	
		Absolute		Mean		Mean Daily Range	Total No. of hours	Days of 0.5 hrs. or more	Total m.m.	Total ins.	Days of 0.01 ins. or more			
		Max.	Min.	Max.	Min.									
January	29.917	41.2	53	24	45.3	37.1	8.2	44 hrs.	6 mins.	14	97.8	3.85	17	87
February	29.734	41.7	57	27	46.1	37.3	8.8	90 "	0 "	18	75.7	2.98	17	82
March	29.796	45.1	54	35	49.0	41.2	7.8	97 "	24 "	21	44.5	1.75	16	82
April ..	30.032	50.4	66	36	56.6	44.2	12.4	173 "	12 "	24	22.4	0.88	10	75
May ..	30.012	57.0	72	43	62.9	51.1	11.8	198 "	30 "	25	40.6	1.60	8	77
June ..	30.044	62.1	81	50	68.0	65.2	12.8	262 "	24 "	28	48.3	1.90	9	76
July ..	29.838	61.6	70	52	66.2	56.9	9.3	186 "	12 "	29	69.1	2.15	21	78
August	29.838	66.8	73	48	66.9	56.7	11.2	194 "	54 "	28	145.0	5.72	18	79
September	29.902	59.2	71	46	63.9	54.4	9.5	138 "	36 "	23	136.0	5.37	16	80
October	29.580	52.4	65	37	58.1	49.4	8.7	100 "	54 "	25	193.0	7.58	26	85
November	29.622	43.5	61	33	53.3	43.6	9.7	86 "	36 "	23	148.0	5.81	26	87
December	29.728	42.4	54	31	45.6	39.1	6.5	56 "	36 "	17	96.3	3.79	21	88
TOTAL ..	—	—	—	—	—	—	—	1,629 "	24 "	275	1116.8	43.18	205	—
MEAN ..	29.838	50.8	—	—	56.8	44.7	12.1	135 "	47 "	23	93.1	3.6	17	81

TABLE IV
MONTHLY ANALYSIS OF WIND DIRECTIONS—1960
(recorded at 9 hours G.M.T.)

1960	N	NE	E	SE	S	SW	W	NW	Calm	Totals
January ..	3	5	2	2	2	9	4	4	—	31
February ..	1	5	1	2	3	8	5	4	—	29
March ..	2	12	8	4	1	3	1	—	—	31
April ..	3	6	3	4	1	6	4	3	—	30
May ..	2	6	6	6	4	6	1	—	—	31
June ..	2	3	3	4	4	9	2	2	1	30
July ..	1	—	—	—	5	17	7	1	—	31
August ..	2	2	3	2	3	13	5	1	—	31
September ..	5	4	5	2	3	7	1	3	—	30
October ..	3	4	2	4	6	5	2	4	1	31
November ..	2	2	1	—	7	13	5	—	—	30
December ..	4	5	2	—	2	8	3	3	4	31
TOTALS ..	30	54	36	30	41	104	40	25	6	366
% (approx.) ..	8	15	9	8	11	30	10½	7	1½	100

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 an increase from nil in 1959 to 1.06 per thousand total births. This represents a total of four deaths, the causes of which were as follows:—

- (a) Shock and haemorrhage. 'Accidental' haemorrhage. Pregnancy. Coroner's P.M.
- (b) Toxaemia and internal haemorrhage. Septic abortion. Introduction of instrument into uterus in circumstances unknown. Open verdict.
- (c) Pulmonary embolism. Pelvic venous thrombosis. Puerperal uterine infection. Coroner's P.M. without inquest.
- (d) Air embolism of heart and lungs. Self-injection of air and fluid into uterus. Attempted self-induced abortion. Inquest.

While each of these deaths is a tragedy in itself, it is disquieting for four to have occurred during this year. All were investigated by the Coroner in addition to the normal enquiry into maternal deaths for the Ministry of Health. From the information available one would appear to have been unavoidable, in that no warning symptoms had been noted. A second death may, in theory, have been avoidable, but all possible medical care was given. The other two deaths were due to induced abortions from illegitimate pregnancies. While the Local Health Authority has continued to provide help for such pregnancies it has agreed to assist with additional preventive work. A grant has been made to the Portsmouth Diocesan Council for Moral Welfare to provide such preventive work during the next year, in addition to their already existing 'rescue' work.

None of these pregnancies resulted in a living child.

INFANT MORTALITY

The infant mortality rate for 1960 decreased to 15.69, compared with 21.18 in 1959; the actual number of infant deaths was 58 (74). An analysis of these figures (page 26) shows that in 1960 the deaths occurring in the first four weeks of life numbered 39 (47), and those from four weeks to one year 19 (27), making a neo-natal death rate of 10.55, compared with 13.45 in the previous year. Of the 39 neo-natal deaths, 29 occurred in the first week of life. The perinatal mortality rate decreased to 28.62 compared with 28.96 in 1959.

The four main causes of infant deaths have altered from last year and were in the following order:—

- Congenital malformations
- Respiratory diseases
- Post-natal asphyxia and atelectasis
- Immaturity

During the year an eighteen-month-old baby developed malaise, neck stiffness and vomiting and was diagnosed, only shortly before death, to be suffering from lead poisoning. His twin brother, who was also ill, was then found to be affected but to a lesser degree. With appropriate treatment he made a good recovery.

Investigation at their home, which was rented furnished, showed that the children had chewed a variety of painted surfaces, but unfortunately no specimens of the paint could be obtained.

The survey on infection in early pregnancy in relation to abortion stillbirth and congenital defects continued throughout the year and it is hoped that the result will show some definite cause of congenital abnormalities.

PREMATURE BIRTHS

Midwives and health visitors continued to pay special visits to all premature babies. A premature baby outfit, including Sorrento cot, mattress and interchangeable linings; hot water bottles with covers; cot blankets; flannel baby outfits; cot, wall and clinical thermometers, and feeding utensils, is available for nursing premature babies born at home.

Wherever possible arrangements are made for premature births to take place in hospital and, during 1960, 150 premature births occurred in Saint Mary's Hospital, compared with 157 in the previous year.

The total number of premature births reported during the year occurring at home and in private nursing homes was 76 (70). 44 (39) babies born and nursed at home were still surviving at the end of one month and 11 (15) babies born at home were transferred to hospital. 17 (14) babies born and nursed in nursing homes were still surviving at the end of the month and 4 (2) babies born in nursing homes were transferred to hospital.

In October, arrangements were made for one of the health visitors to attend the special follow-up premature baby clinic each week at Saint Mary's Hospital. This arrangement has been found to be most helpful.

OPHTHALMIA NEONATORUM

Four cases of ophthalmia neonatorum were notified during the year. Infections were of a mild degree and there was no resultant impairment of vision in any of these cases.

ATTENDANCES AT CLINICS

The number of new patients attending the municipal ante-natal clinics showed an increase from 1,915 in 1959 to 1,971 and during the year patients made a total of 11,779 attendances, compared with 11,226 in the previous year.

Co-operation between the general practitioners and the staff of the ante-natal clinics continued to be most satisfactory.

The number of patients who attended the post-natal clinics for the first time decreased to 115, compared with 148 in 1959. They made a total of 196 attendances, compared with 218 in the previous year.

The child welfare clinics continued to be well attended as will be seen from the table on page 23. There was a considerable increase in the total attendances made by the children — 61,167, compared with 55,508 in 1959. This increase was due to the opening of additional clinics in various parts of the city.

The new Maternity and Child Welfare Centre at Falmouth Road, Paulsgrove, which was commenced in 1959, was opened in January, 1960, and ante-natal and child welfare clinics are held there weekly and post-natal clinics monthly. The post-natal clinic previously held at Northern Road, Cosham, was discontinued as it was felt that the demand for a post-natal clinic was greater in the Paulsgrove area.

Additional child welfare clinics were commenced at St. Francis Mission Church Hall, Northern Parade, Hilsea, in April, and at the Southsea Community Centre, King Street, Southsea, in May. Both these clinics are well attended showing that there was a definite need for them in these areas, particularly at Hilsea.

HEALTH EDUCATION

Mothercraft classes, which include talks on ante-natal care, bathing the baby, breast feeding, weaning, etc., and practical instruction in ante-natal exercises and relaxation, continued to be given weekly by health visitors and midwives at the child welfare centres at Trafalgar Place, Clive Road, Fratton, and Northern Road, Cosham, and were well attended. During the year classes were commenced at the child welfare centre at Falmouth Road, Paulsgrove.

Health visitors continued to give lectures on mothercraft and other health education subjects to teenage girls at the Salvation Army Home, Villiers Road, Southsea. They also gave lectures to various organisations in the City, i.e. church, clubs, etc.

MOTHERS' CLUBS

Mothers' clubs are still proving beneficial to the mothers at Cosham and Portsea child welfare centres and during the year a club was commenced at Paulsgrove. The programme are varied and include lectures, films and handicraft.

NURSERIES

During the year the total number of children under five years of age admitted to the day nurseries was 109 (99).

The scheme for the training of students for the examination of the National Nursery Examination Board, organised by the Education Authority in conjunction with this department and the Children's Department, has been continued.

Medical Officers of the department continued to carry out regular medical examinations at the Cottage Homes Residential Nursery.

DENTAL TREATMENT

Dental care of expectant and nursing mothers and children under five years of age was carried out mainly by the hospital authorities. During the year 158 cases were referred from the local authority's clinics to Saint Mary's Hospital, compared with 148 in 1959.

MIDWIVES SERVICE

The total number of domiciliary midwives practising at the end of the year was 29 (25 full-time and 4 part-time) and all belonged to the Portsmouth Municipal Service. The total number of cases delivered by them was 1,635 (1,519). Taking into consideration sickness and holidays, this represents an average of 85.9 (77.7) cases per midwife per annum. Municipal midwives also attended 416 (357) patients who were confined in Saint Mary's Hospital and discharged within a few days to their own homes for nursing. The number of these cases is steadily increasing.

Close liaison was maintained between the maternity section of this department and the hospital maternity booking office. The Supervisor of Midwives investigated the home conditions of 778 (669) cases who had applied for admission to hospital on grounds of inadequate accommodation.

The domiciliary service of midwives continued to undertake the district training of pupil midwives for their Part II examination of the Central Midwives Board. During the year 39 (37) pupil midwives entered for the examination and 37 (37) were successful at their first attempt.

ANALGESIA IN CHILDBIRTH

There was a slight decrease in the percentage of cases to whom gas and air analgesia was administered on the district in 1960 — 90.1, compared with 91.0 in 1959.

The administration of pethidine and pethilorfan by the midwives continued to bring relief to mothers in labour.

The following is an analysis of cases:—

Gas and air and pethidine or pethilorfan used	..	1,021 (949)
Gas and air alone used	.. .. .	452 (434)
Pethidine or pethilorfan alone used	.. .. .	37 (21)

The remaining cases — 125 (115) — fall into one of the following categories:—

1. Where a different form of analgesia was used.
2. Where, for medical reasons, it was contra-indicated.
3. Where the delivery was too rapid.
4. Where the mothers preferred to have no analgesia.

45 (33) who had attended the mothercraft classes for instruction in ante-natal exercises and relaxation were successful in using this method of relaxation during their confinements and preferred to have no analgesia. Many letters are received in this department from mothers after their confinements expressing gratefulness for the teaching they have received at the relaxation classes.

HEALTH VISITING

The number of health visitors employed at the end of the year was 23 (23). Of these 21 were employed full-time and 2 part-time. One health visitor is engaged in full-time tuberculosis work, six of the remaining health visitors do part-time tuberculosis work and, in addition, two trained nurses are engaged as full-time tuberculosis visitors.

The total number of visits paid was 54, 286, compared with 60,063 in 1959. The number of visits paid to children under five years of age was 44,061, compared with 48, 840 in the previous year. 6,221 (6,484) visits were paid to other age groups in the family, especially the aged, and 4,004 (4,739) to tuberculosis patients.

Each health visitor has approximately 600 families in her area.

The health visitors continued to spend much time in visiting old people and it is felt that much is being done towards the comfort of old people through these visits. During the year 3,251 visits were made, compared with 3,276 in 1959.

During the year all the health visitors attended a course on the screen testing for deafness in young children and all were successful in obtaining certificates of proficiency. The health visitors now carry out routine tests for deafness in children at the age of 9 months. It is felt that this is a definite step forward in the care of children.

Tests for phenylketonuria were commenced on all babies born after January 1st.

On the advice of the Senior Pathologist, Dr. E. M. Darmady, the tests were carried out at six weeks and twelve weeks of age. Fortunately, although not unexpectedly, no case was found. The health visitors carry out the tests with 'Phenistix'. While in theory this should easily be managed on a routine visit, often, in practice, a special visit is necessary — babies do not always oblige or provide a wet napkin. It has therefore been expensive in staff time.

The arrangement with the Ambulance Officer for all cases where ambulance drivers felt there was a social need to be reported to the health visitors continued to work satisfactorily.

Portsmouth continued to be one of the six authorities co-operating with Southampton University in the training of student health visitors and one student commenced training in September, 1960.

PROBLEM FAMILIES

The Co-ordinating Committee continued to meet monthly and there has been close co-operation with the N.S.P.C.C. Inspectors. The discussions between the various members of the Committee have been most helpful.

HOME HELP SERVICE

This Service continued to work satisfactorily and all cases receiving assistance were carefully selected and supervised.

The group scheme, in which a home help is given the care of approximately six old people whose homes are in close proximity to one another, continued to work satisfactorily and there were 13 of these groups in operation at the end of the year. The number of hours worked by home helps for old people represents 91.6% of the work of the Service, compared with 90.3% during 1959.

An analysis of the statistics for the year is as follows:—

Number of home helps at the end of the year ..	74
Number of maternity cases helped	105
Number of tuberculosis cases helped	13
Number of chronic sick cases helped (including the aged and infirm)	809
Number of other cases of illness helped ..	59
Number of hours worked for maternity cases ..	3,367 $\frac{3}{4}$
Total number of hours during which home helps were employed	98,818 $\frac{1}{2}$ (93,524 $\frac{1}{4}$)

MATERNITY AND CHILD WELFARE STATISTICS

CHILD WELFARE CENTRES

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

	Attendances	New Cases	Seen by the Medical Officer
Fratton (two afternoons per week)	9,812	633	1,036
Hilsea (one afternoon per week)	1,729	132	—
Epworth Road (one afternoon per week) ..	7,611	360	806
Drayton (one afternoon per week)	4,129	217	360
Eastney (two afternoons per week)	12,813	680	1,276
Southsea (one afternoon per week)	1,472	—	—
Portsea (one afternoon per week)	2,936	293	723
Twyford Avenue (one afternoon per week) ..	6,598	420	860
Tangier Road (one afternoon per week) ..	4,214	198	392
Cosham (one afternoon per week)	4,356	262	373
Falmouth Road (one afternoon per week) ..	2,654	163	466
Hempsted Road (one afternoon per week) ..	2,843	150	14
TOTALS	61,167	3,508	6,306
TOTALS for 1959	55,508	3,366	5,828

Attendances at Child Welfare Centres during the year 1960, classified according to the age of the child concerned, were as follows:—

Children from 0 to 1 year of age	47,595
„ „ 1 to 2 years of age	8,692
„ „ 2 to 5 years of age	4,880
Total	61,167
Total for 1959	55,508

Proprietary brands of dried milk were issued from the Child Welfare Centres to expectant mothers, nursing mothers and infants, at a total cost of £6,798 (£6,012); £7,538 (£6,532) was recoverable from the patients.

DAY NURSERIES

The following are the statistical details relating to the two Day Nurseries:—

	Admissions during the year	No. on Register at 31st Dec.	Awaiting admission 31st Dec.
ST. PETER'S DAY NURSERY (Complement 35)	55	37	6
TWYFORD AVENUE DAY NURSERY (Complement 35)	54	35	

MIDWIVES

The practice of district midwives and of those practising in nursing homes during the year was satisfactory, and the inspection of midwives' bags, books and appliances was carried out regularly.

	1960	1959
Number of midwives practising on the district and in nursing homes on December 31st	37	36
Total number of cases delivered by them	2,404	2,169
Number of cases delivered by municipal midwives	1,635	1,519
Number of cases delivered in nursing homes	769	650
Number of cases in which medical assistance was sought where no doctor was engaged	44	64

DOMICILIARY SERVICE OF MIDWIVES

	1960	1959
Number of municipal midwives employed in Portsmouth at 31st December	29	28
Number of cases booked	2,319	2,339
Number of patients delivered	1,635	1,519
Excluding holidays and sickness:		
Average number of cases per midwife per month	7.2	6.5
Average number of cases per midwife per annum	85.9	77.7
Average weekly number of bookings	44.6	45.0

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 new patients		Total attendances		No. of new patients		Total attendances	
	1960	1959	1960	1959	1960	1959	1960	1959
Fratton (A.N., 5 clinics weekly) .. (P.N., 3 clinics monthly) ..	1,314	1,292	7,907	7,620	91	129	156	191
Paulsgrove (A.N., 1 clinic weekly) .. (P.N., 1 clinic monthly)	232	—	1,340	—	24	—	40	—
Cosham (A.N., 1 clinic weekly) ..	212	412	1,356	2,336	—	19	—	27
Portsea (A.N., 1 clinic weekly) ..	213	211	1,176	1,270	—	—	—	—
Saint Mary's Hospital (A.N., 7 clinics weekly) .. (P.N., 1 clinic weekly)	1,014	1,061	14,728	14,655	928	874	1,033	912
TOTALS	2,985	2,976	26,507	25,881	1,043	1,022	1,229	1,130

INSTITUTIONAL TREATMENT OF MATERNITY CASES

	Saint Mary's Hospital	Royal Naval Maternity Home
No. of maternity beds (exclusive of isolation and labour)	74	19
No. of patients admitted	3,078	460
Average duration of stay	9 days	12 days
No. of cases delivered by—		
(a) Midwives	2,124	382
(b) Doctors	560	56
Cases in which medical assistance was sought by Mid- wife	1,352	116
No. of cases notified as puerperal pyrexia	91	—
No. of cases notified as ophthalmia neonatorum ..	2	—
No. of maternal deaths	2	—
No. of foetal deaths—		
(a) Stillborn	109	2
(b) Within 28 days of birth	87	—

HOME VISITING

The health visitors paid 54,286 (60,063) visits during the year:—

	Total Number of Visits	
	1960	1959
First to children	3,684	3,391
Subsequent visits to children from 0 to 1 year of age ..	16,251	17,936
" " 1 to 2 years of age ..	8,422	9,694
" " 2 to 3 years of age ..	6,191	5,983
" " 3 to 5 years of age ..	9,513	10,836
Visits to expectant mothers	1,089	1,223
Visits in respect of cases of illness and the aged	5,132	5,261
Visits in respect of tuberculosis patients	4,004	4,739

INFANT MORTALITY, 1960

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
Pneumonia	-	-	-	-	-	5	-	-	1	6
Bronchitis	-	-	-	1	1	2	2	-	-	5
Gastritis, Enteritis and Diarrhoea ..	-	-	-	-	-	1	-	1	-	2
Congenital Malformations	6	2	2	2	12	-	2	-	1	15
Injury at Birth	4	-	-	-	4	-	-	-	-	4
Post-natal Asphyxia and Atelectasis ..	8	-	-	-	8	-	-	-	-	8
Immaturity	7	-	-	-	7	-	-	-	-	7
Other Causes	4	3	-	-	7	2	-	1	1	11
TOTALS	29	5	2	3	39	10	4	2	3	58
Previous Year (1959)	39	3	3	2	47	7	6	7	7	74

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

By the Senior Dental Officer

There is no scheme providing for the routine dental examination of expectant and nursing mothers and young children but, under an agreement with the Portsmouth Group Hospital Management Committee, provision is made for their treatment in the Dental Department of Saint Mary's Hospital, where all forms of dental treatment, including the supplying of dentures, are available.

In addition, a number of children under five are seen at the Education Committee's clinics. As these children only attend sporadically and are usually brought to the clinics at the same time as older members of the same family, it is certain that they are often recorded as school children so that the figure given in the table below is in fact lower than the number actually seen.

The children attending the child welfare clinics appear to be treated either by the family dentist under the General Dental Service or they are referred to Saint Mary's Hospital and occasionally to one of the Education Committee Clinics.

SCHOOL DENTAL SERVICE

DENTAL TREATMENT PROVIDED FOR PRE-SCHOOL CHILDREN

(a) Numbers provided with Dental Care:

Examined	Needing Treatment	Treated	Made Dentally Fit
137	101	92	79

(b) Forms of Dental Treatment provided:

Extractions	General Anaesthetics	Silver Nitrate Treatment	Fillings
94	10	3	23

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	66	54	47	47
Children under five	111	97	97	97

(b) Forms of Dental Treatment provided:

	Scalings and Gum Treatment	Fillings	Extractions	General Anaesthetics	Crowns or in Lays
Expectant and Nursing Mothers	2	—	44	44	1
Children under five	1	—	95	95	—

HOME NURSING

The Secretaries of the Portsmouth Victoria Nursing Association, Messrs. Edmonds & Co., have kindly supplied the following report for 1960:—

“The work of the Association has continued to grow during the year with over 11,000 more visits made in 1960 than in 1959. This increase is principally due to the rise in the number of visits per patient rather than any significant increase in the number of patients attended. There has also been a change in the pattern of work as a result of the ever increasing number of old people living alone. These older people are a constant source of anxiety and create a problem by the inadequate clean linen and laundry facilities. The very wet summer contributed considerably to this heavier burden of work which has been undertaken without any increase in staff. This is indeed a fine tribute to the efficiency of the superintendents and their staffs in coping with this situation.

There has also been an increase in the number of terminal cancer cases but this has to some degree been offset by the introduction of a new method of dressing varicose ulcers, which has reduced the number of visits required for this type of patient.

The number of intra-muscular injections continues at the same level as in 1959 and various oral drugs have been introduced but with limited success.

The Queen's Institute reports on the staff and homes are, as usual, excellent and the examination results obtained by the students are a source of encouragement and credit to all concerned in their training.

Although the course of training for student district nurses has been reduced to three and four months it has still been difficult to recruit sufficient numbers of students and it has been necessary to employ state enrolled assistant nurses whenever a suitable applicant has been forthcoming.

In addition to the many bicycles used by the staff in visiting cases, the Association operated eight motor vehicles to help in the remoter and more scattered parts of the city. Three male nurses were employed on the staff during the year.

Both homes of the association are recognised training homes for district nurses and, as well as training local candidates, entrants have been sent for training by other authorities in southern and south western England.

The superintendents and staff continue to work in close liaison with all other branches of the Health Service with whom they are associated in carrying out their duties.

The Executive desire to record their thanks to our Superintendents and nurses for the very efficient and untiring manner in which they have carried out their increased work.

The Executive also wish to thank the representatives of the Portsmouth Corporation who have continued to offer us their help, and also the doctors and other social service workers for their willing help in giving lectures to candidates for the Queen's Roll.”

PORTSMOUTH VICTORIA NURSING ASSOCIATION
STATISTICS FOR 1960

	NURSES' HOMES				TOTAL	
	Radnor House		Beddow House			
Number of nurses employed for visiting (average)	22	(18)	14	(18)	36	(36)
Minimum in any one month ..	19	(16)	12	(17)	31	(33)
Maximum in any one month ..	24	(19)	17	(19)	41	(38)
Supervisory Staff	2	(2)	2	(2)	4	(4)
Number of cases visited in 1960:						
(a) Maternity	12		36		48	
(b) Cardiac	602		260		862	
(c) Cerebral	227		82		309	
(d) Cancer	194		116		310	
(e) Tuberculosis	50		42		92	
(f) Respiratory conditions ..	340		138		478	
(g) Others	1,404		1,178		2,582	
	2,829	(3,068)	1,852	(1,893)	4,681	(4,961)
Number of visits in respect of these cases:—						
(a) Maternity	97		358		455	
(b) Cardiac	15,748		7,892		23,640	
(c) Cerebral	5,236		2,809		8,045	
(d) Cancer	5,102		2,986		8,088	
(e) Tuberculosis	2,216		1,836		4,052	
(f) Respiratory Conditions ..	4,934		2,221		7,155	
(g) Others	43,036		35,946		78,982	
	76,369	(72,293)	54,048	(48,409)	130,417	(120,702)

	CASES				VISITS			
	Radnor House		Beddow House		Radnor House		Beddow House	
(a) Pre-school children	114	(83)	45	(43)	727	(566)	352	(367)
(b) School children	89	(82)	47	(64)	583	(498)	566	(580)
(c) Over 65 ..	1,538	(2,903)	1,152	(1,017)	56,244	(71,229)	39,307	(33,707)
(d) Others ..	1,088		608	(715)	18,815		13,823	(13,755)
..	2,829	(3,068)	1,852	(1,839)	76,369	(72,293)	54,048	(48,409)

REPORT OF THE MEDICAL OFFICER OF HEALTH
VACCINATION AND IMMUNISATION
By the Medical Officer in Charge

Vaccination

The numbers vaccinated by the Health Department and medical practitioners were as follows:—

	1960			1959		
	Primary	Re-vacc.	Total	Primary	Re-vacc.	Total
Health Department ..	733	210	943	624	155	779
Practitioners	1,913	487	2,400	1,771	469	2,240
	<u>2,646</u>	<u>697</u>	<u>3,343</u>	<u>2,395</u>	<u>624</u>	<u>3,019</u>

Children born in 1960 numbered 3,695 (3,493) and, of these, 1,468 (1,193) or 40.0% (34.2%) were vaccinated in the same year. During the year there were 2,199 (1,878) children under 1 year of age who were vaccinated.

145 (165) international certificates were completed for persons going abroad.

Weekly vaccination sessions were held at nine of the child welfare clinics and monthly sessions at two of the clinics, as well as twice weekly at the Vaccination and Immunisation Clinic, Priorsdean Hospital. Primary vaccinations are performed from the age of two months.

During the year members of the Health Department, including doctors, health visitors, public health inspectors, clerks, ambulance drivers and attendants, were offered vaccination.

Vaccine lymph continues to be obtained from the Central Public Health Laboratory, Winchester.

Diphtheria Immunisation

Immunisation sessions are held weekly at nine of the child welfare clinics and monthly at two of the clinics, as well as twice weekly at the Vaccination and Immunisation Clinic, Priorsdean Hospital. Primary immunisations are carried out from the age of four months and Glaxo's triple vaccine (diphtheria, pertussis and tetanus) was used. When a child's immunisation has been completed, with three inoculations, the parent is given a certificate to this effect indicating that triple vaccine has been used, and is told to produce the certificate in the event of the child requiring anti-tetanic serum. For the immunisation of school children F.T. vaccine was used for primary doses and T.A.F. for supplementary doses. Both these vaccines are issued free by the Ministry of Health and are given to the five-year old age group and again at nine and thirteen.

The following table indicates the work done since 1943:—

Year	Completed course	'Booster' doses	Cases of diphtheria admitted to hospital	Deaths from diphtheria
1943 ..	4,784	75	31	1
1944 ..	2,518	106	17	2
1945 ..	3,633	820	13	2
1946 ..	4,763	4,243	17	—
1947 ..	4,375	3,060	15	1
1948 ..	4,917	5,452	6	—
1949 ..	4,437	3,335	7	1
1950 ..	3,428	3,756	1	—
1951 ..	3,479	5,261	5	1
1952 ..	3,214	6,551	—	—
1953 ..	3,243	5,292	1 Haslar	—
1954 ..	3,499	7,169	—	—
1955 ..	3,222	7,227	—	—
1956 ..	3,176	8,059	2	—
1957 ..	2,967	7,502	—	—
1958 ..	3,040	8,132	—	—
1959 ..	3,245	8,263	—	—
1960 ..	3,856	6,916	—	—

As B.C.G. vaccinations were being done in the modern schools during the autumn term, there were 1,227 supplementary doses that could not be given this year and had to be carried over, in order not to overlap. These were done in January and February, 1961.

In the later part of the year there was a rise in the number of children under five years of age who were immunised, and this can be largely attributed to the publicity given to the outbreaks in other parts of the country.

Supplementary doses are given mostly in the schools and excellent support has again been given by the head teachers. The usual letter was again sent to the principals of private schools, offering immunisation, and five schools were visited.

During the year, owing to the low incidence of poliomyelitis in the City, it was not considered necessary to give whooping cough and diphtheria vaccines separately, triple vaccine being used throughout the year.

Sterilisation of Syringes

Largely as a result of the recommendations made at the 'Symposium on Immunisation in Childhood' held in London under the auspices of the Wellcome Foundation on 4th-6th May, 1959, it was decided to ask the Syringe Service to supply a sterile syringe for each individual inoculation, and they readily agreed. Considerable organisation was entailed and the scheme eventually began on 26th October, 1960. The new technique has worked satisfactorily.

Two part-time syringe fillers of the enrolled assistant nurse grade were employed, each working alternate weeks on a sessional basis.

The proportion immunised by the various agencies (shown as a percentage of children under 5 years of age) was:—

	1960	1959
Clinics	40.2	46.4
Schools	0.2	0.3
Nurseries	1.1	0.8
Private practitioners	58.5	52.5

Number of children who received the complete course:—

Under five years	3,122	2,655
Five to fifteen years	721	587
Over fifteen	13	3
	<hr/>	<hr/>
Supplementary doses	3,856	3,245
	6,916	8,363
	<hr/>	<hr/>
	10,772	11,608

The number of children primarily immunised since the inception of the scheme in 1935 is 99,890.

The percentage of children immunised during the last four years is as follows:— under one year 71.5%, one to four years 69.1%, and five to fourteen 89.6%, giving an overall percentage of 82.9%.

REACTIONS

From the number of reactions brought to our notice, there appeared to be an increase since the introduction of triple vaccine into general use in the clinics. This increase was confirmed when comparing reactions from combined vaccine and those from triple vaccine.

Out of 1,592 children immunised with triple vaccine, 141 had reactions. Only two severe reactions were noted, the remainder being mild or moderate.

Poliomyelitis and Immunisation

During the year there was one confirmed case of poliomyelitis which was admitted to Priorsdean Hospital. The patient, who was 20 years of age, had not been vaccinated against poliomyelitis.

Whooping Cough (Pertussis) Immunisation

Immunisations were carried out with Glaxo's triple diphtheria-pertussis and tetanus vaccine in most cases, though pertussis vaccine is available for cases where the child has already been immunised against diphtheria.

192 cases of whooping cough, compared with 39 in 1959, were notified by general practitioners. Of these 10 had been immunised, of whom 3 were inoculated 3 years or more ago.

STATISTICS RELATING TO PERTUSSIS IMMUNISATION

	1960	1959
First doses	2,978	2,575
Second doses	2,789	2,350
Completed doses	3,014	2,559
Completed doses: Under five ..	2,944	2,508
Five to fifteen ..	70	51
	3,014	2,559

Of the completed doses, 2,439 were given to those under one year.

Cholera, Typhoid and Tetanus

98 (96) individuals, mostly persons going abroad, were vaccinated for one or more of the above diseases.

The actual numbers:—

	1960	1959
Cholera	38	24
Cholera-typhoid	14	14
Typhoid and para-typhoid	42	46
Tetanus-typhoid	4	12
	98	96

52 (38) international certificates for cholera were issued.

Needle Sharpening

This is undertaken at the clinic, Priorsdean Hospital, by the male orderly and the number of needles sharpened during the year was:—

	1960	1959
Midwives Service	4,996	4,547
Victoria Nurses	1,087	1,095
Immunisation Clinic	8,894	7,057
	14,977	12,699

Sterilisation of syringes and needles is still carried out by the Central Laboratory Syringe Service; preliminary cleaning was done by the staff at the clinic until the 26th October, when it was taken over by the Syringe Service for the immunisation needles.

B.C.G. Vaccination of 13-year-old School Children**LOCAL EDUCATION AUTHORITY**

The annual visits to the Local Education Authority's schools have been re-arranged in order not to carry out vaccinations during the summer months. Vaccination sessions are now held between September and March.

The Superintendent School Nurse visited the schools, by appointment, and applied the 'Heaf' multiple puncture tuberculin test using P.P.D. The Medical Officer-in-Charge of Immunisation visited three days later to read the results of the tests and to vaccinate the non-reactors. All the positive reactors were given appointments to attend for X-ray at the Mass Radiography Unit.

A visit was paid to the household of each positive reactor by a health visitor in order to persuade the others member of the family to attend for X-ray.

The acceptance rate has risen to 81.1% from 77.8% in 1959. This is a most satisfactory level.

There was no testing for conversion this year.

L.E.A. SCHOOLS**STATISTICS RELATING TO B.C.G. VACCINATION**

Year	No. of visits to Schools	Forms sent out	No. of acceptances	Number tested	Absent from testing	Already att. Chest Clinic	Negative Reactors (vaccinated)	Positive Reactors	M.R.U. appts.	Absent from reading
1960	38	4,826	3,912	3,725	187	24	3,173 (89.5%)	372 (10.5%)	354	180
1959	30	3,017	2,346	2,102	244	24	1,683 (89.9%)	190 (10.1%)	161	229

On the 11th November, 1959, the Ministry of Health gave permission to extend the B.C.G. Vaccination Scheme in accordance with the suggestions made in their Circular No. 7/59. As a result of this, vaccination was offered to senior pupils at all private schools, students at the Teachers Training College, and trainees at Langstone House Day Training Centre. Particulars of the results are shown below.

PRIVATE SCHOOLS

Name of School	No. Tested	Negative reactors (vaccinated)	Positive reactors (X-rayed)	Percentage of positive reactors
Portsmouth Grammar School	375	290	42	13.
Portsmouth High School	221	175	36	17.
Mile End House School	97	80	15	16.
St. John's College	163	117	35	23.
St. Teresa's Grammar School	69	56	8	13.
Walker's College	39	32	4	11.
Totals	964	750	140	15.7

It will be noticed that the positive reactor percentage rate is considerably higher than that for the L.E.A.'s schools; this is partly due to the fact that pupils over 13 were offered vaccination in addition to those of 13 years.

TEACHERS TRAINING COLLEGE

Those Tested	No. Tested	Negative reactors (vaccin- ated)	Positive reactors (X-rayed)	Percentage of positive reactors
Students	83	46	33	42

As would be expected in these higher age groups, the proportion of positive reactors was much higher than that in the schools.

LANGSTONE HOUSE DAY TRAINING CENTRE

Those Tested	No. Tested	Negative reactors (not vac- cinated)	Positive reactors (X-rayed)	Percentage positive reactors
Trainees	94	67	27	29.
Staff	10	—	10	100.
Totals	104	67	37	—

As a result of a case of tuberculosis occurring at Langstone House Day Training Centre, the trainees and staff were 'Heaf' tested in May and the positive reactors X-rayed. It was not possible to vaccinate the negative reactors during the year, as the results of the X-rays were not known in time. The vaccinations were done early in 1961.

The children who were either absent from school for 'Heaf' testing or vaccination, and who would have left school by the time of the next annual visit to that school, were referred to the Consultant Chest Physician for this purpose, so that they would not miss the opportunity of being vaccinated before leaving school.

Poliomyelitis Vaccination

The present scheme, which offered vaccination to persons from 6 months to 25 years of age, was in February extended to include those up to 40 years of age.

During the year 12 industrial firms, 7 business houses, Junior Chamber of Commerce, College of Technology and 6 Government establishments, including H.M. Dockyard, were visited and 2,539 were given their first two inoculations and 980 their third. Of these, 732 first, 732 second and 248 third inoculations were given in H.M. Dockyard. I am most grateful to Major E. G. Harris, M.B.E., Secretary, Chamber of Commerce, who was kind enough to arrange for the distribution of the letters which offered vaccination to the industrial firms and business houses. Inoculations in the H.M. Dockyard were carried out jointly with the naval medical staff, and it is thanks to the efforts of the Senior Medical Officer that the scheme worked satisfactorily.

ANNUAL STATISTICS 1960

Vaccinated with two injections:—

Class	Done by hospital staff	M.O. i/c Immunisation	G.Ps.	TOTAL
Children born in the years 1943 to 1960	—	230	2,632	2,862
Young persons born in years 1933 to 1942 ..	40	587	1,493	2,120
Persons born before 1933 who have not yet passed their 40th birthday	23	2,418	3,549	5,990
Totals	63	3,235	7,674	10,972

Vaccinated with three injections :—

Totals	207	2,594	16,990	19,791
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In accordance with the Ministry of Health's requirements the records are now kept showing those who were given the course of two inoculations in the three age groups mentioned above, and the priority groups such as expectant mothers, general practitioners and their families, and ambulance staff and their families, which have always been kept separately, have now been included in these age groups.

Of the 98 private practitioners (57 practices) in Portsmouth all but 5 (4 practices) have come into the scheme and vaccinate their own patients. Patients of the non-participants are sent appointments to attend for vaccination at St. George's Square, Portsea, Northern Road, Cosham, Child Welfare Centres or at the Vaccination Clinic, Priorsdean Hospital, Milton.

Mr. R. G. Tremlett, Pharmacist, has been most helpful in the distribution of vaccine, as he allows 25 of the private practitioners to collect their vaccine from his Fratton Road branch, 14 from his Paulsgrove branch and 7 from his New Road branch.

MUNICIPAL AMBULANCE SERVICE*By the Ambulance Officer***GENERAL**

This year has been the busiest yet experienced by the Ambulance Service, the total patients conveyed being the highest of any year in the past and exceeding the previous highest of 1959 by 10,665 patients (14·5%), and 19,990 miles (7·8%). The main increase was in sitting cases, but there was also a comparatively high increase of stretcher cases.

Patients conveyed to the three general hospitals were approximately 80% of the total; the Royal Portsmouth Hospital had the highest number, with Saint Mary's Hospital second and Queen Alexandra Hospital next, but Saint Mary's Hospital had the greatest increase in comparison with the previous year. Also showing increases were St. James' Hospital, nursing homes and the Cerebral Palsy Unit; all other requesting authorities had varying small decreases.

Peak hours of work remained much the same as in 1959, from 8.0 a.m. to 5.0 p.m., and there was again an almost continuous pressure between these hours. The main concentration of patient conveyance was in the mornings, but patient conveyance in the afternoons, whilst not as concentrated as in the mornings, did have an increase in comparison with the previous years. The average busiest day of the week was Monday but with no great variation on any day from Monday to Friday; Saturday and Sunday remained at about the same level as in previous years. The busiest month was November, which had a record number; April was below the monthly average.

PATIENTS

The total number of patients conveyed by the directly provided service during the year was 82,657; of these 19,303 were stretcher and 63,354 sitting cases. In comparison with the previous year, this is an increase of 10,665 — this being made up of 1,473 stretcher and 9,192 sitting cases. The daily average was 225·8, an increase of 28·6 per day in comparison with 1959.

Admissions were 10·9% of the total; the ratio was approximately 6 stretcher to 1 sitting case. This category was 237 less than in the previous year and most of the decrease was in stretcher cases.

Discharges were 6·1% of the total; the ratio was approximately 1 stretcher to 2 sitting cases. There was a decrease of 359 in this category, all of which was in sitting cases.

Transfers were 12·6% of the total; the ratio was approximately 1 stretcher to 2 sitting cases. There was an increase in this category of 940, the greater proportion of the increase being stretcher cases.

Outpatients were 70·4% of the total; the ratio was approximately 1 stretcher to 8 sitting cases. The increase in this category was 10,321, made up of 948 stretcher and 9,013 sitting cases.

Ambulances carried 24,623 sitting cases in addition to the 19,303 stretcher cases; dual purpose and sitting case vehicles carried 38,731 sitting cases.

The number of patients conveyed to places outside the City was 2,212, this being an overall increase of 104. Of this total 1,967 travelled by ambulance or sitting case vehicle — an increase of 170; there were 245 patients conveyed by rail and boat — a decrease of 66 in comparison with the previous year.

Patient carrying mileage was 273,698, an increase of 19,990 miles compared with 1959. Ambulances covered 162,947 miles — an increase of 6,430; dual purpose and sitting case vehicles covered 110,751 miles — an increase of 13,560. Rail and sea mileage in patient conveyance was 18,262 — a decrease of 3,926 in comparison with the previous year.

EMERGENCY SERVICE

There were 3,007 calls and 2,904 cases during the year, a decrease of 101 calls and 81 cases in comparison with the previous year. There were 309 calls wherein an ambulance was not required; there were 12 malicious calls — a decrease of 3 compared with 1959.

Emergency call mileage was 14,894, a decrease of 320 miles.

The distribution to hospitals was:—

Royal Portsmouth Hospital	..	..	..	2,534
Saint Mary's Hospital	..	..	..	98
Eye and Ear Hospital	..	..	..	12
Queen Alexandra Hospital	..	..	..	5
R.N. Sick Bay; taken home, etc.	..	..	..	183
Deceased to mortuary	..	..	..	72
				<hr/>
				2,904
				<hr/>

Average timing:—

From receipt of call to arrival at emergency	..	8.3 minutes
From receipt of call to arrival at Hospital	..	20.6 minutes

Areas wherein casualties were picked up:—

North	..	525	Central	..	1,203	South	..	1,176
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period of the day:—

Midnight to 6.0 a.m.	174	6.0 a.m. to noon	..	686
Noon to 6.0 p.m.	.. 1,230	6.0 p.m. to midnight	..	814

Age groups:—

0—5 years	..	159	6—15 years	..	479	16—25 years	..	637
26—45 years	..	436	46—60 years	..	442	Over 60 years	..	522
Age not known		229						

Of the total cases, 680 occurred at home addresses; the average busiest day for emergency calls was Saturday.

The slight decrease in this category of patient conveyance, in comparison with 1959, was probably due to the wet summer which reduced the number of people moving about the City; nevertheless the emergency rate remains high, due mainly to the increased vehicles on the road and also because the public are becoming more aware of the ambulance and hospital services available as the result of a '999' call. Whilst there were some emergency calls for what proved to be trivial injuries, generally the public showed a sense of responsibility in making these calls; the number of calls wherein and ambulance was not required increased by 23 to 309; malicious calls remained at the low level of 12.

August (320), June (281) and December (255) were the busiest months for emergency cases, whilst February (198) was well below the monthly average.

ANCILLARY

Mileage covered in the conveyance of analgesia apparatus was 10,976, an increase of 1,274 in comparison with 1959. There were approximately 2,900 machines delivered and collected during the year.

Service and abortive mileage was 8,779, an increase of 1,332 compared with the previous year.

VEHICLES

The total operational vehicles at the 31st December, 1960, were:—

Ambulances	..	..	12
Dual purpose	..	..	6
Sitting case cars	..	..	2

During the year two vehicles were rebored and re-painted, five had top overhauls, one had a steering overhaul, and two had clutch overhauls. Other minor repairs were carried out at the Central Depot, mainly on the older vehicles.

Due to the circumstances prevailing in the motor industry, only one replacement vehicle was received during the year (a dual purpose ambulance), whereas two ambulances were also due. The vehicles for replacement were retained in order to cover the increasing commitments, pending the receipt of an increase of complement of one ambulance and two dual purpose vehicles in the next financial year.

This was the worst year for accidents this Service has experienced. Of the twenty-two reported accidents, sixteen of them occurred on the road, and whilst most of them were of the dented bodywork variety, there were three wherein damage was extensive.

The increased commitments, plus necessary running repairs and repairs due to accidents, caused the maintenance schedule to be retarded at times, but with the better maintenance facilities available the schedule was quickly brought up to date.

The co-operation of the Garage Manager, Central Depot, in expediting repairs to vehicles did much in keeping patient delays to a minimum.

STAFF

During the year, nine driver-attendants joined the Service — seven were additions to the complement and two were replacements; one radio operator and one clerk-telephonist were also added to the establishment.

One case of disciplinary action by the Medical Officer of Health was necessary (this related to a vehicle accident) and there were very few cases of disciplinary action at Ambulance Officer level. Letters and messages of appreciation were received throughout the year, whilst complaints remained at a low level.

The sickness rate remained at about the same low level as in 1959, there being only 297 days of sickness, approximately 1·8%. The second quarter of the year had the lowest level of sickness, the highest being the last quarter.

The driver-attendant staff received a training lecture in emergency midwifery, and one in certain aspects of health visiting. The lecture in health visiting has proved most useful and approximately 25 cases of need were brought to the notice of the health visiting staff — mainly in emergency removal cases wherein the removal would have caused hardship to the family. The essential, but seldom used, knowledge of emergency midwifery was only required on one occasion.

MUTUAL AID

The mutual aid arrangements with Hampshire and West Sussex relating to discharges under Section 24 of the National Health Service (Amendment) Act, 1949, continued to operate successfully. Those cases requiring a nurse, mainly maternity case discharges, continued to be conveyed by this Service and there was a very appreciable increase in this category. The smooth running of the mutual aid arrangements of Section 24 was largely due to the co-operation of the hospitals, who placed their requests with the applicable Ambulance Service, thus saving much time and many questions.

The conveyance of premature babies and of emergency obstetric cases from the Hospital Management Committee area continued to operate satisfactorily and there were no appreciable delays in providing an ambulance for these cases. There was a considerable increase in the calls for emergency obstetric cases, whilst those for premature babies remained at about the same level as in previous years.

The conveyance of respiratory poliomyelitis cases from Hants, Dorset and S.E. Wilts continued to operate, but this year there were very few calls for this service.

Mutual aid arrangements with other ambulance services in meeting patients arriving by train, boat or aircraft continued very satisfactorily. This Ambulance Service is particularly grateful to the Portsmouth Stationmaster and his staff of all departments for their willing assistance and co-operation.

A good liaison with Hampshire and Surrey in the use of returning empty ambulances saved time and money.

VOLUNTARY ORGANISATIONS

The Hospital Car Service conveyed 82 patients covering 7,366 miles. In comparison with the previous year, this is a decrease of 10 patients and 2,113 miles. The willing help given by the Hospital Car Service, quite often at short notice, was much appreciated.

The St. John Ambulance Brigade conveyed 33 cases covering 315 miles; this is an increase of 31 cases and 291 miles. All of these cases were emergencies.

The British Red Cross Society and the St John Ambulance Brigade continued to give emergency cover at Portsdown Hill and Southsea sea front during the summer weekends and Bank Holidays; in addition, the St. John Ambulance Brigade covered Fratton Park during the football season.

PATIENT CARRYING ANALYSIS

				<i>Patients</i>		<i>Mileage</i>	
<i>(a) DIRECTLY PROVIDED SERVICE:</i>							
Royal Portsmouth Hospital	..	..		25,639	(23,049)	71,319	(65,938)
Saint Mary's Hospital	..	..		22,388	(18,476)	80,352	(71,619)
Queen Alexandra Hospital	..	..		18,673	(15,041)	58,014	(51,468)
Priorsdean Hospital	..	..		1,111	(1,160)	7,133	(7,535)
Chest Clinic	..	..		3,336	(3,360)	5,127	(5,446)
St. James' Hospital	..	..		870	(656)	3,497	(3,664)
Eye and Ear Hospital	..	..		1,436	(1,549)	5,060	(5,448)
Ministry of Health	..	..		541	(591)	1,978	(2,085)
Nursing Homes	..	..		873	(665)	2,855	(2,589)
Other requesting authorities	..	..		1,596	(1,612)	16,660	(16,595)
Spastic Unit	..	..		3,290	(2,848)	6,809	(6,107)
Accident	..	..		2,904	(2,985)	14,894	(15,214))
				82,657	(71,992)	273,698	(253,708)
<i>(b) SUPPLEMENTARY SERVICES:</i>							
Hospital Car Service	..	..		82	(92)	7,366	(9,479)
St. John Ambulance Brigade	..	..		33	(2)	315	(34)
				115	(94)	7,681	(9,513)
GRAND TOTAL				82,772		281,379	

WORK OF THE TUBERCULOSIS SERVICE*By the Consultant Chest Physician*

The steady decline in primary notifications (that is in new patients found to be suffering from pulmonary tuberculosis during the year) continues to dominate the picture and is a gratifying result of all the efforts that have been bent towards the control of tuberculosis in the post war years.

The effect of the programme to vaccinate with B.C.G. uninfected thirteen year old school children, which has now been in successful operation for seven years, is now playing its part in this control picture, and the School Health Authorities, and the Vaccination and Immunisation Officer, deserve praise for the high level of acceptance of skin testing and vaccination that has been maintained throughout the years of the programme and which compares favourably with other Authorities. It is vastly important at this stage in the control of tuberculosis that none of the measures we are employing are slackened off.

NOTIFICATIONS BY AGE GROUPS

AGE GROUP	* NEW CASES						GRAND TOTAL
	RESPIRATORY		NON-RESPIRATORY		COMBINED		
	M.	F.	M.	F.	M.	F.	
0— 1	— (1)	— (—)	— (—)	— (—)	— (1)	— (—)	— (1)
1— 4	1 (—)	— (1)	1 (—)	— (—)	2 (—)	— (1)	2 (1)
5—14	1 (—)	2 (5)	— (—)	1 (1)	1 (—)	3 (6)	4 (6)
15—24	9 (6)	6 (12)	3 (1)	2 (1)	12 (7)	8 (13)	20 (20)
25—34	9 (7)	3 (4)	1 (—)	3 (1)	10 (7)	6 (5)	16 (12)
35—44	13 (10)	5 (7)	1 (—)	2 (1)	14 (10)	7 (8)	21 (18)
45—54	10 (8)	2 (7)	1 (—)	1 (2)	11 (8)	3 (9)	14 (17)
55—64	15 (12)	2 (2)	— (1)	— (—)	15 (13)	2 (2)	17 (15)
65 plus	5 (15)	3 (—)	— (2)	2 (—)	5 (17)	5 (—)	10 (17)
TOTAL	63 (59)	23 (38)	7 (4)	11 (6)	70 (63)	34 (44)	104 (107)

* 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 1959)

PRIMARY NOTIFICATIONS

Year	Respiratory	Non-Respiratory	Total
1954	200	16	216
1955	165	17	182
1956	149	13	162
1957	129	13	142
1958	113	10	123
1959	97	10	107
1960	86	18	104

NEW PATIENTS EXAMINED

1955	1956	1957	1958	1959	1960
1,476	1,407	1,404	1,438	1,257	1,225

CONTACTS

YEAR	1955	1956	1957	1958	1959	1960
No. of new contacts examined	742	763	954	741	785	690
No. of contacts proved definite cases	9	10	5	3	6	5

DEATHS BY AGE GROUPS

AGE GROUP	RESPIRATORY				NON-RESPIRATORY				COMBINED				GRAND TOTAL	
	M.		F.		M.		F.		M.		F.			
0— 1	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)
1— 4	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)
5—14	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)
15—24	1	(—)	—	(—)	1	(—)	—	(—)	2	(—)	—	(—)	2	(—)
25—34	—	(—)	1	(—)	—	(—)	—	(—)	—	(—)	1	(—)	1	(—)
35—44	2	(—)	1	(1)	—	(—)	—	(—)	2	(—)	1	(1)	3	(1)
45—54	1	(5)	2	(1)	1	(—)	—	(1)	2	(5)	2	(2)	4	(7)
55—64	5	(4)	—	(3)	—	(—)	—	(—)	5	(4)	—	(3)	5	(7)
65 plus	3	(9)	1	(1)	—	(1)	2	(—)	3	(10)	3	(1)	6	(11)
TOTAL	12	(18)	5	(6)	2	(1)	2	(1)	14	(19)	7	(7)	21	(26)

(Figures in brackets are those for 1959)

Of the 17 deaths from respiratory tuberculosis, 5 cases were not notified during life

DEATHS

	Respiratory	Death Rate per 100,000 population	Non-respiratory	Death Rate per 100,000 population
1955 ..	20	8.2	3	1.2
1956 ..	26	11.3	1	0.4
1957 ..	23	10.1	1	0.4
1958 ..	16	7.2	2	0.9
1959 ..	24	10.9	2	0.9
1960 ..	17	7.8	4	1.8

NUMBER OF CASES ON REGISTER 31ST DECEMBER

	1955	1956	1957	1958	1959	1960
Respiratory	2,006	1,970	1,780	1,757	1,633	1,516
Non-respiratory ..	167	171	116	105	100	102
TOTAL	2,173	2,141	1,896	1,862	1,733	1,618

SUMMARY OF CASES OF TUBERCULOSIS ON CLINIC REGISTER 1960

DIAGNOSIS	RESPIRATORY			NON-RESPIRATORY			TOTAL			GRAND TOTAL
	MEN	W.M.	CH.	MEN	W.M.	CH.	MEN	W.M.	CH.	
A. (1) No. of definite cases of tuberculosis on register 1st January 1960 ..	967	619	47	49	45	6	1,016	664	53	1,733
(2) Transfers from other authorities ..	28	22	—	—	3	—	28	25	—	53
(3) Lost sight of cases returned during year ..	—	—	—	—	—	—	—	—	—	—
B. No. of New Cases diagnosed as tuberculosis during 1960:										
(1) Class A (T.B. minus) ..	36	9	4	6	10	2	42	19	6	67
(2) Class B (T.B. plus) ..	23	14	—	—	—	—	23	14	—	37
C. No. of cases included in A and B written off the Register during the year as:										
(1) Recovered ..	61	48	1	3	1	—	64	49	1	114
(2) Dead (all causes) ..	26	6	—	3	2	—	29	8	—	37
(3) Removed to other areas ..	41	36	1	—	3	—	41	39	1	81
(4) For other reasons ..	19	13	1	3	3	1	22	16	2	40
D. No. of definite cases of tuberculosis on Register 31st December 1960 ..	908	564	44	47	49	6	955	613	50	1,618

ALMONER'S REPORT FOR THE YEAR 1960

As in previous years, the work has been carried out in close co-operation with all the voluntary and statutory organisations in the City.

In this respect, special mention should be made of the Tuberculosis Care Committee, who have again given invaluable help, and of the National Society for Cancer Relief who have made many generous grants.

The problem of the care of patients suffering from inoperable carcinoma is an acute one, and the almoners at the Chest Clinic took part during the past year in a survey to find out the extent of this problem and to try to find some means of alleviating it. It is hoped that, as a result of the survey and recommendations put forward, approach will be made to the Marie Curie Foundation regarding the establishment of one of their homes in the Wessex Region. This would serve a most useful purpose, not only in the care of patients who have no relatives to look after them, but also as a convalescent home and for the relief of relatives.

MASS RADIOGRAPHY—1960*Report of the Medical Director***A.—GENERAL****ADMINISTRATION**

There are two Units, based at the headquarters at Saint Mary's Hospital, which are administered by the Wessex Regional Hospital Board. One of these is a very old static 35 mm. machine and the other is a new 100 mm. machine set up in a converted Leyland van.

POLICY

The new 100 mm. Unit was designed as a unit to X-ray primarily cases referred by general practitioners, as these cases continue to show the highest rate of tuberculosis. It commenced work in May on a regular routine visiting the following places in West Sussex and Hampshire:—

Chichester	Worthing	Gosport
Bognor Regis	Shoreham-by-Sea	Titchfield
Pulborough	Littlehampton	Waterlooville
Storrington	Midhurst	Fareham
Horsham	Petersfield	Havant

During the previous few months, while the conversion was being carried out, a three session a day service was run so that our staff were reasonably well occupied.

The 35 mm. Unit has continued its normal programme providing sessions for patients referred by general practitioners, hospital out-patients, staff of industrial and business houses and those children and their families found to be tuberculin positive under the various B.C.G. skin testing schemes, in addition to the general public.

Special fixed evening sessions, twice weekly, were set aside for the general public in Portsmouth and, although well publicized and the 'no undressing' clause emphasized, the response has not been good.

FUTURE POLICY

In view of the Board's policy of modernisation, I am glad to be able to report that the old 35 mm. static Unit is to be replaced by a new 100 mm. mobile Unit. This will enable the present mobile Unit to do nothing but general practitioner cases and will allow a two or three year routine for general public sessions and the industrial firms in West Sussex and East Hampshire.

CASES REFERRED BY GENERAL PRACTITIONERS

The new mobile Unit examined 4,503 such cases during the eight months in which it operated. Those practitioners who use the service get a written report within 48 hours of patients being X-rayed and I think that this is very much appreciated. In addition, some 4,033 patients were referred by doctors to the static Unit, making a total of such referrals, for the year, of 8,535. The previous year's total for both Units was 5,345.

ADRIAN COMMITTEE ON RADIATION HAZARDS

It will be remembered that the interim report recommended that no miniature films were to be taken of expectant mothers and children of less than fifteen years of age, and this policy was implemented by the Board. Since the issue of the final report the X-raying of children by miniature film has recommenced but no pregnant women are being dealt with at the present time.

ATTENDANCE

It may be of interest to know that 32 per cent. of those X-rayed by the mobile Unit had never been X-rayed before, whereas the figure for the static Unit was 19 per cent.

TUBERCULOSIS

The total number of significant cases found by both Units is 73, as opposed to 82 during 1959, but once again, as in the last four years, the incidence per thousand examined has risen from 1.38 per thousand in 1959 to 1.44 in 1960. I am quite certain that this is because of the greater selection of groups now being X-rayed.

The incidence of significant tuberculosis is still greatest in the higher age groups in men and in the middle age groups in women.

CANCER

There is no doubt about the increasing incidence of cancer found by the Units. In 1957, 28 cases (0.36 per thousand) were found; 1958, 55 cases (0.85 per thousand); 1959, 73 cases (1.56 per thousand), and 1960, 96 cases (2.23 per thousand).

This increased actual number of cases found becomes even more significant when it is realised that the total number examined this year is less than during the previous years owing to the increased mobility and the greater selection of groups.

STAFF

I would like to take this opportunity of thanking all the chest physicians for their help in dealing with the cases referred to them, and the medical officers of health for their continued co-operation.

I also wish to thank all members of my own staff for their hard work in the undoubted disruption caused by a fully mobile new Unit.

B.—PORTSMOUTH

The incidence of significant tuberculosis in Portsmouth of 1.46 per thousand shows a slight decrease from the 1.68 per thousand of 1959, and the number of active cases found was 49 in 1960 as opposed to 61 in 1959. The age distribution of these cases follows the same general lines, being highest in men in the higher age groups, whereas the greatest incidence in women appears to be still in the middle age groups.

TOTAL NUMBERS EXAMINED BY 35 mm. AND 100 mm. FILM AND AGE GROUP DISTRIBUTION

TABLE I

AGE GROUP DISTRIBUTION																							
	Under 14 years		14 years		15-19		20-24		25-34		35-44		45-54		55-59		60-64		65 and over		TOTAL		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Male ..	73	14	133	26	4,005	7.9	3,421	6.75	6,070	11.98	6,191	12.22	5,830	11.5	2,420	4.78	1,508	2.98	1,266	2.5	30,917	61.01	
Female ..	68	13	81	16	4,376	8.64	3,002	5.92	3,569	7.04	3,484	6.88	2,810	5.55	912	1.8	618	1.22	838	1.65	19,758	38.99	
Total ..	141	27	214	42	8,381	16.54	6,423	12.67	9,639	19.02	9,675	19.1	8,640	17.05	3,332	6.58	2,126	4.2	2,104	4.15	50,675	100.	

Number recalled for large film examination = 952 (% of total examined 1.88)

Number recalled for clinical examination = 414 (% of total examined .81)

ANALYSIS BY AGE — CASES SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS

(Rate per 1,000 in each group)

TABLE II

		Under 14 years		14 years		15-19		20-24		25-34		35-44		45-54		55-59		60-64		65 and over		Total	
		No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	previous columns	
Male	-	-	-	-	2	.5	3	.88	11	1.81	11	1.78	12	2.06	5	2.07	6	3.98	4	3.16	54	1.75
Female	-	-	-	-	4	.91	1	.33	6	1.68	4	1.15	3	1.07	1	1.09	-	-	-	-	19	.96
Total	-	-	-	-	6	.72	4	.62	17	1.76	15	1.55	15	1.74	6	1.8	6	1.8	4	1.9	73	1.44

ANALYSIS OF ABNORMAL FINDINGS

TABLE III

SECTION A. NEWLY DISCOVERED CASES OF PULMONARY TUBERCULOSIS					Male	Female	Total	Rate per 1,000
0. Cases of tuberculosis referred to the Chest Clinic or Hospital and considered on investigation to require close Clinic supervision or treatment:					54	19	73	1.44
(a) Non-infectious								
(b) Infectious								
(c) Not examined								
(d) Domiciliary treatment								
(e) Hospital treatment								
Code (a)					—	—	—	—
(ad)					8	5	13	
(ae)					16	4	20	
(bd)					5	—	5	
(be)					22	9	31	
(c)					2	—	2	
(cd)					1	1	2	
(ce)					—	—	—	
					54	19	73	1.44
1. Cases of tuberculosis requiring occasional out-patients supervision only					101	83	184	3.63
SECTION B. NON-TUBERCULOUS CONDITIONS								
2. Malignant Neoplasms:								
(a) Primary carcinoma bronchus					82	14	96	2.23
(b) Others					11	6	17	
3. Non-malignant neoplasms					4	2	6	
4. Lymphadenopathies, excluding sarcoids					1	3	4	
5. Sarcoids (including enlarged hilar glands)					5	9	14	
6. Congenital cardiac abnormalities					7	4	11	
7. Acquired cardiac abnormalities					80	96	176	
8. Pneumoconiosis without P.M.F.					5	—	5	
9. Pneumoconiosis with P.M.F.					—	—	—	
20. Bacterial and virus infections of the lungs					86	57	143	
21. Bronchiectasis					60	34	94	
22. Pulmonary fibrosis (non-tuberculous)					41	28	69	
23. Spontaneous pneumothorax					10	3	13	
24. Abnormalities of the Diaphragm and oesophagus					5	10	15	
25. Pleural effusion (non-tuberculous)					7	1	8	

SURVEY ANALYSIS
(ORGANISED GROUPS)
TABLE IV

TYPE OF SURVEY	NUMBER EXAMINED				NUMBERS SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS					
	Code	Male	Female	TOTAL	Male		Female		Combined Total	Combined Incidence per 1,000
					No.	Incidence per 1,000	No.	Incidence per 1,000		
A. General public	7	2,909	3,499	6,408	6	2.06	3	.86	9	1.4
B. Industrial groups	6	20,776	9,443	30,219	15	.72	5	.53	20	.66
C. School children	3	982	909	1,891	—	—	—	—	—	—
Positive reactors—school children ..	3V	315	178	493	1	3.16	—	—	1	2.03
D. General practitioner referrals ..	2	4,126	4,410	8,536	29	7.03	10	2.27	39	4.57
E. Mental hospitals and institutions ..	9	31	47	78	—	—	—	—	—	—
F. H.M. Forces intake	1	500	—	500	2	4.0	—	—	2	4.0
G. Contacts	4	54	73	127	—	—	—	—	—	—
Families of positive reactors	40	166	279	445	—	—	1	3.58	1	2.25
H. Out-patients: general hospitals ..	0	706	918	1,624	1	1.42	—	—	1	.62
K. Persons in prisons, Borstals, etc. ..	6X	352	—	352	—	—	—	—	—	—

PORTSMOUTH
CASES OF ACTIVE TUBERCULOSIS
TABLE V

	Under 14		14 years		15-19		20-24		25-34		35-44		45-54		55-59		60-64		65+		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number examined	72	68	119	81	3,183	3,247	2,454	2,070	3,880	2,049	4,082	2,129	3,917	1,800	1,604	525	963	328	650	424	20,924	12,721
Number of active cases	-	-	-	-	1	1	3	1	6	2	9	1	10	1	5	1	5	-	3	-	42	7
Rate per 1,000 examined	-	-	-	-	.31	.31	1.22	.48	1.55	.98	2.2	.47	2.55	.56	3.12	.19	5.19	-	4.61	-	2.01	.55
Combined rate	-	-	-	-	.31	.31	.88		1.35		1.61		1.92		2.82		3.9		2.79		1.46	

MENTAL HEALTH SERVICE*By the Executive Officer***1.—Administration****(A) Committee**

The prevention, care and after-care of mental disorder are undertaken by the Mental Health Service, which is administered by the Mental Health Sub-Committee of the Health Services Committee.

(B) Staff

Under the direction of the Medical Officer of Health the work of the Service was performed by the following staff:—

One medical practitioner employed on a sessional basis on the supervision of mental defectives in their own homes.

Executive Officer (lay administrative officer).

Psychiatric social worker.

Three Mental Welfare Officers (male).

Three Mental Health Social Workers (female).

DAY TRAINING CENTRE STAFF

Supervisor

Handicraft Instructor

Seven Assistant Supervisors (female)

Home Teacher

2.—Account of Work undertaken in the Community

The Mental Health Act, 1959, came fully into operation on the 1st November, 1960. The purposes of this Act are as follows:—

To provide a legal code which is as simple in operation as possible and eliminates unnecessary distinction between the clinical conditions at present described as mental illness, mental defect and psychopathy (to be collectively described as 'mental disorder').

To give greater administrative freedom to all departments of central and local authority to take part in providing suitable hospital and community services for persons suffering from mental disorder;

To dispense as far as possible with coercive measures for admission to hospital or community care, and to simplify such compulsory measures as may still have to be used;

And to require local health authorities to enlarge the scope of their Mental Health Services, in particular by imposing upon them (through the direction of the Minister of Health) the duty to provide residential accommodation in the form of hostels.

In regard, therefore, to the following statistics, it should be explained that for ten months of the year references are to action taken under the Lunacy and Mental Treatment Acts, 1890–1930, and the Mental Deficiency Acts 1913–1938; and under the Mental Health Act, 1959, for only two months. The broad effects of the Mental Health Act, 1959, are achieved by amendment of the National Health Service Act, 1946; otherwise the new Act is principally concerned with changes in procedural matters relating to compulsory admission for treatment, where this is necessary, the protection of the property of patients, and the powers of Courts of Law in the field of mental disorder.

Reference is elsewhere made to the local health authority's proposals under Section 28 of the National Health Service Act, 1946, required to be submitted to the Minister on the inception of the Mental Health Act, 1959.

The Service maintains a close liaison with the various Regional and local departments of the National Health Service and with the Ministry of Labour and National Service, Ministry of Pension and National Insurance, National Assistance Board, and all other social agencies in the City in the provision of community care.

Reference has been made in past reports to the difficulty in rehabilitation due to the absence of large industries, the high unemployment rate in the City, and the lack of suitable employment for mentally subnormal persons in particular, much of which is domestic and confined to the holiday season. The arrival of Service personnel with acute problems (sometimes at short notice) continues to produce difficulties since they make demands on the Mental Health Service of equal urgency with those of resident Portmuthians, and not uncommonly leave the City as suddenly as they came whilst endeavours are still in train to solve their problems.

Portsmouth is a 'hospital area', and numerous patients are brought to the mental observation wards of Saint Mary's Hospital or are taken, with a view to informal admission, to St. James' Hospital by mental welfare officers of adjacent local health authorities; patients from these areas admitted to the general or infectious diseases hospitals have sometimes to be admitted to St. James' Hospital. Besides this, during the summer months large numbers of visitors (from the Midlands in particular) enter the City, among whom there are quite frequent cases of mental illness which break down here — possibly having come to the seaside after nervous breakdown. All this results in an appreciable number of persons brought to the notice of the mental welfare officers having eventually to be taken by them to mental hospitals other than St. James' Hospital — sometimes at a considerable distance.

495 persons were referred as cases of alleged mental illness. Of those cases dealt with under the Lunacy Act, 1890, 164 were admitted to designated wards under Section 20, 20 were admitted thereto by Order of Justices under Section 21, 16 were admitted to mental hospitals under Section 16 and 9 were admitted to a mental hospital by Urgency Order under Section 11. Of those dealt with under the Mental Treatment Act, 1930, 12 became voluntary patients under Section 1, 3 were admitted to mental hospitals as temporary patients under Section 5. Of those dealt with under the Mental Health Act, 1959, 7 were admitted to mental hospitals on applications for treatment made under Section 25, 26 were admitted on applications for observation (of whom 7 were admitted on applications made under Section 25, and the remainder as emergency cases on applications made under Section 29). 1 person was admitted to 'a place of safety' by a police officer under Section 136. During the whole year 150 persons were admitted to observation and/or treatment without legal formalities; and in 87 cases brought to the notice of mental welfare officers, action under the Mental Health Statutes were found to be inapplicable, and they were disposed of in other ways, e.g. by referral to other social agencies, the out-patient department of St. James Hospital, probation officers (in cases of marriage difficulties), etc., whilst in some cases no action at all was felt to be necessary.

At the end of 1960, 430 mentally subnormal persons were registered for 'community care' visitation. In addition, 3 mentally subnormal infants were maintained at the local health authority's expense in private residential homes, and 14 mentally subnormal persons were 'boarded out' under guardianship with nominees of the Guardianship Society. Of these, the

majority are over 16 years of age, and the expenses of maintenance are covered mainly by National Assistance grants.

At the end of the year there were 124 trainees on the register of Langstone House Day Training Centre, consisting of a senior male class of 20, senior female class of 20, and intermediate mixed section of 59 and a junior mixed section of 25.

The Parent Teachers' Association for mentally handicapped children have been very active in co-operation with the local health authority for providing parties and outings for trainees and items of equipment for the Centre of a nature which, had the local health authority been asked to provide them, might have been looked upon as luxuries, but which are, nevertheless, of very great value.

The shortage of hospital accommodation for mentally subnormal persons continues to produce many difficulties, and the situation does not improve with the passing of time despite assurances given by the Regional Hospital Board that they are aware of this problem in their area and are taking steps to ameliorate it. There have in consequence been cases of extreme difficulty in which mentally subnormal children have had to be maintained for appreciable periods by the local health authority in private establishments, as the only alternative. The Regional Hospital Board has been asked to consider the possibility of relieving the local health authority of the financial burden of such cases by accepting liability for the cost of their maintenance in such establishments, and the Board's observations are awaited.

Upon the introduction of the Mental Health Act, 1959, the Minister of Health required local authorities to submit revised proposals, under Section 28 of the National Health Service Act, 1946, relating to mental health services. The Council's proposals, which have been approved by the Minister, incorporated the following innovations:—

1. The appointment of—

- (a) a Consultant Psychiatrist, as a joint appointment by the local health authority and the Regional Hospital Board, with the majority of time devoted to the domiciliary services;
- (b) a Senior Medical Officer, to undertake day to day medical guidance of the Mental Health Service;
- (c) a Psychologist, whose duties would include:
 - (i) help and advice to individual patients and families,
 - (ii) advice on psychological matters affecting major policy, such as relationships in hostels and homes, and slum clearance problems,
 - (iii) consultation with and advice to other health department staff and,
 - (iv) work in co-operation with the Psychiatrist.

2. The provision of a Special Care Unit for severely mentally handicapped children up to the age of 10 years who are too severely handicapped for admission to a junior training centre.

3. The extension and development of the existing training amenities for the mentally subnormal by

- (i) the provision of adult training centres (both industrial and diversional) with
- (ii) the eventual restriction of Langstone House Day Training Centre to the training of mentally subnormal persons of junior and intermediate age groups.

4. The provision of hostel accommodation for
 - (i) mentally subnormal persons who need living accommodation but not hospital care;
 - (ii) short stay care for mentally subnormal persons of the kind formerly covered by Ministry of Health Circular 5/52;
 - (iii) elderly mentally infirm persons who are not at present adequately provided for in the community and are not necessarily suitable for National Assistance Act Part III accommodation.
5. The encouragement of the provision by interested voluntary bodies of day centres, social clubs and other activities of a kind directed towards the rehabilitation and well-being of mentally disordered persons in the community.

PRIORSDEAN HOSPITAL*By the Physician Superintendent***ADMISSIONS**

The total number of admissions was higher than in 1959.

During the year, 1,004 fever (in 1959—935), 145 geriatric (in 1959—135) and 363 chest (in 1959—340) cases were admitted, making a grand total of 1,512 (in 1959—1,410).

Of the fever cases, 336 (in 1959—309) were admitted from outside the City boundary. There were 5 Service cases (in 1959—7).

DISCHARGES AND DEATHS (FEVER)

Discharges—973. Deaths—24. Total—997.

Of this number, 334 discharges and 8 deaths were outside the City boundary, making a total number of Portsmouth cases—655.

CASES DISCHARGED DURING 1960

Month	Scarlet Fever	Diphtheria	Other Infections	Non-Infectious	Deaths	TOTAL
January ..	5	—	17	56	2	80
February ..	6	—	28	37	2	73
March ..	4	—	33	51	1	89
April ..	6	—	30	53	3	92
May ..	2	—	30	41	2	75
June ..	2	—	32	51	3	88
July ..	2	—	33	59	4	98
August ..	—	—	36	49	1	86
September ..	2	—	24	36	1	63
October ..	—	—	37	36	1	74
November ..	1	—	22	59	4	86
December ..	—	—	24	69	—	93
TOTAL ..	30	—	346	597	24	997
Outside cases ..	2	—	128	204	8	342
Portsmouth cases ..	28	—	218	393	16	655

DEATHS 1960

Gastro Enteritis and Broncho-Pneumonia	3
Gastro Enteritis	2
Bulbo-spinal Poliomyelitis	3
Acute Polyneuritis	1
Abdominal Abscess and Acute Pancreatitis	1
Lumbar Spina Bifida, Hydrocephalus and Staphylococcal Pyogenes Infection	1
Eczema Vaccinatum	1
Staphylococcal Pyogenes Type 80 Infection	3
Broncho-Pneumonia	1
Staphylococcal Pneumonia	2
Bronchitis and Bronchiectasis	1
Myelogenous Leukaemia	1
Intestinal Obstruction, General Peritonitis	1
Cardiac Failure, Myocardial Degeneration	1
Bronchial Carcinoma	1
Renal Failure, Congenital Nephrosis of Kidney	1
TOTAL	24

The following table gives in more detail the deaths during 1960.

Under 1 year	..	..	..	7
1—5 years	..	..	..	1
5—20 years	..	..	..	—
20—70 years	..	..	..	9
70+ years	..	..	..	7
TOTAL	..	..	..	24

This gives an overall mortality rate for infectious diseases of 2.40%.

It will be noted that of the 24 deaths, 14 occurred in the extremes of life, i.e. under 1 year and 70+ years. 4 deaths occurred within 24 hours of admission to this hospital. The following table gives a more detailed analysis of the ages of the cases which died within 24 hours of admission.

Under 1 year	0—14 days	..	..	—
	14—28 days	..	..	—
	1—3 months	..	..	—
	3—6 months	..	..	1
	6—9 months	..	..	—
	9—12 months	..	..	1
1—5 years	..	..	..	—
5—20 years	..	..	..	—
20—70 years	..	..	..	1
70+ years	..	..	..	1
TOTAL	..	..	..	4

Diphtheria

There were no cases during the year.

Typhoid Fever

8 cases (all Portsmouth) were admitted, and 5 cases proved to be this disease (all Portsmouth).

Scarlet Fever

There were 30 cases (Portsmouth—28) admitted as scarlet fever.

Puerperal Pyrexia

There were 37 cases (Portsmouth—10) admitted as puerperal pyrexia.

Poliomyelitis

During the year, 6 cases (Portsmouth—3) were admitted as poliomyelitis. 1 case (Portsmouth) proved to be this disease — respiratory. In addition, 5 old-standing cases of poliomyelitis (Portsmouth—1) were admitted.

Meningitis

66 cases (Portsmouth—54) were admitted as meningitis. 20 cases (Portsmouth—4) proved to be this disease.

Tuberculous Meningitis

There were no cases during the year.

			Scarlet Fever	Whooping Cough	Measles	Polio-myelitis		Tuberculosis			Meningococcal Infections	Dysentery	Ophthalmia Neonatorum	Puerperal Pyresia	Acute Pneumonia	Paratyphoid Fevers	Enteric or Typhoid	Food Poisoning	Erysipelas	TOTAL
						Paralytic	Non-Paralytic	Pulmonary	Meninges & C.N.S.	T.B. Other Forms										
Jan.	2	6	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	8
"	9	5	-	-	-	-	-	2	-	-	-	-	-	1	1	-	-	-	-	9
"	16	3	1	4	-	-	-	6	-	-	-	-	-	2	-	-	-	-	-	16
"	23	4	-	-	-	-	-	3	-	-	-	-	-	1	2	-	-	-	1	11
"	30	5	1	4	-	-	-	3	-	-	-	-	-	2	1	-	-	-	-	16
Feb.	6	10	2	7	-	-	-	3	-	1	-	1	-	4	1	-	-	-	-	29
"	13	7	-	4	-	-	-	1	-	-	-	-	1	2	4	-	-	-	-	19
"	20	6	2	20	-	-	-	2	-	1	-	1	-	1	3	-	-	1	1	37
"	27	6	-	20	-	-	-	-	-	2	-	1	-	3	1	-	1	2	-	36
Mar.	5	4	-	11	-	-	-	3	-	-	-	-	-	-	-	-	-	1	-	19
"	12	6	1	11	-	-	-	3	-	1	-	5	-	5	2	-	-	-	-	34
"	19	6	-	9	-	-	-	1	-	-	-	-	-	1	3	-	1	-	-	22
"	26	10	7	15	-	-	-	3	-	1	-	4	-	2	-	-	-	-	-	36
April	2	9	3	23	-	-	-	-	-	-	-	5	-	1	1	-	-	1	1	43
"	9	6	-	48	-	-	-	-	-	-	-	6	-	6	-	-	-	-	1	67
"	16	9	-	17	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	29
"	23	1	1	20	-	-	-	1	-	-	-	-	-	1	-	-	1	1	-	26
"	30	7	-	22	-	-	-	4	-	1	-	1	-	2	-	-	-	-	-	37
May	7	4	1	12	-	-	-	5	-	-	1	1	-	1	1	-	1	2	-	29
"	14	5	1	1	-	-	-	2	-	-	-	-	1	2	-	-	-	-	-	12
"	21	5	3	7	-	-	-	1	-	3	-	10	-	1	-	-	-	1	-	31
"	28	8	-	7	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	17
June	4	2	4	13	-	-	-	1	-	-	-	3	-	2	1	-	-	-	-	26
"	11	4	3	31	-	-	-	5	-	2	-	3	-	5	-	-	-	-	-	53
"	18	-	3	15	-	-	-	3	-	-	-	1	-	-	-	-	2	-	-	24
"	25	2	-	7	-	-	-	2	-	-	-	2	-	2	-	-	2	1	-	18
July	2	3	3	12	-	-	-	2	-	-	-	4	-	1	-	-	2	-	-	27
"	9	3	7	5	-	-	-	1	-	-	-	-	-	1	-	-	1	-	-	18
"	16	-	3	8	-	-	-	1	1	-	-	1	1	7	-	-	3	-	-	25
"	23	4	3	3	-	-	-	1	-	-	-	4	-	3	-	-	2	-	-	20
"	30	8	-	5	-	-	-	-	-	-	-	5	-	3	-	-	1	-	-	22
Aug.	6	-	1	3	-	-	-	1	-	1	-	-	-	4	-	-	1	1	-	12
"	13	-	10	-	-	-	-	-	-	1	-	2	1	5	3	-	-	1	1	23
"	20	4	4	1	-	-	-	1	-	-	-	1	-	2	1	1	-	1	-	16
"	27	-	8	5	-	-	-	-	-	-	-	-	-	4	-	1	2	-	-	20
Sept.	3	4	10	3	-	-	-	2	-	-	-	-	-	1	-	3	-	-	-	23
"	10	1	8	2	-	-	-	1	-	-	-	-	-	-	1	1	1	-	-	15
"	17	-	8	1	1	-	-	-	-	-	-	-	-	-	-	-	5	-	-	15
"	24	1	9	-	-	-	-	5	-	-	-	-	-	2	-	-	-	-	-	17
Oct.	1	1	15	1	-	-	-	1	-	-	-	-	-	1	1	-	-	-	-	20
"	8	-	9	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10
"	15	-	2	-	-	-	-	1	-	-	-	-	-	7	-	-	-	-	-	20
"	22	2	-	1	-	-	-	5	-	-	-	-	-	2	1	-	-	-	-	11
"	29	2	11	2	-	-	-	-	-	-	-	1	-	2	-	-	-	1	-	19
Nov.	5	3	7	-	-	-	-	2	-	-	-	-	-	2	3	-	-	-	-	17
"	12	1	4	1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	8
"	19	4	3	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	9
"	26	1	7	-	-	-	-	-	-	-	-	-	-	3	-	-	-	1	-	12
Dec.	3	-	2	1	-	-	-	1	-	-	-	1	-	8	-	-	1	-	-	14
"	10	4	7	-	-	-	-	1	-	-	-	-	-	4	-	-	-	1	-	17
"	17	1	3	4	-	-	-	1	-	2	-	-	-	3	-	-	-	-	-	14
"	24	1	7	-	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-	11
"	31	3	2	1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	8
Total	1960	91	190	389	1	-	-	86	1	17	1	65	4	117	31	1	5	28	20	1147
	1959	230	38	1645	2	-	-	97	1	9	7	21	1	46	93	1	1	16	15	2223
Deaths	1960	-	-	-	1	-	-	17	1	3	-	-	-	150*	-	-	-	-	-	172
	1959	-	-	-	-	-	-	24	-	2	1	-	-	185*	-	-	-	-	-	212

* All Forms

ANALYSIS OF DEATHS FROM CANCER, 1960

	1-4		5-14		15-24		25-44		45-64		65-74		75 and over		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Malignant neoplasm—stomach	-	-	-	-	-	-	1(2)	-	13(15)	8(4)	16(11)	11(6)	10(14)	9(15)	40(42)	28(25)
Malignant neoplasm—lung, bronchus ..	-	-	-	-	-	(1)	4(6)	2(-)	59(49)	6(8)	35(32)	5(2)	21(10)	4(3)	119(98)	17(13)
Malignant neoplasm—breast	-	-	-	-	-	-	-	2(1)	-	19(20)	1 (-)	9(13)	1 (-)	15(12)	2 (-)	45 (46)
Malignant neoplasm—uterus	-	-	-	-	-	-	-	2(3)	-	6(11)	-	5 (2)	-	8 (6)	- (-)	21 (22)
Other malignant and lymphatic neoplasms	(1)	1(1)	-	-	1(1)	(2)	7(7)	1(8)	35(41)	32(33)	35(33)	33(35)	58(44)	37(32)	136(127)	104(111)
Leukaemia, aleukaemia	-	-	-	(1)	2(1)	-	1(2)	(1)	2 (2)	2 (1)	3 (1)	1 (-)	-	(2)	8 (6)	3 (5)
TOTAL	-	1	-	-	3	-	13	7	109	73	90	64	90	73	305	218 523
1959	1	1	-	1	3	2	17	13	107	77	77	58	68	70	273	222 495

VENEREAL DISEASES TREATMENT CENTRE*By the Venereal Diseases Officer*

It is very gratifying to report that our figures for syphilis still remain low in spite of the rise in the national figures for this disease. Only 5 cases of early infective syphilis were recorded during the year and these have been traced to sources of infection outside the area.

The figures for gonorrhoea shew a considerable increase, bringing our rate more into line with the national figures.

It will be noticed that by far the biggest increase was in female patients, which I feel is directly due to the excellent work in contact tracing undertaken by the health visitor attached to this Department and to the excellent co-operaton with the Naval authorities. The reason for this conclusion is that gonorrhoea in the female is usually symptomless and consequently contact tracing is the usual reason for the attendance of patients suffering from this condition.

I am also very pleased to report that again no new cases of congenital syphilis were seen during the year.

TABLE OF STATISTICS

	SYPHILIS			GONORRHOEA			OTHER CONDITIONS		
	M.	F.	TOTAL	M.	F.	TOTAL	M.	F.	TOTAL
Patients under treatment or observation on 1st January	63 (62)	81 (75)	144 (137)	24 (12)	11 (10)	35 (22)	64 (32)	26 (17)	90 (49)
Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition	2 (2)	11 (10)	13 (12)	- (-)	- (-)	- (-)	- (1)	- (-)	- (1)
Patients transferred from other centres after diagnosis	5 (1)	4 (3)	9 (4)	3 (7)	6 (2)	9 (9)	17 (22)	1 (1)	18 (23)
Patients dealt with for the first time ..	15 (17)	12 (12)	27 (29)	113 (81)	73 (35)	186 (116)	371 (309)	130 (134)	501 (443)
Patients completing treatment and/or observation	10 (7)	12 (10)	22 (17)	57 (24)	46 (19)	103 (43)	291 (222)	128 (113)	419 (335)
Patients transferred elsewhere ..	10 (10)	7 (6)	17 (16)	25 (35)	10 (4)	35 (39)	66 (59)	13 (12)	79 (71)
Patients not completing treatment and/or observations	4 (2)	9 (4)	13 (6)	32 (17)	19 (13)	51 (30)	39 (19)	- (-)	39 (19)
Patients under treatment or observation on 31st December	61 (63)	80 (80)	141 (143)	26 (24)	15 (11)	41 (35)	56 (64)	16 (27)	72 (91)
Attendances by patients— seen by physician	385 (515)	504 (462)	889 (977)	623 (363)	339 (204)	962 (567)	1,851 (1,591)	498 (468)	2,349 (2,059)
not seen by physician	193 (166)	44 (94)	237 (260)	40 (94)	- (-)	40 (94)	196 (331)	- (-)	196 (331)
Contacts attending for examination referred by patients, etc.	9 (7)	8 (9)	17 (16)	2 (2)	77 (41)	79 (43)	- (1)	16 (12)	16 (13)

PARASITIC INFESTATION*By the Medical Officer in charge, Disinfestation Clinic***Pediculosis**

The figures for the year show a marked increase over those of the previous year. The increase, however, was not amongst children of school age who showed a decrease in incidence.

During the year 37 households of 37 families, comprising 150 individuals, attended, compared with 24 households of 24 families and 87 individuals in 1959.

Total number of patients attending during the year:—

					1959	1960
Cases	..	..	..	..	57	78
Contacts	..	..	..	..	30	72
					<hr/> 87 <hr/>	<hr/> 150 <hr/>

The distribution as to age and sex was:—

	Under 5			5-15			Over 15			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infested	7	8	15	14	32	46	10	7	17	31	47	78
Non-Infested	9	5	14	21	8	29	13	16	29	43	29	72
Total of first attendances ..	16	13	29	35	40	75	23	23	46	74	76	150
Subsequent attendances ..	4	9	13	13	31	44	9	7	16	26	47	73

59.0% (68.4%) of those infested were school children aged 5-15.

Ten cases were infestations of phthirus pubis (crab lice) and one of pediculus corporis (body lice). One of the phthirus infestations was on the eyelashes of an infant.

One cases was sent by general practitioners and five from a local hospital.

No case required prosecution under Section 85 of the Public Health Act, 1936.

On three occasions it was necessary to take patients to the Clinic by Ambulance Service vehicles.

Treatment remained the same as in previous years, viz. a proprietary emulsion containing D.D.T. and Pyrethrin for heads and B.H.C. gamma isomer for phthirus pubis.

The following table shows numbers infested for the last ten years:—

1951	733	1956	82
1952	850	1957	62
1953	479	1958	59
1954	279	1959	57
1955	135	1960	78

SCABIES

The figures for this year show a marked decrease of infestation over those of 1959.

Total number dealt with during the year:—

					1959	1960
Cases	..	..	..	..	92	67
Contacts	..	..	..	..	60	54
					152	121

In addition, eight infested cases and ten contacts were referred to the Clinic from areas outside the City.

Twenty-one cases were sent by general practitioners and eight by local hospitals.

Distributions as to age and sex was:—

	Under 5			5-15			Over 15			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infested	6	12	18	13	8	21	8	20	28	27	40	67
Non-Infested	7	6	13	8	6	14	10	17	27	25	29	54
Total of first attendances ..	13	18	31	21	14	35	18	37	55	52	69	121
Subsequently from inside and outside City boundary ..	8	11	19	16	9	25	12	20	32	36	40	76

In the case of one family it was necessary to use an ambulance to bring the patient for treatment.

The following table shows number of infested cases and contacts for previous years:—

<u>Year</u>	<u>Cases</u>	<u>Contacts</u>
1947	656	521
1949	160	127
1951	47	65
1953	87	82
1955	78	46
1956	41	49
1957	44	36
1958	90	58
1959	92	60
1960	67	54

REPORT OF THE BATHS SUPERINTENDENT

Weather being a contributing factor to swimming bath trade, it will follow from the inclement weather experienced during the year under review (1960/61) that we could expect a fall in patronage. That is so and I regret to state that almost every section of both departments of the establishment have to show a decrease in takings when compared with the previous year, when we enjoyed the best summer recorded.

Nevertheless, irrespective of the considerable decreases shown in the various sections, this year is the third highest in the Baths' history, in respect of revenue, an income of £5,956 (£6,205).

The grand total figures will show that actually 169,327 (179,953) patrons were catered for, a decrease of 10,626 on last year, made up mainly by swimming bath decreases of public patrons and school children in classes under the Education Authority's instructor.

The PRIVATE BATH department continues to decline in spite of all my endeavours. Of course the answer here is quite apparent — with the advent of baths in the home, potential customers prefer to have this service at their own homes, so we can expect this to decline to a very low ebb as housing improves and the bathroom is an every home acquisition.

It is with regret I have to inform you that my records show that this year's trade, with a total of 32,395 baths (33,388), has a decrease of 993 against last year and it is to be recorded as the lowest private bath patronage in the department's history. There is one redeeming and pleasing feature — the ladies' section of this service shows a good increase of five patrons, maintaining its steady trade over the last eight years.

A survey of the sections of the SWIMMING BATH patronage will show that the decreases are universal, made up by 3,479 public males, 2,562 females, 3,154 in classes, while the clubs, passes, etc. account for a 1,451 decrease.

Private lessons given by the staff during slack periods, such as early mornings, were 1,292 (1,421), which is a decrease of 129 lessons over the previous year. This service is most unsatisfactory during busy periods and has to be suspended when the bath gets too busy and crowded owing to limited space.

School children in classes had the attendance of 44,326 (47,480), a decrease of 3,153, and still the swimming bath is much too crowded for imparting instruction successfully.

School teachers in general are most enthusiastic in the training of the children and I wish to pay tribute to their work and also that of the Schools Swimming Association.

Winter swimming during the public hours is not patronised very greatly; however, the tendency is increasing owing to the fine work of the Education authorities and in future years as the children become adults the patronage may increase.

Spectators with a 2,463 attendance have the increase to show of 353 persons over the previous year; here it will be noticed that many people will come and watch during the inclement weather and this income can be a very substantial amount in a modern bath, where music and light refreshments can be enjoyed and obtained.

Private hire of the swimming bath showed a decline of $39\frac{1}{4}$ hours, owing to a curtailment of clubs requiring the baths from 9.15 p.m. to 10.15 p.m. which entails a $14\frac{1}{4}$ hour day (8 a.m.—10.15 p.m.) for the persons on duty on these particular occasions if the clubs are to be accommodated at such a late hour, such is the demand for exclusive private swimming by private business house clubs.

Coin-operated machines continue to be well patronised; one person in five entering the establishment has a 1d. service on one or the other of the machines and if space were available I would advocate the installation of other types of machines vending other commodities.

Building and plant maintenance has this year been kept to a minimum owing to the eventual completion of the Anglesea Road Baths; care has been taken irrespective of this fact not to undermine the efficient running of all departments.

Filtration, chlorination and laundry equipment continue to give great satisfaction; the remaining Cornish boiler again examined was also satisfactory irrespective of its great age.

Water

The bath has a capacity of approximately 68,000 gallons, with a 'turnover cycle of four hours; the source of supply is the City's fresh water mains. Filtration is by pressure filters, dealing with 200 gallons of water per square foot of sand area per hour, and chlorination is by the 'breakpoint' method.

Regular bacteriological examination of the swimming bath water has shown a consistently high standard of purity, which has been maintained even at peak periods.

STAFF continue to be proficient in their work, some endeavouring to improve their prowess in swimming and life-saving.

Two bath attendants have been successful in gaining the Instructors' Certificate and I expect a further success from another employee this year.

The gaining of these and similar awards shows the enthusiasm that employees have for this occupation, improving their efficiency as servants in a bathing establishment.

One employee, L. Cousins, the bathside attendant, received a certificate from the Royal Humane Society for his successful application of the 'Mouth to Mouth' method of artificial respiration in an accident in these baths last year, and it is with congratulations to the recipient I record this incident.

STATISTICAL REPORT FOR THE YEAR 1960 - 1961

	PRIVATE BATHS					SWIMMING BATHS					PRIVATE BATHS AND SWIMMING BATHS		
	MALE		FEMALE			MALE		FEMALE			Male	Female	Grand Totals
	1/2	9d.	Total	1/2	9d.	Total	1/-	6d.	3d.	Total			
1960-61	15,857	10,144	26,001	2,036	4,358	63,94	7,374	33,623	3,727	44,724	70,725	28,597	99,322
1959-60	16,728	10,271	26,999	2,105	4,284	63,388	7,907	35,625	4,671	48,203	75,202	31,154	106,356
Increase	—	—	—	—	74	5	—	—	—	—	—	—	—
Decrease	871	127	998	69	—	—	533	2,002	944	3,479	4,477	2,557	7,034

1959-60		1960-61	
£	12,036	Brylcreem	..
£	14,517	Hairdryers	..
£	2,382	Self-weigh	..
£	876	Deposits Receipt	..
* £3 19 7	Scent machine	..	£5 11 3
+ 1/3rd takings to Corporation. * Rental annual.			
1959-60		1960-61	
155,946		Bath attendances	
21,261		Club attendances	
1,425		Free passes	
421		Season tickets	
900		Special instruction	
179,953		TOTALS	
179,953		169,327	

CLASSES	SPEC-TATORS	GRAND TOTALS	HIRE OF BATH Hrs.	TUITION FEES	LUMA BATHS	SEASON TICKETS	£ s. d.
1960-61	44,326	2,463	676½	1,292	62	26	5,956 17 0
1959-60	47,480	2,110	715½	1,421	57	16	6,205 9 6
Increase	—	353	—	—	5	10	— — —
Decreased	3,154	—	39½	129	—	—	248 12 6

REPORT OF THE VETERINARY OFFICER**MEAT INSPECTION**

According to the Ministry of Agriculture's returns dealing with the notifiable diseases the existence of foot and mouth disease was confirmed in this country each month until June. Despite this fact from experience one could not describe its incidence as high at this time. Although the year opened with a marked improvement in the position at the end of six months the comparable aggregate was running unfavourably. Following a period of freedom it reappeared in September and during November was epizootic in character. Despite the anxiety and great activity which it caused the City was very fortunate. Throughout the year this local authority was not affected by the areas scheduled by the Ministry of Agriculture for movement restrictions on susceptible species of food animals. Besides there was no serious disturbance of normal wholesale meat trade activities. During the year retailers from a large number of districts outside the City came to wholesalers in the vicinity of Greetham Street for their supplies. The wholesale meat market, Greetham Street, and some local retailers received supplies of English and imported meat and offal from Fontley, Petersfield, Swindon, Westbourne, Wimborne, Thame, Southampton, Shropshire, Weston-Super-Mare, Chichester, Yapton, Salisbury, Isle of Wight, Swanage, Eire and London. As in previous years regular consignments of meat and offal reached the City from Eire following importation at Holyhead. Bone-taints — condition which renders meat unfit for human consumption was detected in imported and home-killed supplies of beef. In fact during the summer months bone-taint was very troublesome in home-killed beef and necessitated the surrender of substantial weights of both hindquarters and forequarter meat. Besides 'blown' and 'leaking' canned meat rejection of carcase meat and offal as unfit for human consumption was necessary due to abscess, black spot, bruising, contamination, decomposition, discolouration, fatty degeneration, mould and nephrites. Each month throughout the year a number of notifications was received from other local authorities relating to carcasses and offal of home-killed beef known to have a parasitic infestation. This meat was followed up by visits to local cold stores in order to ensure its being submitted to proper treatment and protection of the public.

MEAT CONDEMNATIONS

English: 2,974 lb. hindquarter beef; 980 lb. forequarter beef; 35 lb. pork; 470 lb. ox lungs and melts; 355 lb. ox heads and tongues; 63 lb. ox skirts; 359 lb. lamb; 105 lb. lambs plucks; 300 lb. sheeps plucks; 90 lb. sheep livers; 49 lb. veal; 40 lb. calf livers; 12 lb. Chickens.

Imported: 458 lb. hindquarter beef; 334 lb. forequarter beef; 203 lb. pork; 101 lb. pigs kidneys; 15 lb. pigs livers; 12 lb. pigs plucks; 112 lb. pigs spleens; 195 lb. ox kidneys; 34 lb. ox livers; 12 lb. ox kidney knob; 165 lb. lambs livers; 44 lb. lamb; 180 lb. mutton loins; 14 lb. mutton; 90 lb. sheep livers; 154 lb. bacon; 224 lb. rabbits; 5 lb. brisket; 107 lb. turkeys.

FOOD HYGIENE REGULATIONS, 1955

Most of the work relating to the provisions of the Food Hygiene Regulations was carried out at the wholesale meat premises in the vicinity of Greetham Street. Local traders and retailers from many districts outside the City come to Greetham Street for their supplies. According to my

experience most meat wholesalers have never been hostile to these Regulations and I have no evidence that on the whole the general provisions were not well observed. As I have reported previously I believe that the principles of hygiene observed by the wholesalers must tend to remind the traders they serve of this important subject. Most of the meat supplies consigned to the City and those issued from the wholesale meat market were carried in road vehicles. I must pay tribute to the manager and staff of British Road Services (Meat Haulage) Ltd. for another year of satisfactory work free from trouble. British Road Services (Meat Haulage) Ltd. were responsible for most of the meat transport including supplies despatched from the wholesale meat market to the City and surrounding districts.

ANTHRAX

The year opened with favourable details for this deadly disease by a continuance of the uninterrupted falls in the figures associated with it in recent months. The monthly total of outbreaks for January and February was the same — 22 outbreaks. Following the ending of the steady improvement in the details there was a worsening of the position during March when a total of 35 outbreaks was recorded. Besides the comparable aggregate at the end of the year's first quarter was running unfavourably — the actual figures this year were 79 outbreaks compared with 63 at the same date in 1959. A marked improvement in the details occurred without interruption during the 2nd quarter of the year and in June 11 outbreaks only were detected. At the end of June the comparable totals for 6 months were very similar — 128 outbreaks this year and 127 in 1959. The returns show that its incidence was low through out July, August and September and the year's lowest monthly total was recorded in July when 7 outbreaks were confirmed. Probably the Ministry derived more satisfaction from the comparable aggregates for 9 months. At the end of September this year a total of 159 outbreaks was confirmed compared with 181 for the corresponding period last year. Comparatively low incidence and satisfactory returns continued until the end of November. There was a marked deterioration in the position during December when an increase of 20 in the number of outbreaks compared with the previous month was recorded. The number of animals attacked — 38 — cannot be described as low. The Ministry probably regards as satisfactory the annual details which have been issued. During 1960 221 outbreaks were detected and 227 animals attacked compared with 263 and 293 last year.

FOOT AND MOUTH DISEASE

The Ministry continues the practice of slaughter and compensation as its policy in the eradication of foot and mouth disease in Great Britain. According to the annual details issued by the Ministry there is no doubt that the year 1960 has been a costly one. It is true that the disease existed in this country during the first 3 months of the year but the number of outbreaks could not be described as high. Nevertheless the aggregate of outbreaks for the year's first quarter was unfavourable — the actual figures being 10 outbreaks this year compared with one only for the corresponding period in 1959. Following an improvement in the incidence of this disease during the second quarter the position relating to it during June could not have been better since no outbreak was detected throughout the month. Besides no outbreak was confirmed during the last fortnight in May. It would appear therefore that the Ministry's policy of slaughter and compensation had been successful once again in stamping it out. It is true that the total number of outbreaks detected in 6 months of the year although not high exceeded that for the comparable period in 1959 — the actual figures being 14 and 9. Since

its existence was not confirmed throughout July and August this country's period of freedom was a lengthy one — from the first fortnight in May. Its reappearance is always serious news. During the first fortnight in September its existence in Great Britain was confirmed once more and 6 outbreaks were recorded. At the end of September the comparable aggregates for this year and 1959 were 21 and 9 respectively. The Ministry was unsuccessful in stamping it out in October when 9 outbreaks occurred. During November this disease caused great activity becoming epizootic in character. The return showed that 113 outbreaks and 91 were confirmed during the first and second fortnights making a total of 204 for the month. I drew the Ministry's attention to a dressed carcase of a pig which had rather suspicious inflammatory lesions on both hind feet only. Fortunately after a careful examination the Ministry official decided that it was negative. Clearly November was the peak period for outbreaks and a substantial decrease was recorded in December when a total of 64 outbreaks occurred. The details for the year issued by the Ministry show that 298 outbreaks involving 63,631 animals were dealt with in 1960 compared with 45 and 7,717 last year.

SWINE FEVER

Last year the incidence of Swine Fever was high but the opening monthly totals of 1960 showed a favourable trend. The improvement in the position however ended in March when a considerable increase in the number of outbreaks was recorded. Details shown in the Ministry's returns for the year's first quarter cannot be encouraging for the Ministry since they were very similar to those of the corresponding period in 1959. Unfortunately a marked improvement in the position which occurred in April was followed by a steady deterioration in the figures during May and June. A striking similarity in the comparable aggregates at the end of the first half of the year was recorded — the actual totals being 599 outbreaks this year compared with 601 last year. The uninterrupted deterioration in the monthly totals was arrested in July when a substantial drop in the number of outbreaks confirmed occurred. Although the incidence could only be described as high the details associated with Swine Fever throughout the year's third quarter showed a steady favourable trend. Besides the comparable aggregate for 9 months was running favourably. The favourable trend in the details ended in October when a considerable increase in the number of outbreaks detected was recorded. The position worsened during November when another increase in the number of outbreaks was shown in the returns. Despite the fact that during December there was a drop of 47 outbreaks compared with the previous month one cannot see any evidence that the year has been a satisfactory one for the Ministry. It is true that unlike foot and mouth disease the Ministry does not practice the slaughter and compensation policy. According to the returns in each of the consecutive years 1958, 1959 and 1960 well over 1,000 outbreaks were recorded. The actual number of outbreaks for 1960 was 1,213 compared with 1,321 for last year.

FOWL PEST

The Ministry of Agriculture still practises the slaughter and compensation policy in its efforts to eradicate fowl pest in this country. Since there was a substantial increase in the number of outbreaks confirmed there is no doubt that the year 1960 must have been a costly one for the Treasury. The start of the year was an unsatisfactory one since a total of 449 outbreaks was recorded against 80 for January, 1959. However from experience one learns to expect the position to improve in the early months of the year and 1960 was no exception. A steady improvement in the figures associated with

it occurred until the end of the year's first quarter. Unfortunately the comparable total at the end of March could not be described as encouraging to the Ministry. 882 outbreaks were detected during the first quarter this year compared with a total of 218 in the same quarter last year. Following regular substantial falls in the monthly totals from the beginning of the year the Ministry experienced a setback in April when a considerable increase in the number of outbreaks occurred. Recovery from the setback was uninterrupted and a marked improvement in the position was observed in June. The comparable details for the first half of the year however were not satisfactory for the Ministry — the actual totals being 1,322 outbreaks this year compared with 417 last year. Although the Ministry had a slight setback in September it is true that the figures for fowl pest throughout the year's third quarter could not be described as high. I regard this as seasonal and no doubt this state of affairs was anticipated by the Ministry. At the end of 9 months figures were running very unfavourably — 1,451 outbreaks this year against 540 for the corresponding period in 1959. The position deteriorated seriously during October when a sharp rise in the number of outbreaks was recorded. From experience one expects the figures to rise from now until the end of the year. In fact the evidence in the returns confirmed that the unfavourable trend in the details continued without interruption until the New Year. The annual details issued by the Ministry showed that 2,301 outbreaks were recorded in 1960 compared with a total of 2,062 in 1959.

PET ANIMALS ACT, 1951

According to my experience the Ministry of Agriculture is still suspicious that possibly premises licensed under the Pet Animals Act may play a part in the spread of fowl pest. One cannot see any evidence indicating any real progress in the struggle with fowl pest following the provisions of the Poultry Premises and Vehicles (Disinfection) Order, 1956., and the Diseases of Animals (Waste Foods) Order, 1957. In fact during the year a substantial increase in the number of outbreaks of fowl pest was recorded. I have no evidence that the general provisions of the Pet Animals Act were not on the whole well observed. As I have previously reported I believe that the fact that many ladies assist in operating premises licensed under this Act tends to create a wholesome influence and helps to ensure the well being of the animals. Once again I suggest that a great deal of the credit is due to the licensees and their assistants for the satisfactory working of the Act. A total of 26 pet shops was licensed in the City and 103 visits were made during the year.

THE DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

During the year one more licence was issued to operate boiling plant and equipment at a local piggery. An important provision of the Diseases of Animals (Waste Foods) Order is concerned with the boiling for at least one hour of waste foods. The boiling plant must be efficient and the local authority is responsible for the equipment being satisfactory. The theme of this Order is of a preventive nature and is designed to prevent the spread of diseases like foot and mouth disease, fowl pest and swine fever. Its provisions stress the danger of allowing food animals access to unboiled waste foods and their being fed with unboiled waste foods. Besides important precautions are to be observed relating to the collection and carriage of waste foods for animal feeding.

FISH

The following is a list of the various species of fish relating to parcels surrendered after inspection and condemnation:— dogfish, fillets (various), herrings, golden cutlets, soles, cockles, skate wings, hake, whiting, prawns, plaice, crabs and escallops.

OTHER FOODSTUFFS

As in previous years, practically all kinds of foodstuffs, other than fish, home-killed and imported meat already mentioned, were handled under this heading. Canned foods were an important item, 6,734 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 Point and all animals were able to proceed to their destinations. A total of 131 visits was made to the Dockyard, Camber and Flathouse. A number were of a preventive nature to prevent certain livestock coming into this country illicitly. The Regulations are designed to prevent disease, e.g. rabies and psittacosis, entering at the ports. Other visits to the Port were associated with the trade in the importation of foodstuffs at the Camber and Flathouse.

VISITS

1,808 visits were made during 1960, including 419 to meat premises (wholesale and retail), 343 to fish premises (wholesale and retail), 519 to provision shops (wholesale and retail), 77 to piggeries, 101 to sausage makers, 131 in connection with my duties at the port, 103 under the Pet Animals Act, 1951, 38 to institutions and 168 relating to complaints.

INSPECTION AND SUPERVISION OF FOOD

FOOD AND DRUGS ACT, 1955

During the year, 1,593 samples were taken under the Food and Drugs Act, 1955, and 74 were found to be adulterated, incorrectly labelled or other-wise unsatisfactory, or 4.6%, compared with 3.6% in 1959. Of these 6 were formal samples, 63 informal or test samples and 5 private purchase samples.

In two cases proceedings were instituted, the remainder were dealt with by cautions or reference to the appropriate Ministry.

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-1953

During the year 24 licences were issued for the sale of pasteurised milk, 2 for sterilised milk and 22 for tuberculin tested milk.

67 samples of tuberculin tested (pasteurised) milk were examined and passed the test for this type of milk.

362 samples of pasteurised milk were examined of which four failed to pass the test.

54 samples of pasteurised milk supplied to schools were examined and found satisfactory.

27 samples of sterilised milk were examined and passed the test.

MILK

498 samples of milk were taken during the year; four were found to be adulterated and 39 not up to standard, the deficiencies being due to natural causes. Of this number 104 represented milk supplied by farmers to retailers in the City, 38 being found to be below the minimum standard for good quality milk.

ICE CREAM.

35 samples of ice cream were taken for examination, with the following results:—

26 samples were Grade 1	3 samples were Grade 3
5 samples were Grade 2	1 sample was Grade 4

DRUGS

89 samples of drugs were taken and three were found not to be in accordance with the standards or requirements laid down in the Food and Drugs Act, 1955, the Pharmacy and Medicines Act, 1941, and the Pharmacy and Poisons Acts, 1933.

MERCHANDISE MARKS ACT, 1926, AND ORDERS IN COUNCIL MADE THEREUNDER

During the year 175 visits were made to business premises to see that the provisions of these Orders were being complied with.

WATER

165 samples of swimming pool, paddling pool and sea water were taken during the year.

REPORT OF THE CHIEF HEALTH INSPECTOR

W. F. APPLETON, F.R.S.H., F.A.P.H.I.

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

In the annals of the Public Health Department, 1960 will be remarkable for the way the staff position, critical in 1958/59, remedied itself. The anxieties of many years were allayed by an influx of qualified personnel, which brought the Department nearer to its complement of inspectors than at any time since pre-war days. Two resident student inspectors qualified and were accepted on to the strength, and the year passed without staff being lost to the more lucrative attractions of other authorities, although a few inspectors were short-listed.

A redistribution of districts was contemplated but not implemented owing to a decentralisation scheme arising out of a general staff review. The Committee will be familiar with the details of the proposals. I do not therefore propose to reiterate them here.

ENVIRONMENTAL HYGIENE:

"Hung be the heavens with black . . ." — Shakespeare (*King Henry VI*).

Such are the vagaries of the English climate that comment on 1959's glorious Summer was followed in 1960 by 43.18 inches of rain, the heaviest annual rainfall since the introduction of records in 1890. Despite this inclement weather complaints of defective dwelling houses decreased to 1,738 although the overall total of complaints (2,863) was remarkably similar to that of 1959 (2,892).

PUBLIC HEALTH ACT, 1936:

2,864 complaints—1,738 concerning dwelling houses

6,041 Inspections—4,865 concerning dwelling houses *re* above complaints

1,130 Intimation notices issued

596 Abatement notices served

60 W.F.D. letters

168 Seven day letters

28 Forthwith letters

86 Cases were referred to the Town Clerk for legal action of which

70 were settled without proceedings

3 were withdrawn before case heard

1 summons was not served

11 orders were made

1 case was dismissed

Secondary proceedings on non-compliance with Magistrates' Order were entered on two occasions.

At 31st December, 1960, outstanding notices numbered:—

Intimation Notices	..	..	221
Abatement Notices	..	..	185
Withdrawn or cancelled Notices			27

One Abatement notice was returned in shreds which were addressed to the 'crass idiot who served it'.

During the hearing of one case the defendant made the novel plea that his rain-water guttering was brought down by his neighbour's radiogram.

The year was not a colourful one regarding the nature and variety of complaints, but notable amongst them was one of interest to advocates of phonetic spelling. A complainant alleged that the dampness of a dwelling house had caused one of the occupants to suffer from 'Tonisal Lighters'!

The serious matter of maintaining the public health is fortunately enlivened on occasions by things in lighter vein. An irate ratepayer complained bitterly of the marring of his view by the erection of a urinal at the rear of his property. It was found that some military wag had 'won' a sign bearing the legend 'Gentlemen' and had fixed it on a small building on Crown property. Even the occupants of the hut were unaware of their elevation from non-commissioned rank and the civilian stir that their promotion caused.

In similar intriguing vein was an ingenuous request from a council tenant for an improvement grant to enable decorations to be carried out on his house. One fancies that the applicant had heard of local government circles!

NUISANCES FROM DEPOSITS, SMELLS, DUST, NOISE, ETC.

Next to disrepair in dwelling houses the most prolific source of complaint is that under the above heading.

IMMIGRANTS:

Reversing the trend of centuries, the Occident has become a second Mecca for large numbers of Orientals. It is fortunate that most of these visitors are commonwealth navy personnel and their families, or students or similar *bona-fide* travellers. The great majority of these are persons of culture far older than our own and are very welcome visitors. Unfortunately, there comes with them a minority of itinerant pedlars whose uninhibited behaviour is a source of great concern to their western neighbours. Their occurrence, not as tenants, but as owner-occupiers of the less suburban type of dwelling house is significant of their independent and proud characters. But it is also evidence of their lack of experience in this country, for the majority of the freeholds purchased by these immigrants are sub-standard houses, either in, or on the borders of clearance areas.

It is exaggeration to talk of an 'Indian problem' when so far the Sikh families amount to a discreet sprinkling of some half-a-dozen units in Landport. Nevertheless, their oriental ebullience caused their neighbours to complain bitterly of noise, and also of smells, insanitary deposits and overcrowding. To a community with an accepted way of life and an insular outlook that does not brook radical change, the vociferous greeting of newly arrived relatives, the lengthy celebration that follows, the redolence of eastern cooking, the chapattie oven in the back yard, are affronts that the official must stop. Such matters as are remediable by Public Health legislation have been dealt with. But in the larger role of reconciler, the Inspector has been hampered, firstly by the language barrier and secondly by the usual absence of the Indian men-folk. Traditionally withdrawn, the women of the household will not give information to the enquiring westerner. Following the receipt of a fresh spate of complaints, an inspiration secured help from the office of the High Commission of India. A tour of inspection by a consular officer together with a member of the City Police force and a (specialist) public health Inspector achieved a remarkable improvement and the year closed without further nuisances being attributed to the newcomers. It is obvious however that it is a matter which will recur and if these Indian families are to be permanent residents, their integration with the rest of the population is of great importance. It would appear to be a matter of education on both sides — especially as the complainants are at pains to explain that their complaints are not motivated by racial discrimination.

NOISE. (Portsmouth Corporation Act 1959. Noise Abatement Act 1960)

It is edifying to realise that one's employing authority is ahead of Parliament in promoting legislation. Thus the Act of 1960 brings little alteration to the powers provided by the Portsmouth Corporation Act 1959, except to oppose the ambiguity of 'noise which is a nuisance' to the more specific 'excessive or unreasonable or unnecessary noise which is prejudicial to health or a nuisance'. Accordingly, the procedure adopted locally in 1959 will be continued in the operation of the new Act.

Naturally, no fan-fare of trumpets heralded the commencement of this interesting piece of legislation. An age which passively accepts the portable radio set, jet propulsion and the diesel engine as minor contributions to the general cacophony has little interest in an effort to minimise one of the principal causes of physical and nervous tensions — noise.

The complaints that materialised were mostly from solitary objectors, and in no case was legal action entered. It is safe to say that generally speaking the effect of noise is in inverse proportion to the distance from it. This probably influenced the decision of the inspector who investigated the allegation of a complainant that her neighbour performed a daily vocal marathon 'in a high-pitched screaming voice for five or six hours without a break'. As he did not live next door the Inspector could not substantiate the alleged nuisance and neither did the rest of the neighbours.

Workmen building a large self-service store created so much noise during overtime and especially on Sunday that the complainant living next door was distraught. A direct approach to the workmen on the site met with abuse and after police intervention a complaint was made to the Health Department. The Senior Inspector listened to 'specimen noises' and having confirmed the complainant's grievance I sent a letter asking for a restriction in the amount of noise, or restriction to certain limited periods, to the principal contractors. This worked like a charm. The noise was reduced to endurable proportions and the building was completed without further incident.

The nocturnal activities of wholesale bakers led to residents petitioning for an abatement of the noise made by employees during the loading of trays and manouvring of motor trailers. This being the second occasion of complaint the firm's manager was interviewed and results obtained. The avoidable noises were immediately stopped but unfortunately an ingenious solution of the trailer problem put up by one of the complainants proved impracticable. The improvement secured no further action was taken but the offence seems likely to recur as and when the firm engage new hands.

A similar complaint, also in petition form was made about another firm of bakers. Considerations of which had been there first, bakery or residences were irrelevant, and after the complainants' strongest verbal representations had brought no relief from employees shouting, van doors slamming, 'revving' of engines, etc. a Senior Inspector interviewed the bakery manager. A reduction in the volume of noise was achieved and the improvement was duly appreciated by the petitioners. It is, however, only a matter of time before inevitable relapse takes place.

The lone crusade against a firm of dry cleaners by the complainant commented on in my 1959 report has so far not achieved its object as no other persons including Police, Health Inspectors and neighbours have been able to find conditions indential with those the crusader has alleged to be battling against.

Incensed by being awakened at dawn by the barking of his dog a man invoked section 51 of the Corporation Act 1959 and laid information at the Town Clerk's Department. His complaint was against a poultry dealer

nearby whose cockerels he alleged woke the dog. The dog in turn got the complainant and his neighbours up early. This chain reaction was referred to the Health Department for investigation whereon the following facts were obtained. The alleged offender kept a lock-up store in which the killing plucking and preparing of poultry for sale were carried out. Poultry, delivered on Mondays and Wednesdays, in crates were invariably slaughtered on the day of arrival. On the few occasions when late deliveries occurred, the birds were fed and kept crated overnight. In one case only was a cockerel kept till the next day and then owing to the height of the crate, crowing would not be possible. It was therefore doubtful if this bird had been the shrill clarion that woke the sleeping cerberus. Twenty-five years established, the poultry business has never before been subject to reproach and in this case the complaint was not upheld.

Difficulties in finding suitable factory accommodation caused a Southsea firm of panel beaters to operate in temporary premises. Unfortunately, the location was near to a school and subsequently led to complaints of noise and fumes interfering with the pupils' work. As the firm were using every endeavour to find a proper factory and were prepared to rearrange their work schedules so that the noisier operations did not conflict with school examinations, etc. no action was taken against them. This decision of course was subject to the firm's search for alternative accommodation being not unduly protracted.

DEPOSITS, DUST, ETC.

An inevitable 'must' is the introduction of legislation enabling local authorities to compel owners to clear all rubbish from sites. The present Public Health power extending only to the removal of organic matter does little to improve the appearance of the City. Actions against persons caught in the act of depositing are rare because the depositor takes great care to remain anonymous. Putting the onus on the site-owner would at least secure the prevention of access by the public to the deposit-hungry areas which still abound in the City. No sensible owner would prefer a series of fines or expensive removals to the simple expedient of a fence. In this respect the Corporation may well investigate the inexplicable little pockets of land owned by the Council in its own domain.

Difficulties of collection inherent from the centuries old Portsmouth custom of using any open receptacle for refuse storage still occur. A medical practitioner drew the attention of the Department to the spilling of offensive liquid from a Corporation refuse vehicle. Undue compression of a load was thought to be the cause but as my colleague, the General Manager of the Cleansing and Haulage Department, commented, water will gravitate from any of the vehicles when the load is wet without compression. On the two occasions complained of the collection had obviously been from bins where the lids had been left off and the contents saturated by rain. Compacting the collection was ordered to be carried out away from shops and houses and the General Manager's staff endeavoured to identify the offending householders, apparently with success, because the complaint has, so far, not recurred.

Considering the unprecedented rain fall of the year it is remarkable that there was no repetition of the mass migration of blow-fly larvae which created a science-fiction atmosphere locally in August 1959. What is even more curious is the obvious prodigality of nature in fly propagation for there resulted no plague of blow-flies in proportion to the myriads of larvae which appeared and then disappeared.

Considerable nuisance in the Burrfields area of Copnor occurred in 1960 from an infestation of flies. A thorough survey of the neighbourhood revealed a number of sources. A most serious breeding ground and several minor ones were located in nearby refuse tips. The smaller infestations were due to tip surface disturbance during a demonstration of earth-moving equipment and were eliminated quickly. The major breeding place was on a private tip used solely for builders rubble, hard core and general inorganic material. Entirely without the site owners authority and unknown to the operators on the tip, organic waste had been deposited and subsequent fly infestation had developed. Bulldozing, insecticidal sprays and powders with residual action eliminated the source of complaint. Surveillance has been kept on the offending site to see that similar conditions do not occur again.

No observations on nuisances from deposits would be complete without comment on the defilement of the pavements by animals. No vendetta is carried on against the dog in these columns. Properly trained and in a suitable environment it is the equal of any other domesticated animal, but untrained, undisciplined and free it is a public menace, as the footway of any road in the city will bear evidence. Something should be done about it.

It is also a sad comment on public behaviour to note the staining of the pavements by human pollution. Litter in the streets, of which any citizen should be ashamed, can be, and is removed, but the mysterious black stains from bubble gum, expectoration, drunken vomiting on the pavement are not so easily removed by the hard and unpleasant work of the street cleaners. This muckiness by the individual is as much the excrement of the human body as the sewage which is so discreetly piped away, and those violating public hygiene in public places as a matter of course should be made aware of the public's resentment.

TENTS, VANS, SHEDS, CARAVANS, ETC. (CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960).

Although a welcome piece of legislation in that it makes further provision for licensing and control, the Act nevertheless further complicated an already complicated situation locally. Site operators licenced on outmoded conditions and holding what seemed to be an immutable franchise had been cajoled into accepting more stringent regulations when the new Act and the Byelaws made thereunder again raised the standard.

These standards were an improvement on the model issued by the Ministry of Housing and Local Government and would come into effect next year. Their impact upon sites in the city will have far-reaching effects especially in regard to at least one Corporation owned site.

During the year a number of tragedies through caravan fires in various parts of the country engaged public attention through the National Press. A review of the situation locally was under way at the time, and I am happy to acknowledge the valuable co-operation of the Chief Fire Officer whose Fire Prevention Officer again toured the sites and supplied me with a report and recommendations. As a result each Caravan Site operator, including Corporation owned Caravan Parks, was provided with the Council's fire fighting requirements for such establishments.

INDIVIDUAL SITES:

Unfavourable observations appeared in the press regarding two Corporation owned sites in relation to the amenities provided and conditions at peak holiday periods.

Bearing in mind the very fluid position of such sites as the result of the new Act comment is withheld.

A similar position developed in the matter of the overcrowding of a privately owned site, the new owners of which were reducing the excess over the original standard, when the new Act was introduced.

The attempt of a local transport-cafe to perpetuate a caravan site at the rear of his premises was stayed when I reported on the site. A matter of several dilapidated vans and caravans used without proper authority as dormitories for the overflow of a transport cafe, the application was turned down. Action against the proprietor in 1961 is a possibility.

The existence of a hitherto unknown station of six caravans was discovered when the District Inspector investigated a complaint off the beaten track. Hampered by lack of amenities the expected application to legalise this site is not likely to succeed.

A parcel of land in Southsea adjoining a garage was found to have a number of caravans stationed thereon, none of which was for residential purposes. This site is reported to the Department from time to time by people who are unaware of the fact that the storage of caravans is not illegal.

INDIVIDUAL CARAVANS:

There were no applications for the stationing of individual caravans.

PORTSDOWN HILL AND SOUTHWICK HILL:

Routine surveillance of the crest and slopes of these two attractive heights showed less activity, attributable no doubt to the very wet weather. Nevertheless, the ubiquitous Smith family made their appearance and were advised to get their 'waggons rolling' as soon as possible.

HOUSEBOATS:

The long slow decline of the Eastern Road Houseboat site to its passing is taking place with the patient making periodic attempts to recover.

CLEAN AIR ACT:

Early in 1960 the Ministry of Transport notified the Local Authority that at the request of the Lords Commissioners of the Admiralty they proposed to carry out a series of tests involving smoke emissions. These trials were of lifeboats and canopies capable of protecting seamen through 100 yards of blazing oil covered sea. To simulate these conditions a tank 47 feet by 32 feet formerly used in connection with the Admiralty School of Fire Fighting at H.M.S. *Phoenix* was the proposed site, and a total of 20 fires each of about five minutes duration was envisaged.

Considerable public complaint had been made before the Atomic Defence and Damage Control School moved its artificial fires and in view of the Clean Air Act requirements the Ministry of Transport had been advised to approach the Local Authority for a temporary waiver. The proposed tests were to be an important contribution to the development of safety measures at sea and in view of the transient nature of the smoke nuisance the necessary sanction was given. A Senior Inspector of the Health Department was present at most of the fires, each of which, generated from 150 gallons of AVTAG, made an impressive spectacle. Suitable Press publicity together with a promise that fires would only be lit in an off-shore wind of sufficient force to disperse the dense smoke forestalled any complaint. The only enquiries made were those prompted by curiosity.

The long sought source of atmospheric pollution in the Copnor area was not discovered during 1960. The industrial works of a nationalised undertaking which were under criticism for the alleged emanation of smells and deposits were subject to a rigorous examination and a whole series of tests. An intermittent pollution of one part of hydrogen sulphide to several million parts of iron recorded by the Public Analyst was, in the opinion of the Alkali Inspector, not excessive in the vicinity of such works. Similarly the amount of Sulphur Dioxide and smoke in the area was not higher than in other parts of the City. Exoneration of the works seemed complete in-so-far as the Hydrogen Sulphide was concerned for the plant makes gas of light virgin naphtha of such low sulphur content that it would be practically impossible to release hydrogen sulphide. Further, as the plant has a continuous cycle of operation it was claimed that it would not give rise to an intermittent nuisance, yet in March further H_2S contaminations were attributed to the works. The sensible arrangement of getting complainants to telephone the works immediately a nuisance occurred was advised in order to give the management opportunity to note the operating conditions.

Concurrent with the foregoing a dust nuisance and allied inconveniences were alleged to be arising from a Copnor installation, and the works were kept under surveillance over a lengthy period. Certain ameliorative works achieved an improvement but the principal complaint seemed not so much one of effect but of the choice of site.

A rather bizarre complaint of black smoke being given off by Lillywhite was taken up and the matter was brought to a successful conclusion by the co-operation of the proprietor who changed his heat source from oil to smokeless fuel.

In the direct path of the prevailing wind a number of houses in the Wymering area received the dubious benefit of smoke from one of the largest factories in the City. A petition from the sufferers followed by a thorough investigation of the boiler house was made by a senior inspector. A practically continuous emission of Ringlemann No. 2 was observed and as a result the management were advised to change their fuel to a small coal with better combustion qualities, fit observation mirrors, impress on their stokers the need for care and to call in N.I.F.E.S. for further guidance if necessary. An immediate improvement was acclaimed by the complainants.

A noteworthy comment is the fact that next year the Flathouse works of the Southern Gas Board will no longer be registered under the Alkali, etc., Works Regulation Act, as gasmaking operations there have now ceased.

Mr. North's bonfire on washing day at North End went west after the investigating Inspector pointed out the inconvenience caused to the local housewives.

Council flats and their contribution to a clean air campaign was the subject of inter-departmental correspondence when I had occasion to remind a colleague that the Sub-Health and Housing (Sanitary Service and Staff) Committee had approved a new oil-fire boiler installation 'subject to the fuel used being of low sulphur content'. Unfortunately, in my opinion, a motion to use a 35—45 seconds viscosity oil in preference to one of 200 seconds was lost. The gain to the atmosphere in the City is therefore in the region of .16 parts pints (by volume) of sulphur dioxide to 100 million of air.

During the year I devoted a considerable amount of time and thought to repeating for 1963 my success of 1952 when I was privileged to invite the then Smoke Abatement Society to make Portsmouth their venue for their Annual Conference. The Committee will no doubt remember this event and approve the securing for Portsmouth of such an important conference as

that of the National Society for Clean Air especially in view of the fact that the City has been selected as one of the 100 Local Authorities taking part in the National Survey.

PESTOLOGY.

The staff of Public Health Inspectors having throughout the year advised on the annihilation of ants, woodlice, earwigs, bugs, carpet beetles, moths, flies, larvae, pigeons, bees, wasps, cockroaches, mosquitoes, steamflies, woodworm, lice, plaster beetles, and having themselves helped to nourish the flea population of the City, rejoiced at the advent of bloodsucking novice bearing the resounding title *CRATERINA PALLIDA HIPPOBOSCIDES*.

LAND CHARGES:

4,222 seaches were made against addresses notified by the Town Clerk or City Estates Officer.

FOOD AND DRUGS ACT, 1955, FOOD HYGIENE (GENERAL) REGULATIONS, 1960:
SECTION 16. 20 premises were registered for preparation or manufacture of preserved foods.

3 of these registrations related to the premises of Sausage Manufacturers.

CATERING ESTABLISHMENTS

A hungry man is an angry man. Add wetness to the hunger and you have an ideal state for being disgruntled, therefore, the alleged summer of 1960 must have produced thousands amongst the visitors to the City who were disgruntled and ready to grouse, yet only three complaints regarding cafes and restaurants, etc., were made during the year.

One complaining of the demerits of a Southsea restaurant began with a diatribe on the temperature and quality of the food and after confessing to an altercation with the Manager proceeded to criticise the establishment generally. A notice of contraventions under the Food Hygiene Regulations was in effect on the premises and shortly afterwards it was complied with bringing the establishment up to the required standards.

The second referred to conditions in a minor hotel in Southsea but on investigation the Inspector reported that the premises were well conducted and having due regard to their age, in fair structural condition.

A Portsea cafe was next under fire, but here again findings did not compare with the complaint. There was no doubt that conditions seen by the visitors during a busy period were different from those observed by the Inspector, and thereafter surveillance has been kept on this establishment.

FOOD HYGIENE REGULATIONS 1955-1960.

Moth larvae found in a Christmas cake necessitated a surprise visit to a Mile End baker. The various contraventions pointed out to the person in business included a loft over the bakery which was filled with an assortment of junk. Nine days later an unexpected return by the Inspector to the establishment disclosed a much more serious state of affairs. On top of the oven was a single size mattress and down quilt. This did not prove that the occupier was a person who liked to get on top of his work, but the reverse, for also on the oven were boxes containing stale cakes, knives, racks, benches, provers and trays. Walls and woodwork were dirty, and fruit cakes stored in the crammed loft were contained in dirty trays. Flour was also stored in close proximity to the coke used for the oven fire. At the subsequent hearing before the Magistrates the conductor of this deplorable business was fined a total of £44 4s. 0d.

Despite a previous warning not to continue business under the conditions observed, the proprietor of a well known eating-place persisted in the use of his 'Underground Bakehouse'. Without natural lighting, dirty and cobwebby the kitchen lacked proper drainage and equipment. A primitive hanging rope helped in the difficult negotiation of the steep steps up which all foodstuffs were carried to the customers above ground. The troglodytes engaged in this dubious cellar enlivened their dismal labour with nicotine for the preparation benches bore the burned grooves made by unattended cigarettes, and the proprietor admitted to smoking during food preparation.

Eleven contraventions of the Food Hygiene Regulations together with a charge of selling a bun containing cockroach cooked therein, brought a fine of £23 0s. 0d. plus £2 2s. 0d. costs, but infinitely more to the Department's satisfaction the establishment was ordered to close.

The reason for prohibiting the use of tobacco and snuff in the presence of open food is not widely appreciated. It is the constant touching of the mouth and things connected with the mouth followed by contact with the unprotected foodstuff that constitutes the danger to public health in the possible transmission of oral infections. Public Health Inspectors are always on the *qui-vive* to stop this unhygienic practice and in 1960 a Southsea green-grocer was fined £2 2s. 0d. with £2 2s. 0d. costs for this offence against the Food Hygiene Regulations. To half a dozen other traders warnings were sent.

Many premises were found to fall short of required standards and one Landport butcher replying to a Notice of contraventions of the regulations criticised the Local Authority for the shortcomings of their own shops. This blatant contravention of the law by the Corporation is to be deplored especially when the Health Department is put in the embarrassing position of prosecuting a person for offences at one address when the same person committing the same offences at another address is not proceeded against because the latter premises are Council owned. I have requested action on this matter in inter-departmental correspondence but at the end of 1960, five years after the regulations came into force, most pre-war built Corporation shops are sub-standard.

This position is almost parallel with the effrontery of the Willow Cafe case where Crown Departments frustrate all attempts to get this sub-standard catering establishment either brought up to standard or closed.

SUMMARY OF WORK REQUIRED BY NOTICES OF CONTRAVENTION OF FOOD HYGIENE REGULATIONS, 1955

(N.B.—Food Hygiene Regulations, 1960 which superseded the Food Hygiene Regulations, 1955, came into force on 1st October, 1960)

Regulation No.	No. of cases
5 'Unsanitary' (now 'Insanitary') premises	3
6 Cleanliness of equipment, etc.	26
8 Protection from contamination	9
14 <i>Re</i> Sanitary conveniences	69
16 Provision of hand-washing facilities	57
17 Provision of first aid materials	33
18 Provision for accommodation for Clothing, etc.	11
19 Provision of sinks, etc. for washing equipment	18
20 Lighting of Food Rooms	2
21 Ventilation of Food Rooms	5
23 Cleanliness and repair of Food Rooms	110
24 <i>Re</i> accumulation of refuse, etc.	4
26 Requirements as to stalls	2
	<hr/> 349
Notices complied with	169

EXTRANEOUS MATTER IN FOOD

Mould again topped the list in 1960 as the most popular extraneous matter in food. Complaints of this unwanted addition to the public's diet occupied fifty per cent of the time spent in investigations under the above heading. Once again the evidence accumulated during the year points to the fact that the retailer and not the wholesaler is at fault in selling outdated food. The protective device of coded wrappers together with the invoicing of the manufacturers' goods have proved time and time again that the explicit instructions of the producers are ignored or forgotten in the shop. As a routine all cases notified to the Department are referred to the makers so that date of production and despatch may be established. Invariably, the required information from the firm is accompanied by an elaborate brochure detailing the expected life of and best methods of storage and handling their food products. This information has always been made available to shopkeepers and other large purchasers by the producers but it is usually the uninterested or unthinking assistant who frustrates the good intentions of producer and employer and sells the out of date commodity, plus the hidden mould. Fortunately the public are now alert to many of the ways in which the careless retailer prejudices their food supplies and a steady stream of complaints results.

Investigations of extraneous matter in food rarely failed to prove that appearances are deceptive, thus, what seemed to be a grossly contaminated and mouldy jelly in a fruit flan proved under the Analyst's microscope to be the innocuous natural effect of fruit pulp in fruit juice together with particles of sugar and fat. Similarly a claw-like object found in some other food was identified as a piece of wood from a crate and 'rodent faeces' proved to be burnt meat fragments.

Mouldy jam brought to the Department was checked against the manufacturers' records and found to have been issued to the retailer 2½ years previous to the date of purchase. The identification was put beyond doubt because the particular pack in which it appeared in the shop had not been issued for that period as superior lids were developed. In the meantime inspection of the shop disclosed four similarly affected jars of preserve displayed for sale.

It was an unfortunate period in the history of these well known local retailers for concurrent with the above case another incident involving them by some idiosyncrasy of the Press was singled out for reporting in the national dailies. A hungry young clerk purchased a sweetmeat for 'elevenses' and after eating about a third of the stop-gap found a maggot issuing from the remaining portion. It was a short journey with the offending confection and its inhabitant to the Public Health Inspector because the young lady was a member of the Health Department staff. The grub, and here I use the entomological reference, was identified as the larvae of *ephestia elutella*. Its presence in the chocolate cost the retailers £42 2s. 0d. Incidentally, in an endeavour to exculpate his clients, the defending solicitor expounding on the life cycle of this moth gave what the Press referred to as a '10 minute botany lesson'! Part of the defence being that despite a probable period of four months in possession of the defendants, the chocolate may have been infested in the factory — it is interesting to note that larvae having originated from an infested specimen of nuts were found in the Inspectors office in December and therefore the life cycle of this pest may be more variable than is generally known.

A mouldy raspberry gateau completed this firm's misfortunes for the year bringing their total score in two years to seven convictions and their fines for 1960 to well over £100. Shortly afterwards this multiple concern

closed a number of its branches. It is with a sense of dismay that the Public Health Officer sees this happen to shops whose names have become part of the City's tradition and here it should be mentioned that the closure was contemplated long before the offences and the subsequent action occurred.

Edible white oil lubricating the reciprocating head of a dough mixer ran overmuch and dissolved some mineral grease on the pistons governing the weight control of the divider. This report, savouring of the literary style of a well known humour columnist in a popular daily was nevertheless the actual cause of a complaint coming from the area of another authority. The purchaser of a loaf of Portsmouth-baked bread had discovered a dark patch in it and had, very properly, reported it.

Information regarding an incident similar to the foregoing was submitted to the Magistrates who heard much expert evidence on the subject and subsequently dismissed the case having decided that in view of the general high standard of care exercised by reputable firms such instances were normal risks of the trade. This decision of course had regard to modern methods of production where the type of machinery used makes the very occasional intrusion of oil into the dough unavoidable. The Town Clerk therefore advised that failing the use of obsolete, inefficient or otherwise unsuitable machinery, proceedings should not in future be instituted against bakers for such isolated lapses.

Comparable with oily dough in frequency of occurrence is the presence of carbonaceous matter in bread usually from burnt bread tins. To the purchasers the cut loaf presents the appearance of having been contaminated with dirt. One such case marred the record of a bakery notable to have been a clean and well conducted concern and the intrusion of the particles into the food could only be attributed to an employee's negligence. In view of the manager's assurance that even greater care would be exercised in this establishment a caution was administered.

As inexplicable as the occurrence of the carbon was the presence of a fly in a loaf of bread, for the investigating Inspector saw no flies during a long period in the bakery. The conduct of the concern despite the unpleasantness of the offence justified the leniency of a severe warning.

A cosmopolitan pest, the Cacao Moth helped to bring to court a baker, whose products were found to be infested with larvae. The subject of the complaint was a Christmas Cake and the ramifications of the case were many, especially in regard to establishing the fact that a purchase and not a gift had been made. A visit to the baker not only uncovered other larvae in stored cakes but also the fact that for reasons of personal gain the baker was using old newspaper for lining his cake tins and for storage purposes. In the proceedings which followed the baker tested the credulity of the court with a plea that all his hard work, including the considerable savings on proper tin linings, netted him only £2 per week. The credulity of this statement was reflected in the Magistrate's decision to impose £15 fine for this first offence.

A cockroach cooked in a buttered bun led to the closure of a restaurant-cum-bakery trading under a name well known to cafe patrons in the city. Despite a previous warning not to continue business under the conditions observed the proprietor persisted in the use of his underground 'bakehouse'. This and other offences cost the proprietor his business and a substantial fine.

Courage, similar to that of the young curate who ate his addled egg rather than embarrass his senior host, was not displayed by a lady at a Portsmouth tea party. She very sensibly told her hostess that she did not 'go much' on the fruit pastries with which the guests had been regaled. This

discordant note became a veritable cacophony when the other guests discovered that they had been eating a generous mould growth. A child having bolted one of the confections was so alarmed at the grown-ups' clamour that he developed D. and V. but bacteriological investigation revealed nothing of note. The goods were freshly delivered on the morning of the party and the only explanation of the quick mould growth was the possibility that the cakes having being cartoned whilst still warm, mould-growth inducing moisture was trapped under the cellophane cover. The highly indignant purchaser referred the matter to the Department and in due course this case became an item in the catalogue of complaints against the food products of a large firm.

Two puzzles had producers and investigators completely baffled. A piece of plastic or china of a type usually associated with modern jewellery was found in a pork pie cooked in a factory where the staff are barred from wearing personal jewellery, save only wedding rings. To prevent the admission of any potential extraneous matter to their products, the management have removed even the pockets from the overalls of the employees. Despite exhaustive investigation of the case no explanation could be offered and in recognition of the ultra-hygienic conduct of the concern only a warning resulted.

More mystifying than the jewellery incident was the occurrence of a piece of metal in a loaf of bread. The object was identified as the connecting link of a driving belt to a dough mixer. It was known that the belt had broken when the dough for buns was in the mixer, and a thorough search was made for the fragments. The dough for the bread mixed some considerable time later and there was no explanation for the metal's presence in the loaf. A small fine was imposed.

Whether it was the intention of the meat packers to put a novel pack of stewed steak, gravy and table napkin in one tin will never be known for the can containing a 4in. by 2in. piece of cloth was an import. The matter was pursued via the British Wholesalers to the Australian canners. A first offence and subsequent apologies were accorded a warning.

An old acquaintance—AMMONIUM MAGNESIUM PHOSPHATE—was brought to mind by an indignant purchaser of a tin of Tuna fish who thought she had found glass in her purchase.

The remaining cases were so prosaic as to not warrant comment.

Here follows the table of complaint, action and result:—

EXTRANEOUS MATTER IN FOOD

List of Complaints dealt with in 1960

<i>Material or object</i>	<i>Found in</i>	<i>Action taken</i>
Sour	Sausages	Warning letter
Mould	S. and K. pie	Warning letter
Iron contamination	Loaf of bread	Warning letter
Moth larvae	Picnic choc. nut bars	Warning letter
Mould	Cornish pasty	Warning letter
Carbon matter	Wonderloaf	Caution
Mould	Vanilla puff	Severe warning
Mould	Wonderloaf	Warning
Mould	Crumpets	Warning
Wire } Mould }	{ Fruit cake } { Sugar square }	{ Fined £25 plus costs } { for both cases }
Mould	Pasties	Warning
Maggot	Ice cream wafer	Warning
Mould	Chicken and veal pie	Warning
Maggot	Milk tray chocolates	Warning
Dirty oil } Dirty oil }	{ Sliced 'NuLoaf' } { Cottage loaf }	Case withdrawn in both cases

<i>Material or object</i>	<i>Found in</i>	<i>Action taken</i>
Plastic or glazed china	Pork pie	Warning
Maggots	Cooked gammon	Severe warning
Mould	Pork pie	Case withdrawn
Hemp fibre	Pickle onions	Warning
Moth Maggot	Chocolate nut crunch	Warning
Mould	Sliced loaf	Warning
Mould	Cocktail pork pie	Fined £5 plus costs
Mould	Brown Nimble loaf	No case to answer
Mould	Crumpets	Warning
Wood	Nelson cake	Fined £10 plus costs
Maggots	Christmas cake	Fined £15
Baking on newspaper	Chocolate sponge	Fined £44
Mould	Cornish pasty	Warning
Pin	Christmas pudding	Warning
Sour and Mould	Beef sausages	Warning
Fly larvae	Bacon back rashers	Fined £5 plus costs
Fly	Loaf of bread	Warning
Metal	Malt loaf	Fined £2 plus costs
Mould	Pastries	Fined £5 plus costs
Mould	Balmoral cake	Fined £5 plus costs
Cardboard fragments	Nutrex loaf	Warning
Mould	Pork pie	Final warning
Maggots	Roast pork	Fined £10 plus costs
Ticket pin	Birthday cake	Fined £5 plus costs
Mould	Sausage rolls	Fined £20 plus costs
Cleaning cloth	Tinned stewed steak	Warning
Sour and mould	Skinless pork sausages	Warning
Mould	S. and K. Pie	Case dismissed
Oil in dough	Bread roll	Case dismissed
Mould	Blackcurrent jam	Fined £40 plus costs
Maggot	Chocolate Nux bar	Fined £40 plus costs
Mould	Raspberry sponge gateau	Fined £20 plus costs
Wasp	Bread roll	Fined £50 plus costs on all three charges
Mould	Chocolate cream sponge	
Unfit	Milk chocolate bars	
Mould	Sausage roll	Warning
Mould	Apricot jam	Explanation accepted
Sour and mould	Sausages	Warning
String	Cheese roll	Fined £10 plus costs
Mould	Chocolate covered sponge	Fined £20 plus costs
Cigarette end	Sliced loaf	Fined £5 plus costs

HOUSING:

There was no divergence from the programme of priorities established in 1957. Attention in 1960 centred on the third and fourth groups of this plan with primary work on the fifth and sixth.

These groups were:—

- (c) Central Street, Charles Street, Church Road, Cobourg Street, Guildford Street, etc., Holloway Street, Cottage View.
- (d) Melbourne Street area, West Street, Wiltshire Street.
- (e) Lancaster Road, Berkeley Street, Henrietta Street, Grosvenor Street area.

Classification followed survey of the areas which were finally designated as:—

- Group (c) Landport No. 7 (Part)
- Landport No. 8
- Landport No. 9
- Landport No. 10
- Landport No. 11
- Landport No. 12
- Group (d) Southsea No. 1
- Southsea No. 2

Official representations were made as follows:—

CLEARANCE AREAS

Landport No. 7 Represented Health and Housing Committee, 16th December 1959 — Council Minute 16/60. Holloway No. 1 Clearance Area.

	<u>No. of houses</u>	<u>No. of families</u>	<u>No. of persons</u>
<i>Holloway Street No. 1 Clearance Area</i>			
Holloway Street Nos. 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41 and 43			
TOTALS ..	36	35	130

Landport No. 8. Represented Health and Housing Committee, 20th January 1960 — Council Minute 64/60, 9/2/60.

Northam Street No. 1 Clearance Area

Charles Street Nos. 51, 53, 55, 84, 86, 88, 90, 92, 94, 96, 98, 100, 102, 104, 106, 108, 110, 112, 114 and 116
Cottage View No. 59
Northam Cottages Nos. 1 and 2
Northam Street Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 45, 47, 49, 51, 53, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 44 and 46
Waltham Street Nos. 2, 4, 6, 8, 10 and 12

TOTALS .. 72 78 229

Landport No. 9. Represented Health and Housing Committee, 17th February 1960 — Council Minute 119/60, 12/4/60

Church Road No. 1 Clearance Area

Church Road Nos. 8 and 10

Church Road No. 2 Clearance Area

Church Road Nos. 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32 34 and 36

Church Road No. 3 Clearance Area

Central Street Nos. 46, 48, 50, 52, 49 and 51
Church Road Nos. 42, 44 and 46
Fyning Street Nos. 49, 51 and 53
St. John's Road Nos. 47, 49, 51, 53 and 55
Upper Church Path Nos. 86, 88, 90 and 92

TOTALS .. 36 34 97

Landport No. 10. Represented Health and Housing Committee, 16th March 1960 — Council Minute 144/60, 10/5/60

Clarendon Street No. 1 Clearance Area

Clarendon Place Nos. 2, 3, 4, 5, 6 and 7
Clarendon Street Nos. 3, 5, 7, 9, 13, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 4, 6, 8, 10, 12, 14, 16, 18, 22, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74 and 76
Nutfield Place Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and 14

TOTALS .. 76 77 210

Landport No. 11. Represented Health and Housing Committee, 1st June 1960 — Council Minute 185/60, 14/6/60

Cobourg Street No. 1 Clearance Area

Cobourg Street Nos. 2 and 4
St. John's Road Nos. 4 and 6

Cobourg Street No. 2 Clearance Area

Cobourg Street Nos. 7, 9, 11, 13, 15, 17, 19 and 21

Cobourg Street No. 3 Clearance Area

Cobourg Street Nos. 31, 33, 35, 37, 40, 42, 44, 46, 48, 50, 52, 54, 56 and 58

TOTALS .. 26 24 73

		<u>No. of houses</u>	<u>No. of families</u>	<u>No. of persons</u>
Landport No. 12. Represented Health and Housing Committee, 1st June 1960 — Council Minute 187/60, 14/6/60				
<i>Wimpole Street No. 1 Clearance Area</i>				
Harley Street No. 39				
Wimpole Street Nos. 1, 2, 3, 4 and 5				
TOTALS	..	6	6	20
Southsea No. 1. Represented Health and Housing Committee, 19th October 1960 — Council Minute 303/60,				
<i>Landport Street No. 1 Clearance Area</i>				
Hampshire Street Nos. 1, 3 and 5				
Landport Street Nos. 2/4, 6, 3, 5, 7, 9, 11, 13 and 15				
St. Paul's Road Nos. 43, 45, 47, 49, 55 and 57				
TOTALS	..	18	17	54
<i>St Paul's Road No. 1 Clearance Area</i>				
Hampshire Street Nos. 10, 12, 14, 16, 18, 20, 22, 24, 28, 30 and 32				
St. Paul's Road Nos. 61, 63, 65, 67, 69, 71, 73, 75, 77, 79, 81, 83, 85, 87 and 89				
TOTALS	..	26	16	46
<i>St. Vincent Street No. 1 Clearance Area</i>				
Colpoy Street Nos. 1, 3, 5, 7 and 9				
Park Street Nos. 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 16, 18, 20, 22 and 24				
St. Paul's Road Nos. 80, 82, 84, 86 and 88				
St. Vincent Street Nos. 38, 40, 44, 46, 48, 50, 52, 60, 62, 64, 66, 68 and 70				
Wiltshire Street Nos. 24, 26, 28, 30, 32/34, 36, 38, 40, 42 and 44				
		50	50	146
<i>St. Vincent Street No. 2 Clearance Area</i>				
St. Vincent Street Nos. 74 and 76				
<i>Wiltshire Street No. 1 Clearance Area</i>				
Wiltshire Street Nos. 2, 4, 10, 12, 14, 16, 18, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25 and 27				
		20	11	29
TOTALS	..	116	96	285
Southsea No. 2. Represented Health and Housing Committee, 16th November 1960 — Council Minute 332/60, 13/12/60				
<i>Melbourne Street No. 1 Clearance Area</i>				
Hyde Park Road Nos. 6/8, (also known as 1 St. Vincent Street) 10, 12, 14, 18, 22, 24 and 26				
Lansdowne Street Nos 1, 3, 5, 7 and 9				
Melbourne Place Nos. 1, 3, 5, 7, 9, 11, 2 (also known as 21A, St. Vincent Street) 4, 6, 8, 10, 12, 14, 16, 18 and 20				
Melbourne Street Nos. 27, 29, 31, 33, 33A, 35, 37, 39, 41, 40, 42, 44, 46, 48, 50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74, 76, 78, 80, 82, 84, 86, 88 and 90				
St. Vincent Street Nos. 3, 5, 7, 9, 11, 13, 15, 17, 19, 23, 25, 27, 29, 33, 35, 39, 41, 43, 45, 49, 2, 4, 6, 12, 14, 24, 26, 28, 30 32, 34 and 36				
Wiltshire Street Nos. 37, 39, 41, 43, 45 and 47				
		102	104	297
<i>Waltham Street No. 1 Clearance Area</i>				
Waltham Street Nos. 17, 19 and 21				
	.. ..	3	3	8
<i>Wiltshire Street No. 2 Clearance Area</i>				
Wiltshire Street Nos. 29 and 31				
	.. ..	2	1	3
TOTALS	..	107	108	308

These Clearance Areas were followed by Compulsory Purchase Orders, namely:—

Holloway Street No. 1	Compulsory Purchase Order
Northam Street No. 1	do.
St. John's Road No. 1	do.
Clarendon Street No. 1	do.
Cobourg Street No. 1	do.
Cobourg Street No. 2	do.
Wimpole Street No. 1	do.
Park Street No. 1	do.
St. Vincent Street No. 1	do.

DECLARATION OF UNFITNESS ORDERS:

Oyster Street No. 2 Declaration of Unfitness Order 1960.

Representations were made to the Committee on 16/12/1959 that certain houses might be included in a Declaration of Unfitness Order and approval was given (subsequently ratified by the City Council 24/1960)

No. 42 Oyster Street.

INDIVIDUAL HOUSES REPRESENTED AS UNFIT:

Houses unfit for human habitation were represented to the Committee under Part II, Housing Act 1957. They numbered:—

Closing Orders	..	..	..	..	5
Demolition Orders	..	..	..	..	31
Undertakings not to use for human habitation	..	..	..	..	29
Parts of buildings closed	..	..	..	..	2

The culmination of 1959's programme is shown by the following table of Public Inquiries which were held during 1960:—

<u>Local Public Inquiry</u>	<u>Date held</u>	<u>Result</u>
City of Portsmouth (Cressy Place No. 1)	10.2.1960	Confirmed with modification by Ministry of Housing and Local Government on 12.8.1960
Compulsory Purchase Order 1959		
<i>Clearance Areas</i>		
CRESSY PLACE NO. 1 CLEARANCE AREA		
Cressy Place Nos. 11 and 12		
CRESSY PLACE NO. 2 CLEARANCE AREA		
Cressy Place No. 17		
North Road No. 10a		
CRESSY PLACE NO. 3 CLEARANCE AREA		
Cressy Place Nos. 26, 27, 28, 29 and 30		
NORTH ROAD NO. 1 CLEARANCE AREA		
North Road Nos. 6, 8 and 10		
WINGFIELD STREET NO. 1 CLEARANCE AREA		
Wingfield Street Nos. 24 and 26		
WINGFIELD STREET NO. 2 CLEARANCE AREA		
Wingfield Street Nos. 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56, 58, 60, 62, 64, 66, 68 and 70		
WINGFIELD STREET NO. 3 CLEARANCE AREA		
Wingfield Street Nos. 82, 84, 86, 88, 90, 92 and 94		
WINGFIELD STREET NO. 4 CLEARANCE AREA		
Wingfield Street Nos. 98, 100, 102, 104, 106 and 108		
Cressy Place Nos. 21, 22 and 23		
WINGFIELD STREET NO. 5 CLEARANCE AREA		
Wingfield Street Nos. 118, 120 and 122		
Cressy Place No. 33		
WINGFIELD STREET NO. 6 CLEARANCE AREA		
Wingfield Street Nos. 140, 142, 144, 146, 148, 150, 152, 154, 156, 158 including 40a		
Cressy Place		

<u>Local Public Inquiry</u>	<u>Date held</u>	<u>Result</u>
City of Portsmouth (Wellington Row No. 1) Compulsory Purchase Order 1960	3.5.1960	Confirmed with modification 16.9.1960
<i>Clearance Areas</i>		
CHURCH STREET NO. 1 CLEARANCE AREA		
Church Street Nos. 93, 95 and 97		
CLIVE TERRACE NO. 1 CLEARANCE AREA		
Clive Terrace Nos. 1, 2, 3 and 4		
HERTFORD STREET NO. 1 CLEARANCE AREA		
Hertford Street Nos. 14, 16, 18, 20, 22 and 24		
HERTFORD STREET NO. 2 CLEARANCE AREA		
Hertford Street Nos. 15, 17, 19, 21, 23, 25, 27, 38, 48, 50, 52		
HERTFORD STREET NO. 3 CLEARANCE AREA		
Hertford Street Nos. 37, 56, 58, 60 and 62		
Merry Row—Rose Cottage		
Wycombe Road No. 41		
HERTFORD STREET NO. 4 CLEARANCE AREA		
Cressy Place Nos. 45, 47, 49, 51, 53, 55, 57, 59, 61, 46, 48, 50, 52, 54, 56, 58 and 60		
Elm View Nos. 1, 3, 5, 7, 2, 4, 6, 8, 10 and 12		
Hertford Street Nos. 51, 53, 55, 57, 59, 61, 71, 73, 75, 77, 79, 81, 83, 85, 87, 89, 91, 93, 95, 97, 99, 101, 103, 107, 109, 111, 117, 119, 121, 127, 129, 131, 133 and 135		
Wellington Row, also known as Riga Terrace		
Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, 61, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34 and 36		
City of Portsmouth (Wycombe Road No. 1) Compulsory Purchase Order 1960	22.6.1960	Confirmed with modification 31.10.1960
<i>Clearance Areas</i>		
DUKE STREET NO. 1 CLEARANCE AREA		
Duke Street Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 2, 4, 12, 14, 16, 18, 22, 24, 26, 28, 30, 32, 34, 36, 38, 42 and 44		
Hertford Street Nos. 88, 90, 98, 100, 102, 104, 106, 108, 110, 112, 114, 116 and 118		
Wycombe Road Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39 and 40		
City of Portsmouth (Guildford Street No. 1) Compulsory Purchase Order 1960	9.8.1960	Awaiting confirmation
<i>Clearance Areas</i>		
COTTAGE VIEW NO. 1 CLEARANCE AREA		
Cottage View Nos. 34, 36 and 38		
GUILDFORD STREET NO. 1 CLEARANCE AREA		
Cottage View Nos. 75, 83, 85, 87, 89, 52, 54, 56, 58, 60, 62 and 64		
Guildford Street Nos. 1, 3, 5, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 2/2a, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42 and 44		
Railway View Nos. 91 and 93		
City of Portsmouth (Holloway Street No. 1) Compulsory Purchase Order 1960	12.10.1960	Awaiting confirmation
<i>Clearance Areas</i>		
HOLLOWAY STREET NO. 1 CLEARANCE AREA		
Holloway Street Nos. 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 35, 37, 39, 41 and 43		

Orders confirmed by Minister of Housing and Local Government

City of Portsmouth (St. James Street No. 1) Clearance Order 1959	Confirmed with modification by Minister of Housing and Local Government 19.1.1960
City of Portsmouth (Prince George Street No. 1) Declaration of Unfitness Order 1959	Confirmed without modification on 11.2.1960
City of Portsmouth (Britain Street No. 1) Clearance Order 1959	Confirmed without modification on 22.2.1960
City of Portsmouth (Wingfield Street No. 1) Declaration of Unfitness Order 1959	Confirmed with modification on 2.3.1960
City of Portsmouth (Church Street No. 2) Compulsory Purchase Order 1959	Confirmed with modification on 6.4.1960
City of Portsmouth (Cressy Place No. 1) Compulsory Purchase Order 1959	Confirmed with modifications on 12.8.1960
City of Portsmouth (Wellington Row No. 1) Compulsory Purchase Order 1960	Confirmed with modifications on 16.9.1960
City of Portsmouth (Wycombe Road No. 1) Compulsory Purchase Order 1960	Confirmed with modifications on 31.10.1960

City of Portsmouth (Northam Street No. 1) Compulsory Purchase Order 1960 18.11.1960 Awaiting confirmation

*Clearance Areas***NORTHAM STREET No. 1**

Charles Street Nos. 51, 53, 55, 84, 86, 88, 90, 92, 94, 96, 98, 100, 102, 104, 106, 108, 110, 112, 114 and 116

Cottage View No. 59

Northam Cottages Nos. 1 and 2

Northam Street Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 45, 47, 49, 51, 53, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 44, 46

Waltham Street Nos. 2, 4, 6, 8, 10 and 12

City of Portsmouth (St. John's Road No. 1) Compulsory Purchase Order 1960 15.11.1960 Awaiting confirmation

*Clearance Areas***CHURCH ROAD No. 1 CLEARANCE AREA**

Church Road Nos. 8 and 10

CHURCH ROAD No. 2 CLEARANCE AREA

Church Road Nos. 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34 and 36

CHURCH ROAD No 3 CLEARANCE AREA

Central Street Nos. 46, 48, 50, 52, 49 and 51

Church Road Nos. 42, 44 and 46

Fyning Street Nos. 49, 51 and 53

St. John's Road Nos. 47, 49, 51, 53 and 55

Upper Church Path Nos. 86, 88, 90 and 92

SLUM CLEARANCE:

Whilst the foregoing were being resolved, field work was proceeding in the Southsea areas in which were included the following:—

Aldwell Street, Bedford Street, Blackfriars Road, Cambridge Street, Cottage Grove, Durham Street, Gloucester Street, Grosvenor Street, Hyde Park Road, Ivy Street, Lancaster Road, Lower Forbury Road, Middle Street, Osborne Street, Plymouth Street, Radnor Street, Rivers Street, Rutland Street, Sackville Street, St. James's Road, St. Paul's Road, Somers Street, Somers Road, Somerville Road, Warwick Street, Waterloo Street, Wellington Street and others.

Houses considered for Purchase in advance of Requirements—44

No of Inspections—1,988

No. of Visits—2,078

No. of Inspections *re* Demolitions—606

RETURN FOR YEAR ENDING 1960
HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE

HOUSES DEMOLISHED		Houses demolished	Displaced during year	
			Persons	Families
In clearance areas:				
1.	Houses unfit for human habitation	125	705	247
2.	Houses unfit by reason of bad arrangement, etc.	—	2	1
3.	Houses on land acquired under Section 43(2) Housing Act, 1957	8	95	32
Not in clearance areas:				
4.	As a result of formal or informal procedure under Section 17(1) Housing Act, 1957 ..	19	54	18
5.	Local authority owned houses certified unfit by the Medical Officers of Health	3	27	9
6.	Houses unfit for human habitation where action has been taken under local Acts	—	—	—
7.	Unfit houses included in unfitness orders ..	16	56	21
UNFIT HOUSES CLOSED				
8.	Under Sections 16(4), 17(1) and 35(1), Housing Act, 1957	38	84	22
9.	Under Sections 17(3) and 26, Housing Act 1957	—	—	—
10.	Parts of buildings closed under Section 18, Housing Act, 1957	1	—	—
UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED			By Owner	By Local Authority
11.	After informal action by local authority		553	—
12.	After formal notice under (a) Public Health Acts (b) Sections 9 and 16 Housing Act, 1957		545	—
13.	Under Section 24, Housing Act, 1957		1	—
UNFIT HOUSES IN TEMPORARY USE (HOUSING ACT, 1957)				
14.	Nil return for year		Nil return for year	
15.				
PURCHASE OF HOUSES BY AGREEMENT			Number of houses (1)	Number of occupants of houses in column (1) (2)
16.	Houses in clearance areas other than those included in confirmed clearance orders or compulsory purchase orders purchased during the year		22	78

PERSONS INADEQUATELY HOUSED

Housing applications requested by Medical Officer of Health for assessment ..	1,058
Housing applications referred by Director of Housing to Medical Officer of Health for assessment ..	1,075
Housing applications referred to Public Health Inspectors for further enquiries ..	47
Total number of housing applications dealt with by Medical Officer of Health from 1st January — 31st December 1960 ..	2,133

RENT ACT 1957—CERTIFICATES OF DISREPAIR 1960**PART I. APPLICATIONS FOR CERTIFICATE OF DISREPAIR**

1. Number of applications for certificates ..	18
2. Number of decisions not to issue certificates ..	2
3. Number of decisions to issue certificates ..	7
(a) in respect of some but not all defects ..	4
(b) in respect of all defects ..	3
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule ..	6
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule ..	Nil
6. Number of certificates issued ..	7

PART II. APPLICATIONS FOR CANCELLATION OF CERTIFICATES

7. Applications by landlords to local Authority for cancellation of certificates ..	17
8. Objections by tenants to cancellation of certificates ..	6
9. Decisions by Local Authority to cancel in spite of tenants' objections ..	2
10. Certificates cancelled by Local Authority ..	12

SUMMARY OF WORK CARRIED OUT**INSPECTION OF PREMISES, ETC.**

Dwelling houses ..	6,041
New dwelling houses ..	565
Common lodging houses ..	1
Tents, sheds, caravans, etc. ..	345
Verminous premises ..	353
Houseboats ..	23
Offensive trades ..	14
Smoke, chemical, colour tests to old drains ..	74
Chemical and other tests to new drains ..	107
Sewers and drains ..	1,044
Housing Act ..	1,988
Permitted numbers ..	539
Underground rooms ..	13
Power factories ..	883
Non-power factories ..	134
Building sites ..	21
Workplaces ..	19
War damaged buildings and sites ..	28
Outworkers premises ..	177
Rag Flock Act ..	23
Shops Act 1960 ..	4
Cinemas ..	43
Theatres, funfairs, circuses, clubs ..	5
Rodent control ..	240
Nursery schools and child minders ..	11
Nursing homes ..	30
Old peoples homes ..	12
Rent Act 1957 ..	47
Swimming and paddling pools, beaches, etc. ..	67
Informal application for improvement grants ..	279
Formal application for improvement grants ..	79
Formal application for standard grants ..	102
Informal applications for standard grants ..	262
Completion certificates (Discretionary 86, Standard 80) ..	166
Re applications for loans ..	3
Water supply ..	91
Pet shops and animals ..	61
Ships ..	1,163

Public conveniences	104
Miscellaneous	117
Infestation (larvae, etc.)	160
Schools	6
<i>Re</i> demolitions	606
Flooding	114
Hotels, boarding houses	20
Stables	2
Air pollution	33
<i>Re</i> smells	117
Agriculture (Safety, Health and Welfare Provisions) Act 1956	17
Car parks	3

VISITS

To Dwelling houses <i>re</i> notices, etc.	10,696
Factories <i>re</i> notices, etc.	175
<i>Re</i> Housing Act	2,078
C.P.O. Census	492
Obstructed and defective sewers and drains	604
Rodent infested premises (not included in Rodent Report)	77
Re-visits in connection with Rent Act, 1957	64
Abortive visits	2,098
Miscellaneous visits	828
Food Hygiene Regulations	53
Miscellaneous visits <i>re</i> food and interviews	214
Improvement and standard grants	783
New buildings	593
Noise	39
Hairdressers	79
<i>Re</i> Shellfish	2

INSPECTION OF FOOD PREMISES (FOOD AND DRUGS ACT 1955, AND FOOD HYGIENE REGULATIONS 1955)

Restaurants, cafes, factory, canteens, etc.	723
Ice cream manufacturers and depots	61
Ice cream retailers	109
Tripe boilers	2
Bakeries (including crumpet manufactures)	139
Shellfish vendors	16
School meals cooking department	19
Fish fryers	87
Fishmongers (wet and retail)	67
Fish wholesalers	12
Butchers, retail	222
Butchers, wholesale	18
Bread, and cake shops	73
Grocers, retail and wholesale	597
Greengrocers	242
Sweets, retailers	143
Cooked meats	22
Soft drink manufacturers	4
Sugar boilers	1
Poulterers	19
Market stalls and vans	973
Potato crisp manufacturers	12
Barbecues	2
Preserved food premises (Section 16)	22
Dairies	149
Sausage manufacturers	3
Miscellaneous	14
Mobile shops	9
Meat transport vans	2
Public houses	20

OTHER ACTION *re* FOOD

Building plans examined <i>re</i> food premises	29
<i>Re</i> meat and food inspection	75

INVESTIGATIONS

Recorded complaints in register	..	..	..	..	..	..	..	2,864
Smoke nuisance and observations	..	..	..	..	..	..	..	105
Infectious diseases	..	..	..	..	..	..	..	252
Typhoid, suspected typhoid and contact	..	..	..	..	..	..	..	62
Contacts of infectious disease	..	..	..	..	..	..	..	12
Paratyphoid B, cases and contacts	..	..	..	..	..	..	..	18
Food poisoning and suspected and enquiries	..	..	..	..	..	..	..	67
Council house applications and enquiries	..	..	..	..	..	..	..	376
Verminous persons and premises	..	..	..	..	..	..	..	280
Rodent infestation and complaints	..	..	..	..	..	..	..	57
Mosquito infestation	..	..	..	..	..	..	..	4
Insect infestation	..	..	..	..	..	..	..	275
Cleanliness in factories	..	..	..	..	..	..	..	3
Sea water	..	..	..	..	..	..	..	165
Swimming and paddling pool water	..	..	..	..	..	..	..	23
Drinking water	..	..	..	..	..	..	..	66
Swabbing of sewers	..	..	..	..	..	..	..	29

NOTICES AND NOTIFICATIONS

Abatement Notices (Public Health Act 1936)	..	..	..	..	..	..	596
Letter forms <i>re</i> defects (Intimation Notices)	..	..	..	..	..	..	1,130
Letters requesting work without further delay	..	..	..	..	..	..	60
Letters requesting work in 7 days	..	..	..	..	..	..	168
Letters requestion work forthwith	..	..	..	..	..	..	28
Notice of intention to enter buildings	..	..	..	..	..	..	21
Dangerous structures	..	..	..	..	..	..	63
Obstructed or defective sewers	..	..	..	..	..	..	109
Occupation certificates	..	..	..	..	..	..	397
Factories Act	..	..	..	..	..	..	4
Factories Act (Informal)	..	..	..	..	..	..	66
Factories Act (Verbal)	..	..	..	..	..	..	55
Food Hygiene Regulations	..	..	..	..	..	..	162
Food Hygiene Regulations, Verbal Notices	..	..	..	..	..	..	216
Completion certificates from improvement grants (Discretionary and Standard)	..	..	..	..	..	..	166

RODENT CONTROL

<i>Premises</i>		<i>Rat Infested</i>	<i>Mice Infested</i>	<i>Total</i>
Private Dwellings		1,006	1,424	2,430
Business Premises		146	225	371
Local Authority Premises		245	53	298
TOTALS		<u>1,397</u>	<u>1,702</u>	<u>3,099</u>

<i>Complaints as a result of notification</i>			<i>Number of Properties Inspected otherwise</i>	
Local Authority Premises		99	199	
Business Premises		300	71	
Private Dwellings		1,330	13,803	
TOTALS		<u>1,729</u>	<u>14,073</u>	

Island and Mainland Sewer systems treated twice annually.

All Inspection Chambers of Local Authority Flats treated twice annually.

Admiralty property in the Portsmouth Command { a good liaison is main-
War Office property in the Portsmouth Command { tained between these and
the Local Authority.

Allotments and open spaces, Foreshores, Refuse Tips. These are inspected frequently and treatment carried out as necessary.

Infestations of Black Rat (*Rattus Rattus*) are now practically non-existent in the City.

Latest technique as recommended by the Ministry of Agriculture, Fisheries and Food is employed in the baiting of the sewers, with excellent results.

Warfarin 5 is the main poison now used.

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:—

The weekly collection of house refuse was maintained in 1960. The vehicle replacement programme, in which new rear loading compression refuse vehicles replaced the older side loading vehicles, enabled the service in a major part of the City to be reorganised. It is hoped that this reorganisation will be completed in 1961.

Further large capacity containers were purchased and installed in business houses, hospitals and institutions, making a total of over five hundred in use. The income from trade refuse collections continued to maintain its high level.

Tipping continued in the Salterns area and valuable land reclamation took place at the Burrfields and Moneyfields Lane area. A new mechanical shovel was bought as a replacement machine, the total plant in operation at the tip being two mechanical shovels and one bulldozer. The very inclement weather during the last six months of 1960 caused considerable delays at the tip, resulting in disorganisation of the refuse collection service and increased maintenance costs of the vehicles.

A further street orderly machine was purchased in 1960. Five mechanical sweepers in use assist the 77 manual sweepers in maintaining the high standard of cleanliness demanded in the City.

Additional street litter bins were placed in strategic positions throughout the City and anti-litter propaganda appeared regularly in the local press in an attempt to make the public litter conscious.

A highlight of the year was the Institute of Public Cleansing Annual Conference held at the Portsmouth Guildhall for the first time in over twenty years, attended by delegates from all over the country. Demonstrations of the latest machines and plant in public cleansing took place at the Central Depot.

The sale of salvage still improves, particularly in respect of textiles and non-ferrous metals and the refuse collectors continue to participate in the salvage bonus scheme.

1960 saw a great improvement in the drainage services. Houses at Paulsgrove and the hill top district were connected to the main drainage, leaving only about thirty cesspools requiring emptying and work for one cesspool emptying machine.

PORT HEALTH AUTHORITY

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

To the Chairman and Members of the Port Health Authority.

Ladies and Gentlemen,

I have the honour to present my Report on the work of the Port Health Authority of Portsmouth during the year 1960.

SECTION I—STAFF

TABLE A

<i>Name of Officer</i>	<i>Nature of appointment</i>	<i>Date of appointment</i>	<i>Qualifications</i>	<i>Any other appointments held</i>
P. C. ROADS	Port Medical Officer of Health	1.9.59	M.D., D.P.H.	Medical Officer of Health and Principal School Medical Officer, City of Portsmouth.
W. F. APPLETON	Chief Port Health Inspector	1.1.52	F.R.S.H., F.A.P.H.I.	Chief Public Health Inspector, City of Portsmouth.

Address and Telephone Number of Medical Officer of Health:

Official: 1 WESTERN PARADE, PORTSMOUTH 22251, Ext. 144.

Private: 73 HAVANT ROAD, COSHAM, PORTSMOUTH Cosham 76182.

SECTION II—AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B

Ships from	Number	Tonnage	Number Inspected		Number of ships reported as having, or having had during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Health Inspector	
Foreign Ports ..	408	99,064	2	59	—
Coastwise * ..	4,885	896,445	—	88	—
TOTAL ..	5,293	995,509	2	147	—

* Includes local traffic between Southampton, Isle of Wight and Portsmouth.

SECTION III—CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

There was no passenger traffic during the year.

Cargo Traffic. The principal imports were coal, cement, stone, oil, timber, glassware, building materials, tomatoes, onions, potatoes, cauliflower, citrus fruits, apples, pears, peaches, nuts, chocolate and general cargo traffic, from France, Italy, Holland, Belgium, Germany, Sweden, Finland, Norway, North African, Spain and Channel Islands.

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

SECTION IV—INLAND BARGE TRAFFIC

There is no inland barge traffic,

SECTION V—WATER SUPPLY

- (1) The water used in the Docks is supplied by the Portsmouth and Gosport Water Company. Vessels in dock are supplied from hydrants on the quay.
- (2) Samples are taken periodically by the Public Analyst of the City of Portsmouth and reports submitted to the Medical Officer of Health.
- (3) With regard to the supply of drinking water to ships arriving at and leaving the port the following precautions are taken before water is supplied.

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

- (4) There are two Admiralty water-boats, controlled by them.

SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

(1) List of Infected Areas

The weekly epidemiological record issued by the World Health Organisation is supplied to the Port Medical Officer of Health, the Chief Port Health Inspector and the Chief Preventive Officer, H.M. Customs and Excise.

(2) Radio Messages

The telegraphic address 'Portelth', suggested by the Ministry of Health, has been adopted by the Port Health Authority for radio communication between them and shipping entering the district. The master of a ship equipped with a radio transmitting apparatus must, if there are any circumstances on board requiring the attention of the Medical Officer, send a wireless message to 'Portelth', Portsmouth, stating the name of his vessel and the time on the 24-hour clock she is expected to arrive. This message must be sent off not more than 12 hours and not less than 4 hours before the arrival of the ship.

(3) Notification otherwise than by Radio

The master of a ship not fitted with a radio transmitting apparatus must notify the Port Health Authority, whenever practicable, before arrival and otherwise immediately on arrival, of any circumstances requiring the attention of the Medical Officer. International flag signals may be used for this purpose. These messages would normally be received by an officer of H.M. Customs and transmitted to the Medical Officer of Health.

(4) Mooring Stations

The following mooring stations have been established, with the concurrence of the Queen'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 Sp't.

(b) Inner Mooring Stations:

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 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 seabords, 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 cerebro-spinal 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.
- (5) Arrangements for—
 - (a) Hospital accommodation. Cases of infectious diseases are removed to Priorsdean Hospital by means of the Municipal Ambulance Service.
 - (b) Surveillance. Contacts of infectious diseases cases:
 - (i) Living in the City. If not removed to hospital they are kept under observation by the public health inspectors.
 - (ii) 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.
 - (c) Cleansing and Disinfection. Personnel and clothing are disinfected at Priorsdean Hospital. Provision can be made for the temporary accommodation of persons who may have to be detained pending examination. Cleansing of ships is carried out by the disinfecting staff of the Health Department.

SECTION VII—SMALLPOX

- (1) Cases of smallpox are at present removed to the smallpox hospital at Crabwood, near Winchester, but in the near future this hospital will be superseded by Weyhill Hospital, near Andover.
- (2) Cases are conveyed by the Portsmouth Municipal Ambulance Service, the vaccinal state of the ambulance crews being: 30 vaccinated in 1960, 1 in 1958, 5 in 1957, 3 in 1955, 10 not known.
- (3) The smallpox consultant is Dr. I. M. McLachlan, Physician Superintendent, Priorsdean Hospital, Portsmouth (Tel. 22331).
- (4) Facilities for laboratory diagnosis of smallpox exist, by arrangement with the Portsmouth and Isle of Wight Area Pathological Service, at the Central Laboratory, Priorsdean Hospital, Portsmouth.

SECTION VIII—VENEREAL DISEASE

Confidential treatment can be obtained free at Ward C.2, Saint Mary's Hospital, Milton Road, on Tuesdays and Thursdays, from 10 a.m. to 12 noon and 5 to 7 p.m. (no appointment needed). In-patient accommodation is available at one of the general hospitals in the City. Cards giving the above information regarding out-patient treatment are supplied by the Medical Officer of Health to the Harbour Master for distribution to shipping entering the Port.

SECTION IX—CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

TABLE D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports ..	—	—	—	—
Cases which have occurred on ships from foreign ports, but have been disposed of before arrival	—	—	—	—
Cases landed from other ships	—	—	—	—

SECTION X—OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No malaria occurred in ships during the year.

SECTION XI—MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No plague or suspected plague occurred in ships during the year.

SECTION XII—MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

- (1) Vessels arriving from abroad are examined periodically by the Port Health Inspector. Rat disinfection is carried out by the Rodent Control Section of the Health Department in the port area.
- (2) Bacteriological or pathological examination of rodents can be carried out at the Central Laboratory, Priorsdean Hospital; none was examined during the year.
- (3) The Port is not approved for the deratting of ships and, by agreement with Southampton Port Health Authority, this is undertaken there. 12 deratting exception certificates were issued during the year.
- (4) When necessary, rat guards are placed on ropes between ships and quays.

TABLE E

Rodents destroyed during the year in ships from foreign ports:

Category	Number
Black rats	—
Brown rats	—
Species not known	—
Sent for examination	—
Infested with plague	—

TABLE F

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.
(*Not applicable*)

SECTION XIII—INSPECTION OF SHIPS FOR NUISANCES

TABLE G
Inspections and Notices

Nature and Number of Inspections	Notices served		Result of serving Notices
	Statutory Notices	Other Notices	
Primary 84	—	33	31 complied with
Others 63	—	—	—
TOTAL 147	—	33	31 complied with

SECTION XIV—PUBLIC HEALTH (SHELLFISH) REGULATIONS, 1934 and 1948

There are no shellfish layings within the area of the Port Health Authority.

SECTION XV—MEDICAL INSPECTION OF ALIENS (APPLICABLE ONLY TO PORTS APPROVED FOR THE LANDING OF ALIENS)

(*Not applicable*)

SECTION XVI—MISCELLANEOUS

No special arrangements, other than those made by the shipping agents, exist at present for the burial on shore of persons who have died on board ship from infectious disease.

I desire to express my thanks to the Queen's Harbour Master and H.M. Collector of Customs and their staff for their cordial co-operation and valuable assistance during the year, and to record my appreciation of the excellent services rendered by the Chief Port Health Inspector.

I have the honour to be, Ladies and Gentlemen,

Yours obedient Servant,

P. G. ROADS,

22nd February, 1961.

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

REPORT OF THE PUBLIC ANALYST

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 ending 31st December, 1960.

The total number of samples submitted for examination was 3,532.

These may be summarised as follows:—

Food and Drugs Act	..	..	..	..	1,594
Designated Milk	..	..	..	..	362
Ice Cream (hygienic quality)	..	..	..	..	35
City Water	..	..	..	..	62
Swimming Bath Water and Sea Water	..	..	..	..	165
Fertiliser and Feeding Stuffs Act	..	..	..	..	5

SAMPLES EXAMINED FOR:—

Borough of Gosport	..	..	..	..	217
Isle of Wight County Council	..	..	..	..	133
Fareham Urban District Council	..	..	..	..	151
Havant and Waterloo Urban District Council	..	..	..	..	213
Other Local Authorities	..	..	..	..	57
Portsmouth Corporation Departments	..	..	..	..	284
Miscellaneous	..	..	..	..	254
TOTAL	..	..	..	..	3,532

ATMOSPHERIC POLLUTION TESTS:—

Daily Sulphur Dioxide	..	..	..	..	732
Daily Smoke	..	..	..	..	732
Rain Gauges	..	..	..	..	12

Of the 1,594 samples purchased in the City of Portsmouth for analysis under the Food and Drugs Act, 74 (equal to 4.6 per cent.) were found to be adulterated, incorrectly labelled or otherwise unsatisfactory.

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.

MILK

391 samples of ordinary milk and 107 samples of Channel Island Milk were examined during the year and all were found to be free from added colour and preservative.

The sources of the samples were as follows:—

315 from retailers selling to the public in pint bottles.

129 from farmers delivering to local dairies.

54 from deliveries of one-third pint bottles to various schools.

ORDINARY MILK

All the school milks were of satisfactory quality.

4 samples of bottled milk from a retailer contained extraneous water. These samples were processed by a new plant. The retailer of the milk and the manufacturer of the plant were interviewed and no satisfactory explanation could be given for the presence of extraneous water. It was claimed that these were teething troubles and it is a fact that no further complaints were noted although many samples were examined subsequently.

2 samples from retailers were of poor quality but there was no evidence of tampering.

104 samples from farmers were derived from 27 herds. Analysis showed that 7 herds were producing milk of inferior quality—deficiencies in fat in 5 samples and deficiencies in solids-not-fat in 33 samples. The cows were responsible for the poor quality; the samples were free from added water and there was no evidence of abstraction of cream. Two farmers were visited by the Ministry's Advisory Service and the condition of the cows, feeding and management were investigated.

The monthly variation in the quality of the milk sold to the public is indicated in the following table:—

Month	% Fat	% Solids-not-Fat	% Total Solids	No. of Samples examined
January	3.77	8.59	12.36	21
February	3.68	8.58	12.26	35
March	3.65	8.54	12.19	19
April	3.55	8.59	12.14	21
May	3.47	8.70	12.17	30
June	3.63	8.55	12.18	18
July	3.59	8.58	12.17	9
August	3.60	8.62	12.22	24
September	3.78	8.70	12.48	25
October	3.93	8.72	12.65	28
November	4.00	8.60	12.60	32
December	3.92	8.56	12.48	21
Average 1960 ..	3.71	8.61	12.32	283
.. 1959 ..	3.73	8.65	12.38	295
.. 1958 ..	3.79	8.66	12.45	335

CHANNEL ISLAND MILK

25 samples (13 herds) from farmers delivering to dairies were examined and 6 samples from 4 herds were found to be deficient in fat.

82 samples were examined from retailers selling to the public in one pint bottles. All these samples were satisfactory containing at least 4.0 per cent. of milk fat as required by law.

The superior quality of the Channel Island Milk sold to the public has been maintained:—

					<i>Average fat per cent. in mixed milk from one pint bottles</i>	
					<i>Channel Island Milk</i>	<i>Ordinary Milk</i>
1959	..	..	..	..	4.56	3.73
1960	..	..	..	..	4.53	3.69

HYGIENIC QUALITY OF MILK

In 1960, 362 samples of milk were tested for hygienic quality. Only one sample failed the methylene blue test which measures the keeping quality of milk.

3 samples failed to satisfy the phosphatase test which measures the efficiency of the pasteurisation process. These samples were from one dairy which had recently moved into new premises with new machinery and equipment. The fault could not be traced and no satisfactory explanation could be given for the failures. All subsequent samples were satisfactory.

ICE CREAM

NUTRITIVE QUALITY

28 samples were examined in 1960 for nutritive quality and all proved to be satisfactory.

Analysis indicates that most manufacturers now market a product which is superior in fat content to the legal requirement (minimum 5 per cent.) as shown below:—

<i>Fat per cent by weight</i>					<i>Number of Manufacturers</i>
Less than 5%	..	..	..	..	0
5.0%—7.9%	..	..	..	..	3
8.0%—9.9%	..	..	..	..	3
10.0% and over	..	..	..	..	8

All samples of Dairy Ice Cream have contained more than the appropriate amount of milk fat. As a result of the new Ice Cream Regulations, misleading labels and advertisements have ceased. The exaggerated claims for superiority of ice cream containing small quantities of milk fat have been effectively stopped by the Regulations. The public can now confidently purchase 'Dairy Ice Cream' with the knowledge that the article will contain no other fat than milk fat and that an article described as 'Cream Ice' will conform to the same requirements.

HYGIENIC QUALITY

Of the 35 samples examined, only 4 were found to be unsatisfactory or inferior from a hygienic (bacteriological) view point.

The following table gives the results of all samples together with those for the previous two years.

		1960		1959		1958	
Satisfactory	Grade 1	..	75% } 89%	55% } 77%	64% } 87%		
Satisfactory	Grade 2	..	14% }	22% }	23% }		
Inferior	Grade 3	..	8%	13%	4%		
Unsatisfactory	Grade 4	..	3%	10%	9%		

As in other years, manufacturers and retailers have willingly co-operated to provide a minimum of handling of ice cream.

FOODS OTHER THAN MILK

SAUSAGES

There are good reasons for regarding 50 per cent. of meat as the minimum for satisfactory beef sausages. On two occasions a retailer sold a product with 47 per cent. of meat and it was admitted that the formula should have provided over 50 per cent. of meat.

Another retailer sold pork sausages containing only 53 and 62 per cent. of meat although 65 per cent. is a reasonable minimum. In this case the retailer/manufacturer failed to control the quality and, in fact, was using guesswork. He was given the appropriate advice and he undertook to observe it closely in future.

In 4 cases retailers failed to inform the purchaser that the sausages which they offered for sale contained sulphur dioxide preservative. This is an offence against the Preservative Regulations and the retailers were cautioned.

BREAD AND BUTTER, ETC.

During 1960, 12 retailers were found to supply an article spread with margarine or a mixture of margarine and butter when asked for bread and butter, buttered roll, etc. Many consumers strenuously object to this practice. For various reasons, most of the offenders were cautioned but, in 2 cases, proceedings were taken against the retailers and the magistrates imposed a fine of £10 and costs in each case.

CANNED MEAT

The descriptions used for a number of canned meat products imply that only meat is contained in the can. Where added water is present it is argued that some indication of the fact should be disclosed and in 5 samples the absence of this disclosure was the subject of criticism. It is appropriate to insist on a declaration 'In Gravy' on the label but this still leaves the problem of how much meat and how much gravy is to be expected. This is one point in the major problem of whether the protection of the purchaser demands minimum standards for canned meat products; this subject is under discussion by the Joint Committee of Public Analysts and Local Authorities and also by the Food Standards Committee of the Ministry.

LABELLING OFFENCES

18 samples of pre-packed foods were criticised for failing to comply with the requirements of the Labelling of Food Order.

The criticisms were:—

The label failed to indentify the packer or labeller

Ingredients not disclosed in the order of proportion by weight

Non specific description used for an ingredient

Biscuits, tea, marzipan, canned meat, jam, vinegar, canned fruit, lard.

Vinegar, canned mushrooms, glace cherries, lemonade crystals.

Marzipan, marshmallow cream.

DRUGS

During the year, 89 samples of drugs and medicinal preparations were examined and 3 were criticised. On a demand for Seidlitz Powders, an assistant supplied extra strong powders without any label whatsoever. The

proprietor was astonished and readily undertook to prevent a recurrence. Seidlitz Powders from another source were overweight and were erroneously labelled B.P.

A sample of a proprietary Baby Dusting Powder contained 5 per cent. of boric acid but the label failed to carry the warning notice 'Not to be applied to raw or weeping surfaces'. This warning notice is obligatory for the official B.P.C. Dusting Powders and since the B.P.C. requirements may be regarded as the definition of good pharmaceutical practice, it seems appropriate to demand the same cautionary notice on proprietary dusting powders of similar composition. Although it was admitted that serious toxic reactions have been noted from excessive quantities of boric acid, the medical officer of the firm concerned was able to quote many authorities who support the view that 5 per cent. boric acid in talc is non-toxic. Common sense suggests that if the precautionary notice is necessary for the official B.P.C. preparation it should be equally desirable for proprietary powders, but this requirement could be made obligatory only by a change in the law. We have the unsatisfactory situation, viz. that a pharmacist may sell this proprietary Baby Dusting Powder without the notice 'Not to be applied to raw and weeping surfaces' but if he were asked to dispense the same ingredients as a prescription he would be obliged to label it with the precautionary notice.

SWIMMING POOL WATERS

Bacteriological and chemical samples of swimming pool and paddling pool waters were taken at regular intervals during the summer months.

By the use of chlorination a high standard of purity has been maintained. At times, an exceptional high bathing load demanded high efficiency from the chlorination plant but the water was always found to be acceptable.

As a result of careful control of the chlorine residual and the alkalinity, no complaints of deleterious effect upon eyes were received.

CITY WATER SUPPLY

A very high standard of bacteriological purity has been maintained throughout the year in the City Water Supply and the chlorination has been adequately controlled. Analysis shows that, as supplied to consumers, the water is free from metallic contamination.

As a result of a complaint of unpalatability a sample of water was found to contain oil, iron and traces of faecal B. Coli. Further samples, taken after pressure chlorination and additional flushing, proved to be satisfactory in all respects.

ATMOSPHERIC POLLUTION

Daily tests of the atmosphere have confirmed the results previously obtained; there is no significant contamination from sulphur dioxide and smoke in the City as a whole.

In the summer of 1960, equipment was set up at the Airport to measure any contamination of the atmosphere in that vicinity. It will require at least a full twelve months observations to draw any useful conclusions from the results.

CHANGES IN LEGISLATION

Inevitably there were changes in legislation which affected this department during 1960.

They included:—

THE MILK (SPECIAL DESIGNATION) REGULATIONS 1960, S.I.1542, modify the testing of milk for keeping quality by the methylene blue test. An improved method of testing the efficiency of the pasteurisation process (the phosphatase test) is given official approval; the method has been successfully used in this laboratory unofficially for some time.

THE ARSENIC IN FOOD (AMENDMENT) REGULATIONS 1960, S.I.2261, permit a higher limit for arsenic in brewers yeast from 2 to 5 parts per million when it is to be used in the manufacture of yeast products.

THE FERTILISERS AND FEEDING STUFFS REGULATIONS, S.I.1165, consolidate and amend the existing Regulations. Among other changes, the methods by which the analyst may check the potash and phosphate in fertilisers has been brought up to date.

THE SKIMMED MILK WITH NON-MILK FAT REGULATIONS 1960, S.I.2331. These Regulations control the labelling and advertising of a new milk product which consists of milk, the fat of which has been replaced by margarine fat. Any claim or suggestion that these products are genuine milk, or connected with the dairy interests, is prohibited. Undoubtedly these milk substitutes are likely to be used by caterers in beverages such as coffee without the knowledge or the approval of the purchaser. This will not offend the Regulations so long as no claims are made and this point has already produced unfavourable comment from a local ladies organisation. The operational date is September 1961.

1960 was noteworthy as the 100th anniversary of pure food legislation in this country. The first Act — in 1860 — was 'An Act for the prevention of the adulteration of articles of food and drink'.

During the past 100 years many countries have used this Act and the subsequent amending Acts as a guide for similar legislation to deal with the purity of food. For this reason, Centenary Celebrations held in London on 20th–23rd September, 1960, attracted representatives from all parts of the world and they paid tribute to the wisdom of our legislators of 100 years ago.

OTHER FOOD AND DRUG AUTHORITIES

Acting in the capacity of official Public Analyst, the following samples were examined for neighbouring authorities:—

<i>Samples Submitted:</i>	<i>Isle of Wight</i>	<i>Gosport</i>	<i>Fareham</i>	<i>Havant</i>
Food and Drugs ..	133	217	151	213
Unsatisfactory ..	11	12	15	9
Per cent. unsatisfactory ..	8.3%	5.5%	9.9%	4.2%

Some of these samples are sold throughout the area and consequently of interest to Portsmouth. Typical of these are the following:—

ISLE OF WIGHT

The labels of 3 samples of canned meats failed to disclose the presence of added water and another sample of canned meat, labelled 'in gravy', contained an unreasonable excess of added water.

GOSPORT

Offences against the Labelling of Food Order were noted in four samples of various prepacked foods. Samples of Milk Loaf and Sugar Confectionery were described in a way which was likely to mislead the purchaser. The label of the Milk Loaf depicted a cow associated with the word 'milk' in prominent print, whereas analysis showed that this loaf was made from skimmed milk only. The sample of sugar confectionery was labelled 'Glucose Barley Drops' but analysis showed that neither pure glucose nor corn syrup had been incorporated; in fact the only glucose present was that which was derived from inverted cane sugar. The confusion which results from the different definitions of the word glucose still continues.

FAREHAM

Five prepacked foods failed to comply with the requirements of the Labelling of Food Order. Biscuits labelled 'Buttermere' biscuits contained no butter. A canned Baby Food contained machinery grease and the manufacturer of the can as well as the manufacturer of the food were fined.

HAVANT

Canned Casserole Steak was labelled in a manner which failed to disclose the fact that 21 per cent. of water was included with the meat. The manufacturer (Australian) agreed to amend the label of new stocks.

MISCELLANEOUS

Under this heading are included a wide variety of problems which reach the department from many sources.

104 specimens were submitted by the Coroners for Portsmouth, South Hampshire and the Isle of Wight; they were associated with 44 inquests. The analytical work included search for cyanide, alcohol, cadmium, methylated spirit, barbiturates, aspirin, alkaloids, arsenic, bismuth, metallic poisons, phenacetin, caffeine, tetracycline hydrochloride, largactil, chlorpromazine, codeine and sonalgin.

Consumers are increasingly critical of the presence of foreign bodies in food and 36 allegations were submitted to a thorough laboratory examination.

67 samples of various foods were examined for the School Meal Service. The examination aimed to assess the purity, accuracy of description, nutritive value, palatability and value for money of the foods purchased for the Service. In general the supplies were satisfactory and complaints about cooked meals were few. Laboratory examination confirmed that the unpleasant taste of some skimmed milk powder was due to mould and the stock was destroyed. Objectionable black particles in some prepared custard were traced to a dirty fan in the kitchen which distributed particles of atmospheric dust. Desiccated coconut was found to be rancid and was returned to the supplier. Laboratory tests showed that a complaint that sausages contained too much fat was unjustified. The meat content was in accordance with contract and the lean to fat ratio was satisfactory.

Pencils supplied to the Education Committee were examined for toxic chemicals in the colouring of the painted wood and coloured core. In some pencils the amount of lead and chromium was regarded as excessive and potentially dangerous to a child with the pencil-sucking habit. The question of how much toxic metal is to be permitted in the pigments used in pencils and crayons is obviously a complicated matter and the best approach is to restrict the amount to the lowest proportion which is practicable. This view has been accepted by the pencil manufacturers and the Royal Institute of Public Health and Hygiene has subsequently arranged to issue a certificate to those manufacturers who produce a product which is as near free from any possible risk as is possible.

The soap and soda used in a Welfare Establishment were under suspicion when members of the staff suffered from dermatitis. Samples had the normal chemical composition and there was no evidence to support the suspicion.

FEES

Fees charged for miscellaneous samples together with the fees for work carried out under official appointments to neighbouring authorities amounted to a total of £2,384 for the year ending 31st December, 1960.

Table 2 FOOD AND DRUG SAMPLES SUBMITTED 1960

Nature of Sample	Number Examined	Number Genuine	Number Irregular
Foods			
Milk	498	481	17
Alcoholic Beverages	4	4	-
Apple Sauce	1	1	-
Baking Powder	12	12	-
Biscuits	6	5	1
Blancmange Powder	1	1	-
Bread	1	1	-
Bread and Butter	63	42	21
Butter	53	53	-
Cake Confectionery	5	4	1
Cake and Pudding Mixture	10	10	-
Canned Cream Soup	27	27	-
Canned Fish	7	7	-
Canned Fruit	24	23	1
Canned Pudding	5	5	-
Canned Tomatoes	1	1	-
Canned Vegetables	9	8	1
Cereals	45	45	-
Cheese and Cheese Preparations	55	55	-
Chocolate Preparations	3	3	-
Cinnamon	4	4	-
Cocoa	7	7	-
Coconut	3	3	-
Coffee and Coffee Preparations	17	17	-
Condensed Milk	12	12	-
Cooking Fat	22	22	-
Cream	15	15	-
Crystallised Fruit	18	17	1
Curry Powder	4	4	-
Dressed Crab	4	4	-
Dried Fruit	21	21	-
Dried Herbs	7	7	-
Edible Oil	8	8	-
Fish	5	5	-
Fish Cakes	4	4	-
Fish Paste	7	7	-
Flavouring	1	1	-
Flour (self raising)	13	13	-
Fruit Curd	7	7	-
Fruit Juice	1	1	-
Gelatine	4	4	-
Golden Syrup	1	1	-
Ground Almonds	15	14	1
Honey	7	7	-
Ice Cream	28	28	-
Ice Cream Powder	1	1	-
Icing Mixture	1	1	-
Imitation Cream	2	2	-
Jam and Marmalade	56	53	3
Lard	45	44	1
Margarine	47	47	-
Marshmallow Creme	1	-	1
Marzipan	6	5	1
Meat Paste	8	8	-
Meat Preparations	18	11	7
Mince meat	12	12	-
Miscellaneous Foods	8	8	-
Pastry—uncooked	2	2	-
Pea Flour	1	1	-
Pickles and Chutney	4	4	-
Pulses	2	2	-
	1,279	1,222	57

Nature of Sample						Number Examined	Number Genuine	Number Irregular
Foods—contd.						1,279	1,222	57
Brought forward ..								
Salad Cream ..	..	..	..	..	..	3	3	—
Sauce (including Tomato) ..	..	..	..	..	..	9	9	—
Sausages ..	..	..	..	..	..	13	6	7
Shredded Suet ..	..	..	..	..	..	5	5	—
Soft Drink (ready-to-drink) ..	..	..	..	..	..	2	2	—
Solid Soft Drink ..	..	..	..	..	..	4	3	1
Soup Powder ..	..	..	..	..	..	3	3	—
Spices ..	..	..	..	..	..	17	15	2
Stuffing ..	..	..	..	..	..	2	2	—
Sugar ..	..	..	..	..	..	62	62	—
Sugar Confectionery ..	..	..	..	..	..	16	16	—
Table Jelly ..	..	..	..	..	..	17	17	—
Tea ..	..	..	..	..	..	52	50	2
Tomato Juice ..	..	..	..	..	..	6	6	—
Vinegar ..	..	..	..	..	..	13	11	2
Yeast ..	..	..	..	..	..	2	2	—
Total Foods ..						1,505	1,434	71
Drugs								
Aspirin Tablets ..	..	..	..	..	..	11	11	—
Bicarbonate of Soda ..	..	..	..	..	..	2	2	—
Bismuth Tablets ..	..	..	..	..	..	2	2	—
Boracic Acid Powder ..	..	..	..	..	..	2	2	—
Boric Acid ..	..	..	..	..	..	1	1	—
Boric Acid Ointment ..	..	..	..	..	..	2	2	—
Camphorated Oil ..	..	..	..	..	..	7	7	—
Castor Oil ..	..	..	..	..	..	2	2	—
Compound Glycerine of Thymol ..	..	..	..	..	..	1	1	—
Cream of Tartar ..	..	..	..	..	..	2	2	—
Dusting Powder ..	..	..	..	..	..	1	—	1
Eucalyptus Oil ..	..	..	..	..	..	2	2	—
Extract of Malt and Cod Liver Oil ..	..	..	..	..	..	3	3	—
Friars Balsam ..	..	..	..	..	..	2	2	—
Gee's Linctus ..	..	..	..	..	..	1	1	—
Hydrogen Peroxide ..	..	..	..	..	..	2	2	—
Light Magnesium Carbonate ..	..	..	..	..	..	2	2	—
Proprietary Medicine ..	..	..	..	..	..	16	16	—
Seidlitz Powders ..	..	..	..	..	..	7	5	2
Sulphur Ointment ..	..	..	..	..	..	3	3	—
Sulphur Tablets ..	..	..	..	..	..	1	1	—
Tincture of Iodine ..	..	..	..	..	..	10	10	—
White Petroleum Jelly ..	..	..	..	..	..	2	2	—
Yellow Basilicon Ointment ..	..	..	..	..	..	1	1	—
Zinc and Castor Oil Cream ..	..	..	..	..	..	2	2	—
Zinc Ointment ..	..	..	..	..	..	2	2	—
Total Drugs ..						89	86	3
TOTAL FOOD AND DRUGS ..						1,594	1,520	74

	Number Examined	Number Irregular	Percentage Irregular
Milks ..	498	17	3.4
Other Foods ..	1,007	54	5.4
Drugs ..	89	3	3.4

Table 2

SAMPLES OTHER THAN MILK NOT IN ACCORDANCE WITH STANDARD

No.	Nature of Sample	Formal Informal Private	Nature of Offence	Observations
R16	Butter Puffs	I	Inadequate name and address	Label to be amended
R19	Tea	I	Inadequate name and address	Label to be amended
R20 R94	Beef Sausage (preserved)	I F	Samples contained only 47 per cent. meat instead of not less than 50 per cent. meat	Retailer cautioned
R21	Pork Sausage Meat	I	Contained only 62 per cent. meat instead of not less than 65 per cent. meat and 220 parts per million undeclared sulphur dioxide	Retailer cautioned
R95	Pork Sausage Meat	I	Contained only 53 per cent. meat instead of not less than 65 per cent. meat	Retailer cautioned
R105	Casserole Meat (canned)	I	Contained only 67 per cent. meat. The appropriate description is 'Casseroled Meat in Gravy'.	Referred to the Ministry
R119	Casserole Steak (canned)	I	Contained only 72 per cent. meat. The appropriate description is 'Casseroled Steak in Gravy'	Referred to the Ministry
R200	Stewed Steak (canned)	I	Contained only 67 per cent. meat. The appropriate description is 'Stewed Steak in Gravy'. Inadequate name and address	Label to be amended
R246	Seidlitz Powder B.P.	I	Seidlitz Powder was deleted from the B.P. in 1958. This article should be labelled B.P.C. Four white packets and one blue packet were overweight	Retailer warned
R266	Minced Beef Loaf (canned)	I	Inadequate name and address	Label to be amended
R359	Stewed Steak (in gravy) canned	I	The words 'In Gravy' were printed inconspicuously so as to imply that the article was 'Stewed Steak'. Contained only 70 per cent. meat	Label to be amended
R405	Blackcurrant Jam	I	Inadequate name and address	Label to be amended
R409	Casserole Steak (canned)	I	Contained only 81 per cent. meat. The appropriate description is 'Casseroled Steak in Gravy'	Referred to the Ministry

No.	Nature of Sample	Formal	Nature of Offence	Observations
		Informal Private		
R410	Sliced Mush-rooms Broiled in Butter (canned)	I	The claim 'Broiled in Butter' implied a significant amount of butter whereas the sample contained only 0.7 per cent. of butter fat. Label failed to give a list of ingredients	Label to be amended
R463	Chocolate Covered Sponge Cake	P	Contaminated with mould	Retailer fined £20 and £2 costs
R497	Marshmallow Creme	I	The unqualified word 'Glucose' used in the list of ingredients to describe Liquid Glucose	Label to be amended
R502	Stewed Meat in Gravy (canned)	I	An inferior product which contained only 59 per cent. meat instead of not less than 75 per cent. meat	Referred to the Ministry
R505	Lemonade Crystals	I	Sample contained calcium phosphate the presence of which was not disclosed in the list of ingredients	Label amended on new stocks
R583 R584	Raspberry Jam	I	Inadequate name and address	Label to be amended
		I		
R664	Malt Vinegar with Caramel	I	Salt not disclosed in the list of ingredients. Inadequate name and address	Label to be amended
R828	Malt Vinegar	I	Salt not disclosed in the list of ingredients	Label to be amended
R860	Ground Almonds	I	Contained 5 per cent. granulated sugar	Retailer cautioned
16 samples (9 re-tailers)	Bread and Butter Buttered Rolls Buttered Buns	F and I	In each case the spreading consisted of margarine or a mixture of margarine and butter	Retailers cautioned
R929 R964 R976	Buttered Buns Butter Rolls Buttered Rolls	I I F	False description. Each sample contained 90 per cent margarine in the spreading	Retailer fined £10 and £2 2s. 0d. costs
R943 R975	Buttered Rolls Buttered Rolls	I F	False description. Contained no butter fat in the spreading	Retailer fined £10 and £2 2s. 0d. costs
R1052	Tea	I	Inadequate name and address	Label to be amended
R1124	Lard	I	Inadequate name and address	Label to be amended
R1208	Pork Sausages	I	Contained 260 parts per million undeclared sulphur dioxide	Retailer warned
R1210	Pork Sausages	I	Contained 180 parts per million undeclared sulphur dioxide	Retailer warned

No.	Nature of Sample	Formal Informal Private	Nature of Offence	Observations
R1213	Beef Sausages	I	Contained 180 parts per million undeclared sulphur dioxide	Retailer warned
R1226	Almond Icing Marzipan	I	Inadequate name and address. The unqualified word 'Glucose' used to describe Liquid Glucose	Label to be amended
R1282	Baby Powder	I	The precautionary notice 'Not to be applied to raw or weeping surfaces' not printed on the label	Manufacturer informed. Referred to the Ministry of Health
R1337	Glace Cherries (prepacked)	I	Ingredients not given in the order of proportion by weight	Label to be amended
R1352 R1490	} Ground Nutmeg	I	Inferior quality. Contained only 1.3 per cent. and 0.4 per cent. of volatile oil instead of 4 per cent.	Stock withdrawn and destroyed
R1382	Seidlitz Powders (6 powders)	I	Extra - strong Seidlitz Powders supplied instead of normal strength. Sample not provided with label	Retailer cautioned
R1543	Pineapple (canned)	I	Inadequate name and address	Label to be amended

Table 3
MISCELLANEOUS SAMPLES

Consulting Service			Health Dept.			Borough of Lymington		
Apricot Jam	..	1	Apples	..	1	Sub-floor Water	..	1
Clothing	..	1	Biscuits	..	1	Water	..	2
Condensate	..	1	Bread	..	18			
Corset Steel	..	1	Cake Confectionery	..	13			
Deposit	..	1	Canned Broad Beans	..	1	Aldershot U.D.C.		
Distilled Water	..	1	Canned Fish	..	1	Water	..	12
Dripping	..	67	Chocolate	..	1			
Glucose Tablets	..	8	Concentrate	..	1	Alton R.D.C.		
Hair Lacquer	..	2	Deposit	..	1	Water	..	1
High Test Peroxide	..	1	Developer	..	1			
Ice Cream	..	1	Dough	..	1			
Ice Cream Mix	..	1	Fish	..	1	Droxford R.D.C.		
Liquid	..	1	Flour	..	1	Stream Water	..	2
Marrow	..	1	Ham Sandwich	..	1			
Milk	..	25	Marmalade	..	1			
Milk Bottle	..	1	Meat Pie	..	6	Fareham U.D.C.		
Sediment	..	1	Meat Preparation	..	1	Atmospheric		
Shrub	..	1	Milk Bottles from			Pollution	..	1
Soil	..	1	Dairies	..	66	Deposit	..	1
Soot deposit	..	1	Milk and Milk Bottle			Full Cream Milk Food	..	1
Sub-Floor Water	..	1	Contamination	..	12	Foliage from Trees	..	2
Tablets	..	1	Mustard	..	1	Sediment	..	1
Trade Waste	..	9	Pickled Onions	..	1	Water	..	2
Urine	..	1	Plaster	..	1			
Water	..	5	Rice	..	1			
			Sausages	..	1	Fleet U.D.C.		
			Stew	..	1	Bread	..	1
			Sub-floor Water	..	13	Milk Bottle	..	1
			Water	..	5	Water	..	3
Contracts and Supplies			Laboratory Information			Havant and Waterloo U.D.C.		
Bleach	..	1	Butter	..	1	Stream Water	..	1
Disinfectant	..	2	Cream	..	1			
Granulated Soap	..	3	Edible Oil	..	3			
Pencils	..	29	Lard	..	1			
Scouring Powder	..	2	Prepared Tea	..	1	Isle of Wight County Council		
Soap Flakes	..	2	Sub-floor Water	..	1	Fertiliser	..	7
Sweeping Compound	..	3						
Architect's Dept.			Coroners' Specimens			Isle of Wight Water Board		
Aluminium Sheet	..	2	Portsmouth	..	63	Limpet	..	1
Cement	..	1	Isle of Wight	..	6	Sub-floor Water	..	1
Deposit	..	1	South Hampshire	..	35	Water	..	13
Lime	..	1						
Portland Stone	..	1						
Engineer's Dept.			Chichester County Council			Petersfield R.D.C. and U.D.C.		
Sub-floor Water	..	1	Flour	..	1	Cake Confectionery	..	1
						Sediment	..	1
						Sewage Effluent	..	1
						Trade Waste	..	3
						Water	..	2
Housing Dept.			Winchester County Council			Sandown, Shanklin U.D.C.		
Water	..	1	Sewage	..	9	Cake Confectionery	..	1
						Canned Salmon	..	1
Welfare Services Dept.			Borough of Gosport					
Soap	..	3	Cake Confectionery	..	1			
Soap Flakes	..	1	Water	..	1			
Soda	..	2						
Education Dept.			Borough of Ryde					
School Meals Service	..	67	Instant Coffee	..	2			

CITY OF PORTSMOUTH

National Health Service Act, 1946

Mental Health Services to be provided by the local health authority under
Section 28 of the Act

EXPLANATORY MEMORANDUM

regarding

DOMICILIARY MENTAL HEALTH AND RELATED SERVICES

Introduction

1. The recent mental health legislation has necessitated a review and further development of the domiciliary services in Portsmouth. During this review it became apparent that any proposed developments for the domiciliary services for mental health should be considered in conjunction with the general prevention, care and after-care services. Mental health (or illness) is a part of general health (or illness) and, in many instances, may be greatly influenced by the physical condition. Measures for either mental health or for other conditions can be separately developed, but for full effectiveness both should be implemented.

2. Portsmouth has a fine tradition for pioneering in mental health care; and since my arrival I have been very much impressed with the great assistance given by many voluntary organisations to sufferers with mental and other illnesses. It should also be noted that, notwithstanding the administrative divisions in the National Health Service, the Council has contributed greatly in these fields.

Domiciliary Service for Mental Health, proposed and actual

3. The domiciliary health services are, of course, operated in conjunction with the general practitioners, and it is expected that as provision by the health authority increases so an ever more fruitful co-operation will result. In this outline each suggestion will be followed by a note of what is already provided or a recommendation on how the need might be met.

4. **The Promotion of Health** should be a definite, conscious, and continuing objective on the part of all Health Department staff. This, because of its ill definition, will be amongst the most difficult of the tasks. Certain examples will perhaps illustrate opportunities. (a) Expectant parents may, by instruction and advice, be helped to adapt to the mental as well as physical problems of pregnancy and childbirth. (b) Parents of young children may similarly be assisted both with their own and with their child's mental health. (c) Advice may also be given for children not attending the local education authority's schools. (d) Many persons who come ill-equipped to retirement may be helped by awaking new interests or, in groups, by the encouragement of clubs or societies. This last group may be helped in collaboration with the Education or Welfare Services Departments or by voluntary bodies.

It will be realised that some of this is already provided by doctors, midwives, health visitors and others in addition to the mental health section. However, greater emphasis will be required and increased in-service training will be necessary to show the various staff how to take full advantage of their opportunities.

5. **The Prevention, Domiciliary Care and After-Care of Mental Illness** needs to be increased. At present Portsmouth Mental Health Service provides (when necessary) for the admission to hospital of mentally ill persons by means of three duly authorised officers, the supervision of mental defectives by means of one psychiatric social worker and three mental welfare officers, and there is also the training centre for the mentally handicapped at Langstone House. St. James Hospital provides a service limited to those attending their out-patient department. Extensions are necessary in all these fields and recommendations will be made according to age-groups.

6. **The Maternity Service** should provide an advisory service for intending parents. At present patients with certain diseases are advised regarding pregnancy, but, apart from this, specialised advice may not be available. Knowledge of the development of mental defect is slowly increasing, e.g., the incidence of mongolism rises with increasing maternal age, and such information should be made readily available. I suggest a special clinic be started in our clinic premises to which couples can be referred. Initially this could be held once a month and, later, as appropriate depending on the demand and the availability of the specialist.

7. **The Child Welfare Service** should provide an improved service for mentally defective or disordered children up to the age of five years. This can be done partly by increasing the psychiatric training (by in-service means) of the staff and partly by providing a special clinic. This clinic would be for the referral of parents with the special problems arising from such children. It should be held in ordinary clinic premises and be run by a suitable psychiatrist.

8. **A Special Care Unit** (non-residential) should be established for severely mentally handicapped children up to about the age of ten years. There are at present a number of children too severely handicapped for admission to Langstone House; these children may be either incontinent or suffer from multiple handicaps and cannot be accommodated under the present arrangements. As an example, I give the particulars of such a case (No. 1). No provision, except admission to hospital, is at present made for such cases, but the former day nursery premises in Anglesea Road could be adapted. Children would be brought for care and, if possible, training in this Centre each morning and collected again in the evening, so that the parents would be better able to manage and so keep the child living at home. In some cases it might be necessary to arrange transport for the child. Considerable nursing care would be required for these cases as well as some provision as in junior training centres.

9. **A Junior Training Centre** is required for the next group of mentally handicapped children. Langstone House provides 137 places and meets this need very well. In order to make the best use of these fine premises it will probably be necessary to restrict its use to Juniors, or at least those still trainable.

It will be of interest to note that, for those still within the educational system, the Education Committee are going to provide more school places for E.S.N. pupils and, in due course, the original Cliffdale School will be available for maladjusted pupils.

10. **Industrial and Diversional Centres** are needed for adults or those who can no longer be trained. For these provision should be made according to ability and aptitude. Some will be able to undertake a little useful work, but for some it will be only diversional occupation. In view of the uncertain requirements and lack of experience in running this type of centre, I would

suggest that existing premises should be found — thus, halls and any redundant schools could be used. For those capable of some employment suitable machines should be installed and the persons would attend and carry out the work there. For others a centre with diversional equipment should be provided. This latter might be especially useful for aged or mentally disturbed persons. In connection with all these there should be a social side providing scope for recreation, hobbies and outings to places of interest. Provision under this head might also include a special type of old persons' club where their particular needs can be met. Examples of such persons are quoted (Nos. II, III and IV).

11. Hostels and the Boarding Out of Patients are needed for persons not requiring hospital treatment. In this way hospital beds will be made available for those requiring treatment and care more acutely.

(a) *Hostel for Mentally Defective Persons.* At present 51 persons are waiting for hospital accommodation but approximately 20 would be suitable for a hostel if available. In hospitals, there are known to be 27 who might be transferred to a residential hostel. The resulting vacancies in hospitals would almost clear the waiting list.

(b) *Hostels for Elderly Mentally Infirm Persons.* At present there are reported to be 34 patients in hospital who would be fit for discharge; it is probable that there are also a number of others in the community and in Part III accommodation who would be suitable for this special hostel.

(c) *Short-stay Hostel* to provide much needed relief for many families. In these cases the patient could be admitted for a fortnight or a month while relatives had a holiday, recovered from illness or merely had a rest from caring for the patient. An example is case No. V.

I recommend the building of one hostel a year and that the programme be reviewed after three years. As the number of hostels increases, so classification and specialisation will be possible, and the need can be defined both qualitatively and quantitatively. The management of these hostels may be either by the Health or by the Welfare Services Departments, and this can be decided later.

Boarding out of patients might be tried, but in such an urban area as Portsmouth it is probably inappropriate.

12. Staff. To extend the service additional staff will be required and on their quality will depend the success of the scheme.

(a) Medical guidance should be given by a psychiatrist of consultant status. As both mental deficiency and mental disorder must be covered it may be necessary to split the appointment and to appoint a consultant for each. In view of the shortage of suitable psychiatrists, as well as the benefits of retaining beds, it is probably desirable that the psychiatrist should hold a joint appointment with the Local Health Authority and the Regional Hospital Board, with the majority of his time devoted to the domiciliary services. It is to be hoped that the cost of the consultant psychiatrist will be largely, if not wholly, met by the Regional Hospital Board.

(b) The medical administration and day-to-day direction should be carried out by a doctor of considerable status, say of senior medical officer grade. He would take the administrative burden from the psychiatrist and would act in conjunction with him in running the clinics,

centres and hostels. He would also have extensive duties under the general health services (see later).

(c) Psychiatric and other social workers, in addition to the present one psychiatric and three other social workers, should be recruited as available. The duly authorised officers (referred to in the new statute as 'mental welfare officer') will still be required where voluntary admission is impossible; at present there are three, and this is only barely adequate. Some increase in the number of these officers would seem to be inevitable.

(d) Psychologists. I suggest that provision be made for the employment of a psychologist. The duties would include — (i) help and advice to individual patients and families; (ii) advice on psychological matters affecting major policy, e.g. relationship in hostels and homes, and slum clearance problems; (iii) consultation with and advice to other Health Department staff, and (iv) work in co-operation with the psychiatrist and psychiatric social workers. There is a possibility that a psychologist might be obtainable for a limited period, so that the usefulness of such an appointment could be demonstrated before it was made permanent.

(e) Health Visitors can assist greatly in domiciliary mental and other health work. Their numbers are at present inadequate, so an intensive recruiting and training scheme should be adopted. Additional training of the present health visiting staff would enable them to increase their usefulness, and I have had preliminary discussions and understand help might be forthcoming in this respect from Southampton University.

(f) Selected home helps with special training could also assist in the social rehabilitation of disturbed patients. I recommend that a trial be made with about six home helps who would be given additional training. As well as carrying out domestic work they would continue after-care under the supervision of a health visitor or psychiatric social worker. An example of this might be case No. VI.

(g) The District Nurses could assist in the domiciliary nursing care of mentally ill patients. While this care would be appropriate to the patient's mental illness, its provision would be comparable to that for other illnesses.

(h) The Executive Officer of the Mental Health Section will be required to carry through and to maintain the extended services with clerical help as appropriate under the medical direction of the Senior Medical Officer. Staff for the centres, clinics and hostels will be required as these are provided.

General Related Health Services

13. The general domiciliary health services may be considered from two aspects: Firstly, the range of services provided, and, secondly, how these may best be utilised. In view of the rapid developments in medical science, I would suggest that appropriate consultants be invited to act as honorary advisers to the Medical Officer of Health. This would have the further advantage of keeping the hospital and domiciliary services in step.

14. The range of services provided should, in general, maintain good health by attention to nutrition, cleanliness, companionship, occupation and the prevention of accidents and injuries, and, specifically, meet the patient's needs for rehabilitation from a particular illness. In this connection, it will be realised that there are two groups of persons requiring particularly intensive help, in addition to the mentally ill. These groups are those with a chronic illness or with the fragility of old age. I would recommend that Dr. E. Haddon Minors be invited to act as honorary geriatric adviser.

15. **Nutrition.** Some persons, particularly those aged or ill and living alone, lose the initiative to provide themselves with proper meals. Then, as their condition and nutrition deteriorates, they have less and less energy to do this, ultimately existing on cups of tea and slices of bread and butter. Provision of nourishing diet would greatly assist their health and prevent such deterioration. There is also a small group requiring special diets to maintain health or prevent disease, e.g. phenyl ketonurics. At present the W.V.S. provide a meals service for some old people, but this is limited to Portsea Island. I would suggest that the possibilities be explored of providing a meals service to promote and maintain health for those in need throughout the whole of Portsmouth. In some cases the meal would have to be delivered at their homes, but whenever possible it should be at a club or centre. This service should be provided in conjunction with the Welfare Services Department, who already provide a grant to the W.V.S.

16. **Cleanliness**

(a) *Laundry.* Persons with prolonged illness or senile changes may have difficulty with their laundry service. They may be too infirm to do their own washing and a commercial laundry may be too expensive for them. There is the special group where incontinence is aggravating the problem; a commercial laundry will not handle with latter washing. A laundry service would be of considerable benefit (this may be provided either under Section 28 or Section 29 (Home Help) proposals.)

(b) *Bathing and Hair Washing.* Many of these persons have difficulty in bathing and in washing their hair, and this may therefore be neglected. Assistance to such persons would avoid this neglect and promote their health and good morale. In this connection, it may be possible to enlist the services of the District Nurses or auxiliaries working under their supervision.

17. **Companionship.** One of the problems of age and ill-health is loneliness and lack of occupation. Everything possible should be tried to combat these scourges. Voluntary bodies and the Welfare Services Department already do much in this direction, but much more is required. Co-operation and co-ordination in this field is essential and perhaps assistance to these bodies may be the most effective method of meeting this need. One might also suggest that the Education Department (or failing that the Health Department) be asked to provide additional courses for persons on retirement, when they may develop new hobbies and interests and so social contacts to give them a happy and prolonged retirement.

18. **Chiropody.** There is now official Ministry encouragement to local health authorities to provide a chiropody service. While this may be for general use it is suggested that priority be given to expectant mothers, handicapped and aged persons. In Portsmouth at present chiropody is available only privately and in hospitals. I recommend that a service be provided either at the clinics or, where necessary, in the home, or by arrangement at chiropodists' own surgeries.

19. **Special Clinics** may be established in our present premises to *promote health* and to minimise disabilities —

(a) A clinic where persons, especially the aged, can come for medico/social advice. These persons might be referred by their general practitioners, or come without referral. There would not be a full medical examination, and this clinic would not duplicate a hospital out-patient department. The person would be seen and advised by a doctor, health visitor or other medico-social workers, as appropriate.

(b) A clinic for the maintenance of hearing. The removal of wax may improve impaired hearing. Another example is the many persons supplied with hearing aids who need these periodically checked and minor items of maintenance effected. It is unnecessary, and these persons will not wish, to bother the hospital out-patients department, and yet they require help independent of commercial agencies.

(c) A special clinic, once a week or a fortnight, could be established for the preservation or improvement of vision. At present the number of registered blind persons is rising nationally, the main increase being in aged persons. Since some of this blindness can be prevented, measures should be taken to do so. Also, some persons use spectacles which may be unsuitable or otherwise need attention. Such a clinic, staffed by an ophthalmic physician, would assist these as well.

(d) A clinic for locomotor disorders would almost certainly be of great assistance. To such a clinic persons would come who require help with walking appliances, special boots and even invalid chairs. Secondary problems for such a clinic are those arising from steps and the provision of ramps, handrails, pulleys, etc. Various agencies already provide some help, but there is no clinic specially concerned with all aspects. This suggested clinic would enable persons to obtain the needed assistance from the agencies without delay.

(e) The District Nurses at present give a large number of injections, including, sometimes, frequent ones to patients at home. Amongst these many patients there are a few who are ambulant. In order to reduce the nurses' travelling time as well as for the benefit of such patients they might be asked to come to a District Nurses' home or clinic when the injections could be given.

20. Difficulty sometimes arises with sick or old persons at night and in other areas a '*Night-sitter*' service has been found of assistance. A typical example would be — a sick or old person cared for by one relative who becomes exhausted looking after them day and night. A relief is provided for certain nights so that the relative can be certain of a care-free night's rest. Instances also occur of isolated old persons who become ill and require attention during the night. This '*night-sitter*' service could also assist them. As a sub-division, there is sometimes a need (other than nursing) for a person to settle an old person to rest at night — '*tucker-in*' service. The demand for either service is normally not large but is very urgent and may be met by the casual employment of suitable women, or by the help of voluntary bodies.

A '*Day-sitter*' service. In this case an old person who is being cared for by a relative becomes ill and requires constant attention. The relative, who will have been going each day to work, must then decide whether to give up the work or to leave the old person alone in the house for the day. Provision of a '*day-sitter*' service could be made as elsewhere by voluntary agencies.

21. **Prevention of Accidents.** It is sometimes possible to prevent accidents by loaning equipment such as fireguards and cooker guards. At present this is not done by the Portsmouth Health Department, and I would suggest that our work might be usefully extended in this direction. Voluntary bodies might also be asked to undertake the odd jobs in old persons' homes which involve climbing off the floor.

22. **Rehabilitation.** Persons with physical disabilities are extensively catered for as out-patients at Queen Alexandra Hospital. Many other patients are now discharged from hospital and, quite rightly, at the earliest possible time. It accordingly follows that there should be adequate means

of maximum after-care available to them after discharge from hospital. The tuberculosis after-care schemes are examples of what may be provided and similar schemes can be developed for other diseases. I would therefore suggest that schemes be prepared progressively for other diseases. Extensions might be made, in co-operation with the voluntary organisations and the Welfare Services Department, for sufferers from poliomyelitis, multiple sclerosis, cerebral palsy (partly covered already), and rheumatism. I would recommend that Dr. A. K. Tyler be invited to act as honorary adviser in rehabilitation and locomotor disorders.

23. Utilisation of these Services. The general practitioner is, of course, primarily responsible for the individual's health and care, except in hospital, and he already makes considerable use of the District Nurses. He can be assisted in utilising this greater range of services by the health visitors and other medico-social workers. For those patients who have been in hospital the almoner and ward sister are also involved to secure continuity of treatment. In the absence of an adequate almoning service the health visitors will need to bridge the gap from the hospital ward to the patient's home. Close co-operation is therefore essential and for this the health visitor will often have to call on the general practitioner and also at the hospital.

At present all persons discharged from the Infectious Diseases Hospital, paediatric and maternity wards are notified to the Health Department and, when necessary, the persons are visited at home. A few other discharges are notified, but the proportion is small. It may be hoped that ultimately all discharges where any after-care at all is needed will be notified, so that the health visitor, working in conjunction with the general practitioner, can visit.

24. Staff. The Senior Medical Officer already suggested for the mental health services should be able to supervise these general services. A further burden will be thrown on the health visiting, district nursing, home help and clerical services, but this is really a natural extension of their work. To strengthen the Health Department an almoner and probably an occupational therapist and physiotherapist should be recruited, not only to carry out their special work, but to implement the general work of the Department; there would be close liaison with the Welfare Services Department in this.

25. Charges. It may be appropriate to levy charges for some of these services and provision should accordingly be made for charging the patient in these instances.

26. Summary. This memorandum outlines developments to promote mental and general domiciliary health services which will bring a considerable increase in health, happiness and the reduction of disease. These developments will, unfortunately, take some time, especially as staff must be recruited and trained. This memorandum amplifies the formal proposals under Section 28 of the National Health Service Act, 1946, which have been prepared for submission to the Minister of Health. Meanwhile, detailed planning can be started and recruitment and training of staff may be commenced. I would finally suggest that a review be made every six months, partly to measure progress and partly to meet newly developed problems.

27. In the preparation of this memorandum many persons have assisted me. Their co-operation has been most generous and augurs well for a co-ordinated

scheme. Some of the services must be provided by the hospital service, some by the general practitioners and some by the various departments of the local authority.

P. G. ROADS,

Medical Officer of Health.

Ref.: MOH/JES/32

Public Health Department,

1 Western Parade, Portsmouth.

20th February, 1960.

APPENDIX

Reference:

1. Mental Health Act, 1959.
S.R. and I. No. 1676 of 1959.
Ministry of Health Circulars Nos. 9/59, 11/59, 22/59, 27/59, 28/59.

Illustrative Cases:

I. Child suitable for a Special Care Unit:

THERESA (aged 10 years). This child is stone deaf and blind in one eye, besides being severely subnormal, and it is difficult to make contact with her. She has no sense of danger, and needs constant supervision; she has been found unsuitable in a school for deaf children.

Theresa has been tried at Langstone House Day Training Centre, but was found unsuitable for the training provided and became so unhappy that she had to be excluded. She is now awaiting placement in a mental deficiency hospital over which there is the usual difficulty because of the shortage of accommodation.

The child's young mother was recently widowed; she had two other children who are being emotionally neglected because of the needs of this handicapped child. Accommodation of such a child in a Unit would considerably ease the home situation, and be of benefit to the mother and the other children, as well as the child.

II. Case suitable for Industrial Centre:

JAMES (aged 51 years). This is a feeble-minded married man who has two children, one of them at a special residential school. He has an arthritic hip, and consequently finds difficulty in walking and standing for very long. He has been unemployed for two years and unable to get work because of mental and physical incapacity. In consequence he is becoming demoralised through being at home after having a steady job for thirteen years. He is liable to temper outbursts and is constantly nagged by his feeble-minded wife, which, of course, he now has to endure all day, in a very small house. The family friction would probably be eased if James were able to be out all day and he would benefit from occupation and companionship.

III. Case suitable for a Diversional Centre:

HARRIET (aged 45 years). This feeble-minded woman has never had a job. For several years she has looked after the house and her aged mother and mentally defective sister. On her mother's death she went to live with her married sister and family, and the mentally defective sister was admitted to a mental deficiency hospital. Harriet now feels 'pushed out' as she has little to do in the house and spends much of her time wandering aimlessly about the City. She is addicted to temper tantrums and her sister feels she may eventually have to ask Harriet to go to a mental hospital. Occupation during the day might well avert this.

IV. Case suitable for Old Persons' Club:

JOHN (aged 68 years). This feeble-minded man lives with an elderly, partially sighted sister and her son; the latter attends Langstone House Day Training Centre. John has little to occupy himself, spends much of his time walking about the neighbourhood. He is sociable and friendly and enjoys companionship, but his mental incapacity would prevent him from joining fully in the activities or ordinary old people's recreations.

V. Case suitable for Short Stay Hostel:

VIOLET (aged 11 months). This child is a mongel and hypotonic. The home circumstances are extremely bad and the mother is unable to cope with the child and is pregnant again. Violet cannot support her head and has to lie in a pram all day. In the household there are the following persons:—Maternal great-grandmother (epileptic)
Maternal grandmother (of low intelligence)
Parents (the father is unemployed)
Sister (aged nearly 2 years)
Male lodger (who is blind).

There is as yet no definite question of the child's admission to a mental deficiency hospital, especially in view of her age. Periods of short stay care would enable the mother to pull herself together from time to time and so keep the child in the community, so that later she will be able to take advantage of the proposed increased amenities for mentally disordered persons rather than requiring care in hospital.

VI. Case who would profit from assistance from a specially trained home help:

ANGELA (aged 21 years). This young married woman is feeble-minded and has a daughter aged 3½ years; she expects another child in February, 1960. She has never been given the training and help necessary for her disability because her parents never recognised her backwardness. She was allowed to marry when she became pregnant and was housed at the far end of Paulsgrove. This means that Angela now lives some distance away from her mother, who cannot go to and fro sufficiently often to give her any support, and there is no one nearer able and willing to help. Angela's husband is away all day and, although he tries to help her, is himself of limited intelligence. In 1959 the parents were prosecuted by the N.S.P.C.C. for neglect. The mother and child were sent to the Salvation Army's 'Mayflower' Home so that the mother might have a period of training in mothercraft, but on returning the mother slipped back into her old ways without support, and the household is now in a chaotic state.

Angela would benefit from long term help from this Service augmented by the services of a specially trained home help who could visit frequently and help her to acquire more skill in housecraft and mothercraft.